

FOSTERING EMOTIONALLY INTELLIGENT CHILDREN, FAMILIES, AND COMMUNITIES

John Gottman

In the fall of the year 2000 an only child, an 11-year-old girl we shall call Emma began 6th grade in a prominent private middle school in Seattle. I know because my 11-year-old daughter enrolled in the same school at the same time. Emma was a very good student. But within weeks she was targeted and victimized by another very popular 6th grade girl and her sidekick, who were in her homeroom advisory section. They began talking behind her back, laughing at her, writing her instant messages, quietly mocking her every statement in class, calling her names, organizing other kids to harass her. Emma was very upset and she told her parents about it. They asked the head of school to move Emma to a different homeroom. The school refused. They told Emma's parents that this kind of teasing was normal, and that Emma needed to adapt to it. They explained that Emma had already entered child therapy for depression. The school was unyielding. Emma and her mother read Rosalind Wiseman's book *Queen Bees and Wannabes* together to try to understand the bullying. The parents tried talking to teachers and administrators again about moving Emma, but the school remained adamant. Emma's parents called the bully's parents, who hung up on them. The bullying continued. Emma was in therapy. The parents were coping as best they could. One day in art class Emma drew a sketch of a tidal wave crashing over a little girl. The sky was black and ominous. She showed the drawing to her art teacher. Her art teacher said, "Emma, let's work with this. Put a yellow sun up there, brighten it up, make it much more cheerful." Emma said,

“But that’s not how I feel.” The art teacher said, “Just try to make it more cheerful.” Two weeks later, on New Years Eve of the Year 2001, Emma hanged herself.

The school was in shock. They hired a consultant from the Birch school who talked to the parents and teachers. He said, “Now is not the time for feelings. Now is the time for reason. Now is the time for strategy. We’ll get through this. Here’s the school’s story.” The school never dealt with any of this. They did get past it. They stopped talking about it. After many meetings and much planning by school administrators the administration decided that they would type up and issue a leaflet containing a “code of civility,” which emphasized respect for others. The leaflet was distributed. The kids threw it away. The art teacher wanted to deal with Emma’s feelings. She could see how desperate the drawing told her Emma’s feelings were. But she wanted to help Emma to cheer up. She wanted those negative feelings of Emma’s to go away. She was subtly giving Emma advice to put on a happy face and get on with her life, to not let these destructive negative feelings dominate her life.

This attitude toward emotions is not emotional intelligence. It is about emotional suppression and control. It targets some emotions as “destructive” and unacceptable, and other emotions, the more cheerful, optimistic set of emotions as “constructive.” This attitude wants bad emotions to go away, to be controlled. This attitude touts the central importance of EMOTION REGULATION. These attitudes are not emotional intelligence. However, this same attitude pervades writing about the topic of today’s retreat, social emotional intelligence.

What is the basic principle that creates emotional intelligence? It is really very simple. Words of understanding, empathy, and validation must precede words of advice.

Emotions can only be controlled when they are understood. **UNDERSTANDING MUST PRECEDE ADVICE.**

That school did not deal with anyone's emotions at all. Not before Emma's suicide or after. They dismissed emotions and emphasized order and rationality, keeping a cool head, getting on with things, focusing, doing school work, achievement, respect. I maintain that they demonstrated emotional stupidity, not emotional intelligence.

Let's take a step back. What exactly is emotional intelligence? It's an old idea. Louis Terman, one of the inventors of the intelligence test, or IQ, believed there was an emotional intelligence, or EQ, for being able to stay married. He not only published one of the first intelligence tests, the Stanford-Binet, and the first real study of intellectually gifted kids, but also in 1938 he published the first study of marital happiness. Turns out that even our most intelligent people seem to have very little emotional intelligence for staying married. **It turns out that high IQ does not imply high EQ.**

Emotional intelligence means being able to read your own and other's emotions, and being able to respond to the emotions of others in a cooperative, functional, and empathetic manner. Emotional intelligence is a kind of social "moxie" or "savvy" about even very complex social situations. It requires knowing who you are, knowing your own feelings, knowing your own needs, and being able to handle yourself and compromise these needs with the needs of sometimes very complex social situations. EQ (Emotional intelligence) is a much better predictor of how children will turn out than IQ or achievement test scores. Yet we have very little idea how to foster emotional intelligence. In part that's because we have so little understanding of emotion itself.

I want to start out by talking about the **EMOTION** part of emotional intelligence. A common view of emotion started by the psychiatrist Murray Bowen is that there is a continuum of what he called “differentiation,” with REASON on one end and EMOTION on the other end. Bowen actually gave families a score from 0 to 100. They got a zero if he thought that their emotions controlled their reason. They got a 100 if their reason controlled their emotions. He viewed families he saw in therapy as having a differentiation score close to zero. Their emotions were out of control, they had no access to reason and rationality. They made bad decisions. They were impulsive. They were cruel and violent. In his view control of emotion by reason was required for these disturbed families. For a healthy society, for a score of 100, people’s emotions needed to be controlled by their rationality. They need to make smart choices, not emotional choices. The goal of Bowen’s therapy was differentiation, in which the emotions were under rational control. Seems at first to make eminent sense. We can think of criminals as impulsive and out of control. They would be undifferentiated. Reason needs to prevail instead of emotion.

It turns out that modern neuroscience research has shown that this Bowen view of emotion and reason is wrong. Being emotional does not mean being irrational. Emotions have a logic of their own. They make sense. They can guide and instruct. They are real. They are the engine of learning and change. The regulation of emotion comes only through the understanding of emotion, not through its suppression. Bowen was totally wrong.

Bowen used an old model of the brain that was popular in the 1960s called the triune brain. It was proposed by a neuroscientist named Maclean. In this model the brain

has three parts, the brain stem, the limbic system, and the cerebral cortex. In evolutionary terms the brain stem is reptilian. Reptiles have automatic reflexes to danger, they have no emotions. Mammals do have emotions, they have evolved the next part of the brain, which is called the limbic system, the seat of emotion. Primates have evolved a large cerebral cortex on top of that limbic system. The cerebral cortex is the seat of reasoning, planning, problem-solving, what have been called the executive functions of cognition. In the triune brain model, in primates like us the cortex controls the limbic and brain stem portions of the brain. Reason controls emotion.

We know today that this triune model of the brain is wrong. In fact, it is precisely in the frontal lobes of the brain (part of the cerebral cortex) both reason and emotion are processed. A tumor or lesion in the frontal lobes can destroy a person's ability to process and understand emotions. But it can also destroy the person's ability to reason. Reasoning and problem solving requires intuition to distinguish what is important from what is unimportant, to distinguish figure from ground, and intuition requires emotion.

