Five fruit and vegetables and five praises a day: the case for a proactive approach

Carole Sutton PhD
Associate director, Unit for Parenting Studies,
De Montfort University, Leicester

Martin Herbert PhD
Emeritus professor and clinical and community psychologist, School of Psychology,
De Montfort University, Leicester

Abstract

The government has adopted the five outcomes of Every Child Matters as guiding principles for all those caring for and working with children. One of the ways in which efforts are being made to help children achieve good physical health is to encourage them to eat 'five fruit and vegetables a day'. This article sets out the case that practitioners can help children achieve good mental health by encouraging parents and those who care for children to give them at least 'five praises a day'. Babies are predisposed from birth to make close social and emotional attachments with their main caregivers, and typically receive generous and loving admiration and appreciation. However, we know that some parents may not understand how infants and toddlers continue to need active nurturing attention, praise and positive messages from those who care for them as they grow. The authors seek to develop their inter-professional campaign to extend the 'five fruit and vegetables a day' maxim to include 'five praises a day' for children. Health visitors are uniquely placed to help parents, to explain and encourage the contribution that praise and positive feedback make toward children's general wellbeing and sound mental health.

Key words

Praise, attachment, health visitors, parent training

Community Practitioner 2008; 81(4): 19-22.

Introduction

The landmark government publication *Every child matters*[1] sets out five outcomes that the children and young people who were consulted wanted as key features of their lives:

- Be healthy – enjoy good physical and mental health
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing.

The government adopted these outcomes as guiding principles for all those caring for and working with children. Its aim is for every child, whatever his or her background or circumstances, to have the support they need to achieve them. It is the theme of this paper that we could go a long way toward the realisation of these five principles, particularly the first, if children in their earliest years experience countless expressions of love and admiration from their parents and caregivers.

So, what is new? 'Five fruit and vegetables a day' has been an influential maxim promoted by lobbyists as a means of achieving that part of the 'be healthy' principle referring to good physical health. What is novel is our belief that it is possible to help parents and carers achieve the second part, which deals with good mental health. To this end, we are urging the active adoption of a further maxim, 'five praises a day for young children', and explore below the evidence for this claim.

Praise is a major form of 'positive feedback', so it is to the psychological literature on this concept that we turn for evidence of its significance in child care. The early, continuing need for positive feedback (loving, responsive care from parents) in addition to physical nourishment and nurturing is attested to by many researchers.[2-5] Positive feedback is particularly effective when it takes the form of words of approbation (notably praise and encouragement) that flow from a strong bond of affection between infant and adult, based on extensive 'quality times' and the rich interactions and communications to which they give rise.

This close attachment to a caregiver (most often early on, the mother) facilitates a major developmental task of the first years of life – the child's achievement of attitudes of confidence and trust in his or her 'world', and gradually an increase in independence. By the child's first birthday, the development of a dramatic degree of emotional and physical autonomy will have taken place. The quality and security of the child's early attachment to the mother (and other significant carers) facilitates or disrupts this vital process.[6-10]

Attachment theory

Among the earliest papers on attachment theory are two 1958 papers, one by Harry Harlow and the other by John Bowlby.[11,12] Harlow's studies were influenced by observations of how infants raised in orphanages without physical contact or loving nurturance became profoundly depressed (named 'anaclitic depression') and often died.[13] He demonstrated experimentally that infant rhesus monkeys preferred a cuddly mother surrogate (made of soft terry cloth) to a non-cuddly one that dispensed milk. Comfort contact seemed to be more crucial than feeding in the development of an attachment, and a secure base from which to explore their environments.[14] Bowlby, whose views are seminal in the development of attachment theory, described the baby as having five innate signals (crying, smiling, sucking, following and clinging) that ensure parental physical proximity, and thus protection and nourishment.[12] These signals, and the mother's genetically-programmed responses, serve as constituents of a 'behavioural system' binding mother and child in an enduring

bond of consistent caring and affection.

Bowlby proposed an important elaboration of attachment theory, describing how the evolving 'mental representation' of this parent-child bond becomes an important core component of personality. It is said to serve as a set of expectations (an inner 'working model') about the likelihood of receiving help from attachment figures, their availability at times of crisis, and the manner in which all future close relationships are conducted. Lifelong core attitudes of optimism versus pessimism are thought to originate in the infant's earliest experiences of successful as opposed to disturbed bonding processes.[15]

Measuring attachment behaviour

Mary Ainsworth and her colleagues developed a measure of the quality of infants' attachment between one and two years of age, and its impact on later development. Their 'strange situation' test[16] introduces infants to eight short episodes, during which separations from and reunions with their mother occur. Researchers identified three distinct reaction patterns:

- 'Securely attached' infants protested and cried on separation, but greeted their mother on her return with pleasure, and were easy to console
- 'Insecurely attached' and 'avoidant' children showed a lack of distress during maternal separation, and avoidance of mother upon her return
- 'Ambivalent' or 'anxiously attached' infants tended to be clingy and afraid to explore the room. They became extremely anxious upon separation, yet displayed angry and resistive behaviour upon the parent's return.

Later research identified a small number of children who displayed incoherent coping, and were classified as 'disorganised'.[17]

Ainsworth reasoned that if attachment was well developed, infants and toddlers would use their parents as a secure base from which to explore their environments. In the homes of the securely attached infants, mothers responded sensitively, promptly and consistently to the emotional as well as the physical needs of the child. Mothers with avoidant children showed little response to them when distressed, discouraging them from crying. Where the child was ambivalently attached, mothers tended to be inconsistent, at times responsive and at other times neglectful. This type of child found it difficult to cope with life stresses.