DiMasio's book *Descartes' Error* told the story of a man who had suffered the removal of a large brain tumor from his frontal lobes. He had been a high-ranking executive, a problem solver. His marriage disintegrated after the surgery. He also lost his job. He was like an unemotional robot. DiMasio tested him and discovered no cognitive deficit until he tried to schedule an appointment for next week. The man was incapable of deciding on a time for the appointment. He could list all the alternative times he had available, but he not decide between them. His emotional deficit led to an inability to distinguish what was important from what was unimportant. Reasoning and emotion processing are tightly

integrated in the brain. There is no rationality without emotion, and emotions have their own rationality.

We now know that almost everyone on our planet in our species has the same basic emotions. There's lots of research on emotion, even cross-cultural research. The expression of the seven basic emotions (anger, sadness, disgust, contempt, fear, surprise, and happiness; some include interest). Sounds like a law firm. "Good morning, anger, sadness, disgust, contempt, and fear". My conclusion from this research is that the facial expressions, physiology, and internal experience of these basic emotions are universal for our species.

Not so for how people **feel about feelings**. Great variability exists. One man in our study said that "when someone gets angry with me it's like they are relieving themselves in my face." Another said "anger is like clearing your throat, natural, just get it out and go on." These men will have very different reactions to their children's anger. Our meta-emotions and not our emotions control how we react to the emotions of others.

I am going to tell you about research that I did starting with 4-year-old kids, tracking them through age 8. The cornerstone of our work is a concept called META-EMOTION. The term "meta" means things come back on themselves. Meta-cognition is how we think about our thinking. Meta-communication is how we communicate about our communication. Meta-emotion is how we feel about feelings, and our philosophy about emotional expression. We ask people questions like, what's been your experience with anger? With sadness? Could you tell growing up when your father was angry? What effect did this have on you? What has been your own relationship with anger? How did your parents show you that they loved you? In one of my interviews I asked a woman

how her parents showed her that they loved her. She described a death-bed scene with her father who even on his death bed would not say that he loved her. We asked, What are the implications of this for your own family? How did your parents show you that they were proud of you? Many people cry here. A lot of parents never did. What are the implications of this for your own family? It's a fascinating interview.

WE DISCOVERED THAT THERE WERE BASICALLY TWO TYPES OF META-EMOTIONS in our data.

I. Emotion dismissing people

- Don't notice lower intensity emotions in self and kids (and others too). Has Jessica ever been sad? When she was 3 years old and visited grandma. But kids have the range of emotions in a few short hours. Crayon breaks, kid gets sad and angry.
- See negative affect as toxins and want to protect child from having these negative emotions. Prefer a cheerful child.
- Think that the longer the kid stays in the negative emotional state, the more toxic it is.
- Are impatient with kids' negativity. May PUNISH a child just for being angry even if there is no misbehavior.
- Accentuate the positive in life. Norman Vincent Peale *The Power of Positive Thinking*. Also the Dali Lama's book *The Art of Happiness*. This is a very American view. You can have any emotion you want, and if you choose to have a negative one it's your own damn fault. So they will distract, tickle, cheer up, etc.
- See introspecting as a waste of time, or even dangerous.
- No detailed lexicon (vocabulary) for emotions.
- They want reason to control emotion. They are uncomfortable with strong emotions.

Example 1: Father: When she is sad I tend to her needs. I say, What do you need? Do you need to eat something, go outside, watch TV? I tend to her needs. Kid might confuse being sad with being hungry.

Example 2. Father: Problem with other kids? Let's say someone took something of his. I say, Don't worry about it. He didn't mean it. He will bring it back. Don't dwell on it. Take it lightly. Roll with the punches and get on with life. Message is "Get over it. Minimize its importance."

Emotion dismissing people can be warm and concerned, they need not be cruel, or mean spirited people. They are just not very comfortable with the so-called “negative” emotions. They are uncomfortable with anger, or rage, or sadness, or despair, or fear or anxiety. They are also not very comfortable with strong positive emotions. Emotions like affection, pride, joy. They are much more comfortable with things being cognitive, pretty neutral, and slightly cheerful. That’s there zone of comfort.

Emotion Coaching is the opposite.

I. Emotion Coaching people

Example 3. Father: If a kid were to be mean to him. I try to understand What he’s feeling and why. Some kid may have hit him or made fun of him. I stop everything then, my heart just goes out to him and I feel like a father here and I empathize.

Example 4. Couple where she was a professional cheerleader and he was a professional quarterback. The smile face calendar. She got rewarded as a child for being cheerful. Got smile face stickers redeemable for toys as a child. Her feelings were dismissed. What I like about my husband is that I can be in a crabby mood and he still wants to be with me.
Emotion coaches DO FIVE THINGS

- Notice lower intensity emotions in self and kids. Kids don’t have to escalate to get noticed.
- See these emotional moments as an opportunity for intimacy or teaching; See these as a healthy part of normal development, even being sad or angry or afraid; Are not impatient with kid’s negative affect.
- Communicate understanding and empathy; Empathize with emotions, even with emotions behind misbehavior.
- Help child verbally label all emotions she is feeling. What does having words do? Important we think Kid processes withdrawal emotions very differently, we think it becomes a bilateral frontal lobe processing (review frontal asymmetry research of Davidson and Fox). Withdrawal emotion, but tinged with optimism, control, sense you can cope.
- Communicate that while all feelings and wishes are acceptable, not all behavior is acceptable. May not approve of the misbehavior. Communicate family’s values. They set clear and consistent limits if there is misbehavior (CRITICAL. We had parents who did everything else but this step and their kids turned out aggressive) and they PROBLEM SOLVE for negative affect that has no misbehavior (which is most of it). Not impatient with this step (get suggestions from kid first). Clear, consistent limits convey values. They may do this communication of values in an emotional way. Emotional communication is a two-way street.

WHAT'S DIFFERENT ABOUT THIS EMOTION COACHING IDEA?

In most bookstores and libraries the books on parenting are all about DISCIPLINE. They are addressed to parents who feel out of control of their kids. If you were completely successful with these books the result would be that we would have OBEDIENT children, cooperative children. Nothing wrong with this goal.

BUT MOST OF US WANT SO MUCH MORE FOR OUR KIDS. We want our kids to:

- Think for themselves. Even disagree with us. Moriah where do you go when you die? I don't know. You can tell me. My game of stating wrong things got her disagreeing with me. Now she thinks I am a total idiot. Mommy knows everything and you know nothing. I use Mark Twain's line. My wife knows everything that can be known, but I know the rest.
- Be compassionate human beings
- Be moral people. To have value system similar to those we have.
- To treat people well.
- To have good relationships with others.
- To select a mate who won't beat them up or mistreat them, have a good family of their own someday. To have good social judgment.
- To enjoy their talents, explore their abilities.
- To be gentle, but strong.
- To be proud of themselves, but not boastful.
- To have purpose and meaning in their lives.
- To have interests, self esteem.
- To live for something beyond themselves, not be materialistic, care about the welfare of the world.
- And much, much more

The bottom line: you can not accomplish these things from the discipline situation, no matter how good you are.

Attitudes in emotion coaching

Okay, sounds easy. And it is. The emotion coach does five things:

- Notices emotions
- Sees them as an opportunity for teaching or intimacy
- Validates them (validating is empathy and understanding -- it's not enough to feel what someone else feels, which is empathy, you have to know why they are feeling that way, and communicate that, which is validation)
- Helps the kid get verbal labels for all emotions the kid is feeling
- Sets limits, or helps kid problem solve (if don't do this step kids get aggressive)

The emotion coach requires certain attitudes. What are helpful attitudes in emotion coaching? You have to use a very different kind of language with children. The language must not be evaluative, judgmental, blaming, or critical.

The milk spills:

“I see the milk spilled. Too bad. Here’s a rag.”

NOT: “I told you to be careful. What is wrong with you? You are so clumsy.”
(That’s Criticism)

LABELS ARE DISABLING.

The danger is that kids will believe us. Labels become a self-fulfilling prophecy. My dad said I was lazy. He must be right. I will be the best lazy person I can be. What do lazy people do?

IN EMOTION COACHING - DESCRIBE WHAT YOU SEE AND HOW YOU FEEL.

Process is everything.

You can only create KINDNESS in kids by treating the child in a kindly manner.
You can only create RESPECT in kids by treating the child in respectfully.
You can only create EMPATHY in kids by treating the child with compassion.

Emotion Coaching Requires Recognizes that Kids have a heightened sense of dignity.

They are very aware that they are short. They talk often of what they couldn’t do when they were littler and what they can do now. Great concern with power and powerlessness. Food fights at the dinner table. Kids offer up their preferences as small steps in a developing self-concept. They develop a preference largely for that very purpose. “I’m not eating this. The peas and the mashed potatoes are touching. I’m the kind of kid that likes separate food.” Parent says okay, kid says, “Yeah. I’m the kind of kid that likes separate food. And that’s okay with my dad.” Parents start 75% of all fights at the dinner table enforcing THEIR preferences on their kids (Sam Vuchinich).

The emotion dismissing action-oriented attitude is not wrong or bad. It simply needs to come after emotion coaching, not instead of it. My daughter was once afraid of learning mathematics. She said that she didn’t need to learn math because she was a girl. She said that boys won’t love her as she grew up if she was good at math. I reassured her that boys are interested in other things about girls than their math skills. I empathized with her fears and comforted her. But after that she had to learn math, she needed to learn

these abilities. So an action orientation needs to come after emotion coaching.
UNDERSTANDING MUST PRECEDE ADVICE.

History of Emotion Dismissing in America

The emotion dismissing attitude has a very long history in America. Let me tell you a story. Not very long ago parents were forbidden to enter hospitals and visit their sick children. They couldn't see, touch, or hold their children, even if the kids were upset, sad, and crying. The children were placed in isolated rooms, and even nurses and doctors were urged not to touch them very often. Why was this isolation of sick children a widespread medical practice?

In the early 20th century infection was out of control in hospitals, and there were very high rates of infant and child mortality. The medical profession tried everything it knew to control infection, but, before the discovery and wide use of antibiotics, vaccines, pasteurized milk, and chlorinated water, doctors' efforts left them feeling hopeless. Kids and babies in hospitals were dying at a very alarming rate. Child mortality was also very high in the general population. Between 1850 and 1900 one out of every four children died before the age of 5, most of which was babies dying.

Penicillin was discovered by Alexander Fleming in 1929, but it wasn't used very much for a long while. In fact, it wasn't extensively used until the Second World War, with wounded soldiers. It wasn't until about 1946 that penicillin was in widespread use in the USA.

So in 1929 doctors were at their wits' end about kids and babies dying at such a high rate. Their only idea for controlling the spread of infection was quarantine. And quarantining sick children and babies started working to control infection in hospitals. It

is no wonder that they embraced the writings of a famous behavioral psychologist of the day, John Watson. Watson was president of the American Psychological Association. In 1928 he preached a brand new form of tough love for raising kids.

Watson tried to make psychology scientific. He started off by wanting to control the rewards and punishments children received so that they would grow up to be strong and independent adults. He railed against parents' use of unconditional love and affection. Kids couldn't learn if the rewards were not conditional on their performance. He claimed that mothers and fathers had the worst possible instincts for raising children. Watson declared that parents needed to ignore their own native intuitions about children and to parent "correctly." The big culprit he railed against was unbridled affection. He told parents that by affectionately touching kids whenever they felt like it, they were creating dependent, clingy, horrible monster children. He claimed that these children later turned out to be disrespectful and ill behaved. His new psychological "science" advised parents that unbridled affection was, in fact, the major reason society was falling apart. Coddling, kissing, and praising kids he said was why criminals were being created in America's nurseries by well-meaning, but ignorant families. Parents, needed to stop touching their kids. They needed to raise them with reason, discipline and self-control, instead of "spoiling" them. Watson and his associates coined the term "spoiled" to describe how parents treated children and babies. In a publication of the times called *The Wife's Handbook*, "spoiling" was defined as moms' picking up babies when they cried, or letting infants fall asleep their arms. These practices were viewed as disgusting by the experts.

Watson was totally wrong. Unfortunately, the effects of Watson's teaching has stuck to this day. In every public talk we give parents worry that they are "spoiling" their babies by picking them up when they cry, or holding and comforting them when they have fallen down. They worry that they are "giving in" to their baby's "manipulation." Many pediatricians in the USA still advise parents to let their babies cry themselves to sleep. It is called the Ferber method.

But when a baby cries it is simply ringing an alarm for help. When parents ignore their baby's crying they are teaching their baby that the world is a place that won't respond to their alarm. In orphanages throughout the world when babies are neglected they stop crying. They become "good" babies. They also stop reacting to anything, and they never form attachments to other people.

In the 1930s John Watson raised his fist from his supposedly scientific pulpit, and demanded that people stop touching children and babies. He ordained that a child ought only to occasionally receive a small pat on the head, accompanied by a small bit of praise, and then only if the child had done something truly excellent. His teachings were consistent with the Biblical adage that parents who spare the rod spoil the child. Spoiled, demanding, clingy, and dependent children, were the roots of all of society's evils. And it was all the fault of ignorant, well-meaning parents. Parents needed to change. They needed to deny their faulty instincts.

Hospitals of the day embraced Watson because they could use his ideas to keep parents away from sick kids. Hospitals could then keep sick kids quarantined and away from parents, who they thought would just spread germs with their sloppy kisses. In the 1940s it was standard hospital policy that parents could visit their children only *one hour*

a week! (Deborah Blum) When doctors they read Watson, they knew that, just as they suspected, touch was indeed the culprit that spread infection.

It actually worked, to some degree. When kids were isolated, infection decreased. Infant and child mortality also decreased. Watson was hailed by the medical profession as a hero, a savior. Across the nation parents were urged by doctors to listen to Watson, and to stop touching their children, even if the kids weren't sick. Stop picking them up, stop holding them when they were upset or had hurt themselves. They were told that this practice was simply wrong headed. Watson had enormous influence. Parents listened to him, and with the medical profession supporting his ideas, he was highly respected in his day.

However, soon after implementing Watson ideas in hospitals, some doctors noticed that a new unexpected problem emerged. The surprising problem was that many of the children seemed to be improving medically for a short while, but then their condition became suddenly worse, and for no known medical reason, they died. The quarantined children became silent, listless, uninterested in anything. Babies usually start smiling at adults when they are three months old. In hospitals these babies never smiled. They quietly withered away.

Perhaps no one would have changed the hospital quarantine practices had it not been for the Second World War. In England 700,000 children were evacuated when the Nazis started bombing London. These children were with other adults, they were safe and they were treated well. However, a psychiatrist named John Bowlby noticed that these children suffered the same consequences as children quarantined in hospitals. They also were quietly withering away. Bowlby asserted that these children were grieving

their separation from their mothers. But this was such a radical idea that Bowlby had a lot of trouble getting professionals to pay attention to his observations. Bowlby was viewed as an overly sentimental person who, unlike Watson, had no scientific reputation behind him.

It wasn't until after World War II that John Bowlby and Mary Ainsworth developed the new theory of attachment security to explain these and many other aspects of healthy and abnormal child development. They began doing very careful observations of how children responded to separation and reunion from their mothers. Some were securely attached, missed their moms when they left, and were comforted by them when they were reunited again. But some children were far less secure. They acted indifferent to their mother's return, or they were so upset and preoccupied with the separation that they could not be comforted. John Bowlby and Mary Ainsworth called these children's responses "attachment patterns." These "attachment patterns" had profound consequences for these children's later adjustment. This research work began putting Bowlby's observations on a solid scientific foundation.

Then, beginning in the 1950s at the University of Wisconsin, there was a brilliant and shy psychologist who eventually began working with baby rhesus macaque monkeys. His name in graduate school at Stanford University started off as "Harry Israel" but Louis Terman, his advisor at Stanford, the man who helped invent the Stanford-Binet intelligence test, advised Harry that he would have a far more successful career if he didn't have such a Jewish sounding last name. Harry changed his name to Harry Harlow.

Harry Harlow conducted a profoundly dramatic series of studies on the importance of a mother's love. His research took on all the prevailing schools of

psychology. Behavioral psychologists said that babies come into the world without form, ready to be shaped by whatever chaotic circumstances provided, the contingencies of punishment and reward, operating entirely on the pleasure principle. Psychoanalytic psychologists, like Anna Freud, had claimed that the baby's attachment to the mother was due simply to the mother supplying the baby with milk. The baby was simply unable to form a real relationship with a person. The baby related to the world through the mouth. The baby was one big mouth, like little baby birds, open and hungry all the time, screaming, crying, unable even to perceive that it was separate from the world, fused with its need for oral stimulation. All the baby needed was nurturance with food. These psychologists claimed that a young baby can not yet have a real relationship with another person. Babies know the world through only the nipple. Harry Harlow showed that these other psychologists were wrong.

In his experiments baby monkeys were given a vital choice. They could spend time with a surrogate "mother" constructed of wire that had a nipple and gave milk when the baby sucked. Or they could choose to spend time with a soft terrycloth surrogate "mother" that provided only what Harlow called "contact comfort." The baby spent most of its time clinging to the cloth mother. When frightened, the baby immediately went to the cloth mother. Baby monkeys who had a cloth mother were also much better adjusted than those who had only a cold, wire mother who gave them all the milk they wanted.

The real solid scientific research pointed to only one conclusion. Babies and children needed the unbridled affection, comfort, love, and support that mothers instinctively provided.

We now know that many of the children quarantined in hospitals actually died not from their diseases, but from depression and intense loneliness. These children were touch deprived. They were starved for affection. They were dying from the lack of unbridled affection from their parents. So Watson was dead wrong, and his dead wrong advice was deadly for babies.

For thousands of years women did not have babies in hospitals. In fact, that is still the case in the non-industrialized world today. Women had their babies at home, with the assistance of midwives and doulas. Having a baby involved a circle of women, and that circle revolved around the home as the center. If you think about it, having a baby in a hospital is really a very bad idea. A hospital is where all the sick people in a city converge, bringing all their microbes and viruses with them. It is the worst place imaginable for a baby to be born, as babies are the most susceptible to infection.

But in the 19th century the medical profession entered the world of pregnancy and birth. The doctors were almost entirely men. The doulas and midwives began being pushed out of the picture. Women started having babies in hospitals. Strangely, pregnancy began being viewed as a kind of illness by the medical profession, and by a lot of the rest of the industrialized world.

In fact, until recently pregnant women were shunned in society. That may surprise us today, when we can see glowing pictures of pregnant movie stars in magazines. But even as late as the 1950s a pregnant woman was actually forbidden from entering a school, even a school her other kids attended. It was considered unseemly and disgusting. CBS would not allow the word “pregnant” to be used on TV. Lucille Ball was the first pregnant woman to be shown on television. Her skits of not being able to get up off a

couch in time to answer a very persistent doorbell are hilarious. However, it was her determination and courage that made it possible for the TV audience to see the image of a woman who was a star and who was really pregnant. Lucy wasn't pretending to be pregnant. And then throughout America women were having babies just like Lucy.

Medicine in the industrialized world always treated pregnant women with professional detachment, and a depersonalized medical notion of pregnancy as an illness. Sharon Heller wrote, "Hospital; male doctor, C-section; epidural; pitocin; episiotomy – outside the industrialized world, these terms would not suggest childbirth." (p. 17). There is no question that modern westernized medicine eventually maximized survival for both mother and baby. However, these advances came at a cost. Birth was dealt with matter-of-factly, with technological precision.

The Monty Python film *The Meaning of Life* contains a skit in which two surgically gowned obstetricians discuss all the complicated medical equipment in the delivery room, including a machine that simply "goes ping." The head of hospital inspects and makes sure they have the machine that goes ping. These doctors become so excited by all their modern equipment that they forget to bring in the woman. She is lying in the hall, moaning on a gurney.

Heller wrote about all these technological medical improvements to the birth process. She said that all of these developments "should have made childbirth less anxious, but it didn't. To feel safe, human beings need the comfort of others." (p. 18) That fact was not really brought home until a classic research study by Marshall Klaus and John Kinnel in the 1970s. These researchers noticed something as profound as Alexander Fleming's observation that his bacteria were dying because of bread mold.

Klaus and Kinnel asked their medical student assistants to allow the mothers to go through the usual hospital routine. But one of the medical students, bless his heart, did not follow their instructions. He stayed with the moms, and he gave them the kind of emotional support that doulas give women. At first Klaus and Kinnel were furious with this medical student but then they looked at his data. They noticed that the moms he cared for were doing much better than the other moms. Klaus and Kinnel started bringing back the doula into the care of pregnant women. They also scientifically documented the impact of the doula.

What exactly does research show is the impact of the doula? A 60% drop in requests for epidural blocks, a 25% fall in the length of labor, a 30% drop in the use of pain medication, a 40% decrease in the use of forceps, less post-partum depression, a 50% drop in C-sections, a 40% decline in the use of oxytocin to increase contractions, and far less pain during labor. Sixty-three percent of the babies developed feeding problems in the group without the doula. Only sixteen percent of the babies whose moms had a doula developed feeding problems.

What is the bottom line? If the professional deals with a pregnant woman somewhat roughly and coldly, it will hurt both her and her baby. Touch, comfort, reassurance, empathy, affection, respect, and love are vital for both pregnant women and babies. It has been a long, hard road toward learning these very simple lessons.

Touching Babies, Children, and One another

We have seen from Harry Harlow's research that babies need to be touched. However, we are a culture that touches very little. Sydney Jourard was a psychologist who studied how much people in different cultures touch one another in one hour when

they are out eating dinner. The average was 115 in Paris, 185 in Mexico City, and zero in London. It's not much of a surprise that British people rarely touch one another in public, but in the USA (in Gainesville, Florida) the average was 2 times in one hour! We are just like the British. There's this great social psychology experiment at cocktail parties. Want to discover a norm in our culture? Try violating it systematically. Social psychologists discovered the norm of twice the elbow-to-hand distance at cocktail parties. That's the distance of two people holding a glass. They had a guy who would just step in a little during the conversation. He wound up backing people all over the house. They later described him as curiously hostile and aggressive. But in Italy the proper distance would have been much smaller and this guy would have been seen as very friendly.

The trend toward not touching in the USA has gotten worse over time as scandals of sexual harassment and child molestation have been splashed on the front pages of newspapers. Preschools and elementary schools now typically instruct their teachers and teacher's aides to avoid physically comforting a hurt child.

This is a bad idea. Babies and children need to be physically comforted when they are upset. Verbal means of comfort are great, but younger kids respond more to physical than to verbal comfort. Field tested 60 forms of verbal comfort and 60 forms of physical comfort in a scientific study. She found that only 3 of the verbal words of comfort were effective, but 53 of the physical forms of comfort were effective.

On the basis of her extensive research on the power of touch, professor Tiffany Field developed a do-touch preschool. There are cameras to monitor and to make sure that there is no unwelcome touch by adults. However, parents know that their children will be physically comforted in Dr. Field's nursery if they cry.

Field developed infant massage techniques after she had a premature child. Kept in the hospital in an incubator, parents were forbidden to touch their prematurely born baby. Premature babies are small and they look fragile. It's a natural response of parents to be afraid to hold them, to be afraid of injuring them. Kept in a plastic incubator, the baby looks like it could break if it were touched.

Not so! Field did a study showing that when parents were taught infant massage techniques and massaged their baby for just 15 minutes a day, the babies' body weight increased 47% in ten days. No true for the control group. These massaged preemies were able to leave the hospital sooner, were healthier, and their parents were a lot closer to them than the untouched babies.

It is remarkable to see a baby being massaged with Field's procedures. The baby is like a cat, purring, happy, relaxed. It is a totally natural event, and very commonly done throughout Africa and India.

Field's touch research institutes have performed over 90 experiments, which show that massage can be helpful in many child problems, even attention deficit disorder.

It's not only kids and babies who are at a large advantage when massaged daily. If dad massages mother for 15 minutes a day, it is as effective as antidepressants for a woman with post-partum depression. The great advantage of massage is that people don't want to give it up. Thirty to 50% of depressed people stop taking antidepressant medication within 2 years. Many stop because of negative side effects, such as a decrease in sexual desire and an increase in male impotency. But people usually don't want to stop being massaged.

Massage also is effective in keeping dad literally “in touch” with mom. When her sexual desire is lowered by having given birth and even lower if she is nursing, massaging the mother gives dad a unique role. It can keep affection alive between new parents, and is even good for dads, and even better if the massage goes both ways.

What are we doing here? We began by talking about emotional understanding and said that Understanding Must Precede Advice, and we discussed the 5 steps of emotion coaching.

Now let’s talk about emotional intelligence for babies.

A recent dissertation in my laboratory by Alyson Shapiro found that the way a couple argues in the last trimester of pregnancy will predict how much the baby at three months of age will laugh or cry. It will predict the child’s vagal tone, a physiological index of the baby’s ability to self-soothe and focus attention, and a great index of the baby’s overall neurological development. The way the couple deals with conflict when they are pregnant will predict whether fathers stay with the mother and whether they are involved with the baby. The way the couple deals with conflict when they are pregnant will predict how they play with the baby, whether or not they are affectionate, engaged, and cooperative with one another, whether they are responsive to the baby’s emotional cues. Does any of this have import for the baby? You bet it does.

Touching and responding to one’s partner and to babies is a big part of emotional intelligence. Responsiveness creates securely attached kids. But how should couples go about fostering an emotionally intelligent family?

Approximately 3.6 million babies are born to couples every year in the United States of America. In fact, this is not only true for middle class families. The Fragile

Families study found that among 82% of so-called “unwed mothers,” there is a biological father who is romantically involved with the mother at the time of the baby’s birth. But among welfare recipients these couples fall apart at a high rate, much to the detriment of their babies.

What happens to couples when a baby arrives? When a baby arrives this is potentially a period of great joy. Unfortunately, for many couples these joys are but fleeting moments. Our research has shown that when the first baby is born an astoundingly high **two-thirds** of couples experience a significant drop in relationship quality and a dramatic increase in conflict and hostility in the baby’s first 3 years of life. Furthermore, the couple’s intimacy deteriorates. Sex, romance, and passion decline precipitously. Both parents wind up feeling unappreciated, neglected, and lonely. The romance that was once there changes as the relationship becomes centered on the baby. From the increased loneliness of both mother and father, the relationship becomes more prone to affairs. This is the beginning of a cascade toward breaking up. The evidence suggests that the majority of couples move into this cascade after they have their first baby.

Babies ought to come with some form of a baby Richter scale. Remember the Richter scale is used to grade the impact of earthquakes. Some babies are a 4.0 on the baby Richter scale. Not too bad. But most of them aren’t a 4.0. They have a huge impact on adults and on relationships. Most babies aren’t a 4.0 on the baby Richter scale at all, they are somewhere between a 6.8 and an 8.0!

We now know that post-partum depression in mothers (and fathers) is a lot more common than we once thought. People used to think that the so-called “baby blues”

occurred rarely, in about 9% of mothers, and lasted only a few weeks. This is wrong. Current estimates are that 50% of mothers experience significant clinical signs of post-partum depression. If “soft signs” of depression are included, the figure is closer to 80%. Tragic cases of progressive post-partum depression have even led to newsworthy infanticide cases such as those of Susan Smith and Andrea Yates. Post-partum maternal depression has recently been targeted by the National Institute of Mental Health as a major mental health problem of Americans. We also now know that at least half of this depression is due to a declining relationship between parents. A little known fact is that 30% of new fathers experience post-partum depression as well.

None of this is surprising. In fact, one study in a sleep lab took healthy male and female adult volunteers and simply deprived them of restful REM (the rapid eye movements that accompany dreaming) and delta brain wave sleep for a month, and most developed clinical and physiological levels of depression. And consider the fact that chronic sleeplessness for many months is just one characteristic of becoming a parent.

As early as 1957, some researchers claimed that 83% of new parents went through moderate to severe crisis in the transition to parenthood. These claims were initially refuted and subsequently strongly debated by scholars. However, beginning in the 1980s prospective longitudinal studies began to appear and they confirmed these claims. Now, after more than 15 longitudinal studies, we now know the truth.

The transition to parenthood is indeed a highly stressful period for most parents, and because of decreased quality of the parental relationship and parent-child interaction, the results are a compromised emotional climate for the baby, and therefore also a stressful

period for the development of the baby. In other words, we now know that most babies are born into an emotional storm.

Depression, hostility, and alienation between parents often become major problems for newborn babies. Our research shows that in face-to-face play with the baby most of these parents have more difficulty coordinating with each other and reading the baby's emotional signals. These parents become less responsive to the baby, and their interactions with the baby become more negative and less positive. We now know that even minor signs of untreated depression have profound effects on babies. Infants of these parents will withdraw, at first just from fathers and later from mothers. These infants are at risk for becoming depressed themselves, less healthy physically, and are also at long-term risk for developing mental health, cognitive, and behavioral problems.

The couple's emotional life is the real cradle in which the baby is held, and we now know that a hostile parent-parent, or a withdrawn or intrusive parent-child emotional climate has profound influences on the baby's emotional and cognitive development.

Why should this transition to becoming a parent have such a profound effect on babies?

Our research shows that a family's emotional climate takes three general forms. Parents can be: (1) sensitive to the baby's emotional cues, or, as is unfortunately typically the case, they can be inept parents either by (2) withdrawing from the baby, or (3) being intrusive with the baby. These three patterns have an enormous impact on the baby's emotional development. Why should that be the case?

When viewed moment-by-moment most inept parenting temporarily interferes with the infant's ability to regulate itself. Suppose an infant looks away because it is over-

stimulated, and that's not understood or respected by the parents. For example, some parents will forcibly move the infant's head so that they can maintain eye contact. They think the infant is looking away because she doesn't like them. Actually the infant is looking away because it's trying to calm down. If the infant can't look away to calm down, it is robbed of one of its main methods for self-soothing and adapting to the level of stimulation. The baby is forced to use a more extreme method of regulating the world, such as escalating its protests, or withdrawing. During that very instant the baby has lost an opportunity to learn that what she does can affect the world, that her inner state matters through the use of emotional communication. If that moment becomes characteristic of the parent-infant relationship, the baby will learn that his emotions are not communicative events, or that communication may even make things worse. Unfortunately, that pattern is what we have discovered to be characteristic of most couples whose relationship is faltering. And the bad news is that's 67% of them.

This issue is momentous because of what might fail to develop in the baby. In the first three years of life fundamental neural processes are being laid down that have to do with the infant's ability to self-soothe, focus attention, trust in the love and nurturance of its parents, and emotionally attach to mother and father. The neural part of these processes involves the myelination of the vagus nerve (the tenth cranial nerve), which we now know is a vital part of the baby's developing ability to self-soothe and focus attention. Myelin is the fatty sheath around neurons that make neural message transmission efficient. The major neural part of these processes also involves the development of the frontal lobes that control not only how emotion is processed but also the development of the executive functions of cognition (e.g., planning, organization, and

problem solving). These neural processes lay down a foundation upon which later emotional and cognitive development will be built. The emotional climate of the young family determines the trajectory of neural development in the baby.

The young infant is developing socially and emotionally at a rapid pace, and the normally developing infant has an amazing sensitivity to its emotional world. Even immediately after birth, infants are attuned to orient to their parents' faces and voices. There is no toy that money can buy or science can devise that is more interesting to a newborn infant than a parent's face and voice. Even at 3 months of age the infant has a very finely tuned emotional system. Three-month-old infants of depressed mothers do not respond to adults. They have become used to the non-responsiveness of their depressed mothers. If there is no non-depressed adult in the baby's life for the first year these effects may become irreversible. Even the brains of these babies becomes different. By 10 months of age an infant's relative activation of the right frontal lobe is related to tendencies to withdraw from the world (particularly with the emotions of fear and sadness), whereas relative activation of the left frontal lobe is related to tendencies to approach the world (with the emotions of interest, amusement, humor, anger, and happiness; anger is an emotion that engages us with the world). It is possible to predict which babies will cry when their mom leaves the room and which babies would not cry by the amount of right-frontal or left-frontal brain activation when the baby was previously calm.

Does this brain wave activation matter? Definitely. It is now well known that clinically depressed adult patients show relatively more right than left-frontal brain wave (electroencephalogram – EEG) activation, even when relaxing or when imagining a

typical day. The amazing thing is that infants of depressed mothers showed more right-frontal activation at 1-month, and it was stable again at 3-months. Furthermore, there was stability in these patterns from 3-months to three years when there was no intervention. These right frontal brain wave infants also had limited responsiveness to facial expressions, they showed signs of neurological delays at 6-months, they showed more limited play and were less likely to explore the world, and they had inferior motor development at 2-months. The characteristic adult depressed right-frontal EEG dominance was transferred to the baby and was stable when the baby was one-year-old if there was no non-depressed adult caregiver in the infant's life. This right frontal EEG effect can be observed even when the infant is shown soap bubbles rising, which usually delights infants! Instead, these infants become wary and withdrawn even when watching soap bubbles gently rising. The depressed pattern of their mothers had already been transmitted to them, and their developing brain reflected this tragic fact!

Therefore, what happens emotionally in the baby's first year of life is critical. But what dimensions are most important? There are two important dimensions are uncoordinated play between caregivers and babies and over-stimulation of the baby. When a baby is being over-stimulated the parents are ignoring the baby's cues that involve saying "NO!" to the proposed plan of play or other interaction. The infant will escalate these cues of distress so that they become more apparent, but when that fails the infant will withdraw and shut down. In over-stimulation the infant learns that she cannot say "no," and she subsequently cannot self-soothe. No matter what she does it has no effect on the caregiver. We discovered that over-stimulation and uncoordinated play result (in part) from dysfunctional conflict between caregivers.

These effects are predictive of negative long-term outcomes in the baby. These effects are not likely to disappear on their own accord. They usually have serious long-term consequences. For example, consider the development of what psychologists call “object permanence.” The development of an object permanence concept is essential. It means that the infant learns that things do not disappear when they are out of sight. It is the basis for the infant’s understanding of the physical world and also the basis of a secure emotional attachment. In one study, the young infants who developed the problems we have been describing could not perform object permanence tasks at 9-months, and this inability still persisted at 18-months of age. This is an important developmental problem. Furthermore, by 4-years of age these children had lower cognitive scores. Boys were particularly vulnerable. The infants will also show a lack of empathy that eventually predicts conduct disorders in preschool. The infant’s ability to focus attention and process information by 4-5 months of age has been highly influenced by the parent’s interaction with the baby. This inattentiveness of the baby was later predictive of a lowered infant IQ.

The Good News

Things have changed dramatically for American families about the birth of babies. Today, 91% of fathers attend the birth of their babies. Thirty years ago that percentage was zero. Today birth education is standard for most American families. But in the last ten years there has been a further dramatic, and less known, development.

There is currently enormous, grass roots concern and worry among expectant couples in maintaining the quality of their relationship after the baby arrives. We discovered this through our own personal experience. Eight years ago I was asked to give

a lecture for Children's Hospital and the newspaper "Seattle's Child" for couples on how to maintain intimacy when expecting a baby. At the first talk 300 people showed up and 50 had to be turned away because the Children's Hospital auditorium wasn't large enough. There was so much interest among these couples in this topic that you could hear a pin drop during the talk. Couples stayed for a long time after the talk, asking questions. They kept asking if there wasn't more we had to offer than just the talk. At the time I was conducting a large longitudinal study on the transition to parenthood, but had no scientifically-based intervention to offer. I was asked to give another lecture and again the auditorium was filled and people had to be turned away. Children's Hospital then decided to offer a series of lectures. Because so many of the couples who attended these talks were very concerned about maintaining intimacy in their relationships after kids arrived, and kept asking, "Is this all you have to offer?" I decided to analyze our data and see if we could predict which newlywed couples would experience the drop in relationship satisfaction once they became parents and which would not. Could we discover any buffers that existed in these relationships against this precipitous decline in relationship satisfaction between the parents? We used data we had obtained a few months after the couple's wedding, many years before they became parents. We found that we could predict this important phenomenon! On the basis of the buffers we discovered, my wife and I developed a new workshop. We then decided to start a new study testing the effectiveness of this new workshop for couples expecting a baby. We were able to enlist Swedish Medical Center in Seattle to sponsor this research and obtain funding from two local foundations, the Kirilin Foundation and the Talaris Research Institute, two sponsors of today's event.

It has now been ten years since that research work began. Our intervention was based on a longitudinal study of the transition to parenthood. A new workshop was developed on the basis of data from our Seattle longitudinal study of newlyweds. Our study started with a representative sample of 130 newlyweds. We started studying them just a few months after the wedding, long before most of them ever thought of becoming pregnant. When we later found that two-thirds of the new parents experienced a large drop in relationship quality starting when the baby was between 3-months and 1-year old, we were able to answer the following question: “Was there was anything different about those one-third of couples who didn’t drop in relationship quality and those two-thirds who did, even a few months after the wedding?” Yes there was! We discovered the buffers against this drop in relationship quality between parents. My wife and I designed evaluated our new workshop.

The good news is that we started a scientific prevention study that showed that when couples take this workshop, they avoid or reverse most of this tragic drop in family quality. We are now conducting our third study on this issue. We have found that with just a two-day psycho-educational workshop and a support group for parents, starting in the last trimester of pregnancy, we can change the emotional cradle that holds the new baby so that it is far more loving and far more emotionally sensitive to the baby. We can foster the family’s emotional intelligence. **What are our results?**

- **We Can Prevent Relationship Meltdown.** In the control group relationship quality between parents decreased significantly and steadily, whereas relationship quality remained high in the workshop group over the baby’s entire first year.

- **We Can Prevent Escalating Hostility.** Hostility between parents (as assessed from videotapes, with observers blind to what experimental condition the couple was in) increased dramatically in the control group over the baby's first year of life, whereas hostility stayed minimal for the workshop group.
- **We Can Largely Prevent Post-partum Depression.** We can now dramatically decrease maternal (and paternal) post-partum depression. In the baby's first year, 66.5% of mothers developed post-partum depression in the control group, in contrast to only 22.5% of mothers in the workshop group.
- **Effects on the baby.** When the baby is 3-months-old we score videotapes of face-to-face mother-father-baby play. Fathers who took the workshop are significantly more cooperative and significantly less competitive with mothers than fathers in the control group. Fathers who took the workshop are significantly more positive and have a lot more fun with their babies than fathers in the control group. The babies whose parents took the workshop are significantly less tuned out with dads, and they look at moms significantly more than babies whose parents were in the control group. Babies in the workshop group have much more intense positive emotions and fewer intense negative emotions than babies in the control group. We have significantly affected the parents' relationship, and their relationship with their baby and one another when with the baby, and we have significantly affected the baby's emotional development as well. These babies are now on the right course of emotional development.

The take home message is that we should intervene early in the baby's development to have maximal effects.

The next take home message will be that it is also that it is never too late to intervene. Right now we can have an enormous impact by changing relationships and affecting fathers. Let's talk about men.

Fostering the Emotionally Intelligent Male: Fathers in the Delivery Room

Fathers in our data and the data of other labs have shown that fathers are enormously important to the development of a child's emotional intelligence. The amount of father involvement in their kids lives is increasing dramatically in the USA. Right now in our country about 91 percent of fathers in America are there to see their babies being born. Only a generation ago that percentage was zero. That fact has changed the landscape of the American family. How did this breathtaking change come about? The story is not well known.

Did it come from an enlightened medical community? Did doctors invite dads into the delivery room? The answer is absolutely not. The force for this dramatic change came directly from the people. I have tracked down the story. The process of dads being present at the birth of their baby was speeded by a letter *The Ladies Home Journal* published in November of 1957. The letter was written by a nurse who complained about the cruel and "sadistic" treatment of women in the delivery room. Hundreds of other letters poured in by women describing similar experiences the *Ladies Home Journal* editor described as "so shocking they deserve national attention." Two articles followed in 1957 and 1958. One woman wrote that she was rushed in the labor room and leather cuffs were strapped to her wrists and legs and she was left alone for eight hours until the actual delivery. Birth had become as assembly line process which was ripe for

potentially replacing the compassion and caring of the midwife with utter disregard and even cruelty.

How did dads get included and even welcomed into the delivery room? It started in the late 1950s, and it seemed to happen everywhere in the country at the same time, like popcorn popping. It began with an undergraduate 24-year-old named John Quinn at Humboldt State College in Arcata California. Quinn handcuffed himself to his laboring wife. The hospital called the police, but they arrived as the baby was coming out, Quinn told the police “I love my wife. I feel it is my moral right as a husband and father to be there.” Mr. Quinn was handcuffed and taken to jail while his wife delivered the baby alone. Hospitals throughout America responded to Mr. Quinn’s crime by tightening up their policies. This was front page news in the San Francisco Chronicle.

Then a small film was made by parents in Seattle. In 1955, in Seattle, an organization called the Association for Childbirth Education was formed by parents. Joan Patten, the wife of a Boeing Aircraft engineer, was its first president. On April 25th, 1955, they produced a film called “Childbirth as a family experience.” It was a 20-minute color and sound film. The *Seattle Times* said that the film was produced by a “group convinced that Father should have more to do with childbirth than paying the bills.” The couple’s actual labor and delivery were shown on the film. The Association took the film to New York, to the Maternity Center Association, where it was shown to 500 parent-delegates from the USA and Canada. The Association also began offering birth preparation classes at the YWCA that included the father.

In Seattle, on April 5th, 1958, acting on their own, Clifford and Audrey Stone sued Group Health Hospital to be with his wife during childbirth². The tipping point had been

reached. A whopping 80% of fathers were already attending the birth of their babies after lectures and movies on the subject. By the late 1970s fathers were almost expected to be present at their baby's birth.

Research has shown that the major effect of the father's presence in the delivery room, whether or not he participated in childbirth classes, was to improve couples' satisfaction with the whole birth experience. That's an enormous change in just one generation.

Fostering The Emotionally Intelligent Man

Fostering Emotionally Intelligent Families among Welfare Recipients: LCLC and fathering

There has been a sea change in American men, across every racial, socio-economic, and ethnic group. Men want to be better fathers and partners than their fathers were. There was the Promise Keepers movement, of white guys, led by a football coach, where 30,000 white men held hands in a football stadium and sang songs about how much they were going to take responsibility for being better fathers and husbands. I am not making this up. A million Black men marched on Washington for what purpose? To demand jobs? To demand better health care? To demand better education? No, to announce to the world that they wanted to be better fathers than their fathers had been. One of America's greatest poets, Robert Bly, led groups of educated men throughout the country in poetry and song, beating drums and making masks for what purpose? So men could support one another. For what purpose? To declare that they would be affectionate, warm, and supportive to their children, and better mentors toward other men.

We are now taking a new intervention called Loving Couples Loving Children to lower-income couples having a baby. These couples have many other problems that need to be dealt with other than relationship issues, including drug and alcohol addiction, domestic violence, incarceration, infidelity, the effects of racism, and kids by other partners. The program has been evaluated in a randomized clinical trial with thousands of couples by the think tank called Mathematica. It is most effective with African-American families.

Once again we are seeing a powerful grass-roots force among fathers who are committed to being better fathers and better partners than their fathers were. In 1967 a classic book by Lebow called *Talley's Corner* was published about Black street corner men. In this book marriage was described as something these men wanted to avoid. Job opportunities were limited. They wanted to avoid the humiliation of not being able to provide a successful role model for their kids. The sea change is what the Fragile Families Study observed in 21 cities in the USA. Now young men want to stay involved in the lives of their babies, and they want to preserve their relationship with the mother for the baby's sake.

Fostering the emotionally intelligent school

To create an emotionally sensitive school, we need to foster an increased awareness of emotion in teachers, students and parents. Two years ago my wife and I did a workshop for middle school teachers on **how to talk to kids about feelings**. One point we made in that workshop was that:

Criticism often comes in the form of WHY questions

We told the teachers that with children it is better to delete all your WHY questions from your repertoire. Most WHY questions are just not helpful for children and wind up being perceived by children as criticism. Examples follow:

Why didn't you do your homework?
Why did you forget?
Why do you have to argue?
Why must you interrupt?
Why can't you be quiet for a change?
Why do you keep talking?
Why are you so spacey?
Why can't you be more like your friend Janie?

Why is it that none of the other kids had any trouble with this?
Why do you have to touch everything?
Why are you so silent?
Why do you always want me to make an exception just for you?
Why do you always blurt things out?
Why can't you raise your hand?
Why can't you be like everyone else?
Why can't you wait your turn like everybody else?
Why did you say that?
Why did you do that?
Why are you so selfish?
Why can't you follow directions?
Why don't you have a sense of humor?
Why are you so disorganized?
Why can't you learn this?
Why do you keep making the same mistake over and over again?
Why do I have to keep correcting you?
Why can't you learn to write?
Why don't you have any personality at all?
Why can't you learn?

Instead of WHY questions, the teacher can describe the problem and ask about what a solution may be, what the options are, and offer suggestions.

Example:

Child: I am not prepared for this test.

Wrong: Why didn't you prepare?

Right: So tell me what's going on in your life right now. What made it hard to prepare for this test? Then LISTEN, AND VALIDATE. Then the teacher can say, OKAY, We have a problem. Let's think about what are your options here?

The teachers had a lot of trouble in role-plays giving up WHY questions, and it became clear that they relied on these questions when they interacted with kids.

Emotional Intelligence is hard. It cannot be a special topic in the curriculum. It can't even be a six-week segment. It needs to pervade the entire climate of the school. Every teacher, every administrator, every bus driver, receptionist, parent, everyone must

be a collector of emotional moments and an emotion coach. Maybe if the entire school had listened to Emma's feelings and acted to validate them she might still be with us as a creative 20-year-old. Maybe. We can only hope that we can learn from our mistakes.

Let me summarize. I am saying that we know how to foster emotionally intelligent kids, we know how to foster emotionally intelligent couples, we know how to foster emotionally intelligent dads, we know how to foster emotionally intelligent babies and we know how to foster emotionally intelligent schools by helping people understand emotion itself, not dismiss it, and learn to respond to emotion with emotion coaching. The charge to us is to make that part of the USA's public policy.

What's the charge? What should we do? Start by creating just one emotionally intelligent community, with just one emotionally intelligent hospital, with just one set of emotionally intelligent schools, a community that fosters emotionally intelligent couples and families. Create the model. Do the science to show the world that this model actually works. Collect the data. Then tell everyone. It's the only thing that will work.

There's an old story about an old man who went to confession. He said "Forgive me father, for I have sinned." The priest asked, "What have you done, my son?" The man said, "For days I have been making wild and passionate love to two beautiful women I hardly know, women I met only recently." The priest, said, "Say two our Fathers and Five Hail Mary's." "But father," the man said, "I am not a Catholic." The priest then said, "Then why are you telling me all this?" "I'm telling everyone," said the man.

We need to tell everyone about emotion coaching.

THANK YOU FOR LISTENING