Learning theory models

According to an idea based on 'operant conditioning', a learning theory principle in which 'reinforcement' is a key concept, the development of attachment relationships depend on infant behaviours being followed consistently by stimuli such as food, treats, smiles and praise ('positively reinforced').[18] Albert Bandura[19] argued that a vital aspect of children's learning was their observation and imitation of others, their socially approved behaviours receiving particular impetus from positive social feedback and rewards, for example praise and encouragement. Such words and deeds of appreciation also increase self-esteem, elevate children's performance to a higher level, and create a congenial and calm atmosphere in the home.

In particular, they facilitate the process of identification. Having children on the 'same side' (figuratively speaking) as their parents makes them more likely to internalise family values and rules. Children are more likely to obey unwelcome social rules in a loving home because they wish to have their parents' approval and avoid their disapproval – words of praise or criticism are likely to have much more force if they come from an adult to whom a child is attached, as opposed to one for whom there is no special feeling or even antipathy.

While tiny babies typically attract generous and loving attention and admiration, as they grow and become more independent, they may lose this unconditional approval. Together with the word 'no!', which almost inevitably enters the vocabulary of the parent or caregiver as babies become toddlers and flex their muscles against the outside world (sometimes literally), they may encounter a reduction in the number and quality of the approving expressions they hear. For example, in a seminal study of the verbal interactions of children and members of their families from the time they began to speak, Hart and Risley discovered not only huge differences in the amount of language used by children, but also large differences in the encouraging or discouraging responses of parents.[20] According to these researchers, 'some children had much more experience than others with the parental encouragement that contributes to self-esteem, confidence and motivation. The amount of children's experience with encouraging feedback was strongly associated with the magnitude of their accomplishments at age two and at age nine to 10' (p247).

Using praise as positive feedback

Alan Kazdin, designer of a popular parent management training course,[21] states that parents tend to concentrate mainly on what they do not want their children to do. In his opinion, the focus should be on what specifically they do want them to do, praising the approved behaviour as soon as it is displayed. He adds that helping parents praise good behaviour is one of the most difficult challenges faced by therapists. Certainly, the authors of this paper have found some families to report that overt praise of the kind we are recommending is difficult for them to give, or that it is contrary to their cultural practices. In parent training, Di Hampton, a social work colleague with many years' experience of working with families, asks: 'How does your child know when you are pleased with him or her?'[22] The answer may be 'We say, "good boy"' or 'We smile at him'. Sometimes, however, this question highlights the fact that some children do not know when their parents are pleased with them, and so may not continue with the behaviour that pleased their parents. Whatever responses are made, clear feedback and praise are likely to be most effective in helping children learn. Webster-Stratton and Herbert[23] have devised a set of guidelines on how to give this positive feedback (see Box 1).

Witnessing the application of such principles provides practitioners with opportunities to praise parents' efforts to give positive messages and appreciation to their children, thus helping them to know for themselves something of their children's experience when they are praised. Some parents acknowledge that they did not realise that children learn by praise, and so rarely give it. Not infrequently, they themselves received little praise as children, and thus do not realise how nurturing and heart-warming the experience of being praised can be.

Applied social learning theory in parent-training courses

The application of social learning principles in validated parent-training courses

Box 1: Guidelines for giving praise and positive feedback[23]

- Make praise contingent on behaviour
- Praise immediately
- Give labelled and specific praise
- Give positive praise, without qualifiers or sarcasm
- Praise with smiles, eye contact and enthusiasm, as well as with words
- Give pats, hugs, kisses along with verbal praise
- Catch the child when she or he is being good – do not save praise for perfect behaviour
- Use praise consistently whenever you see the positive behaviour you want to encourage
- Praise in front of other people
- Do not worry about spoiling children with praise
- Increase praise for difficult children
- Model self-praise

has been successful in resolving a wide range of children's difficulties, including aggressiveness, defiance, attention deficits, incontinence, feeding and sleeping disorders.[21,24-28] Parents are trained collaboratively to mobilise more effective ways of managing children's behaviour disorders[5,28,29] and in recent work Sutton and Precht[30] asked 35 experienced facilitators of rigorously-evaluated parenting groups what they believed to be the key effective components of such groups. Their unpublished data showed that 'helping parents to praise their children' was ranked second out of 25 possible positions, only slightly below the response 'worker encourages open discussion among parents, so fostering the idea of sharing and support'.

The maxim 'five praises a day'

Like all maxims, this is a shorthand expression that requires elaboration. Praise is only one element of positive feedback, although probably the most potent one, and needs to be defined as precisely as possible for maximum effect. For example, instead of praising a child for being 'good', it would be more effective to say: 'I like the way you helped your little brother to get dressed – that was very kind of you.'

Mueller and Dweck[31] found that when children had completed a test, telling them simply that they were 'smart' tended to discourage them from undertaking what they believed were more difficult tests. By contrast, the children commended for having 'worked hard' toward completing the test tended to be ready to undertake more challenging tasks. Social learning principles are universal, and learning how to employ them should be a key component of inter-professional curricula. For example, positive feedback and praise have been shown to be extremely effective approaches in the classroom[32] and in foster homes.[33]

Why five praises?

This question is answered by suggesting that the maxim necessarily takes (as a personal reminder) the form of a very brief, eye-catching 'exhortation', open to later elaboration. A widely-targeted educational campaign requires a slogan that is pithy and to the point, especially if it is to have the awareness-raising virtues illustrated by the widely known 'five fruit and vegetables a day' programme.

The evidence for the undoubted benefits of positive feedback and praise to enhance a child's development needs to reach parents who may never attend formal parenting groups, or read only the fragmented and generally inaccessible literature on the subject.

Conclusion

Our aim in this paper has been to justify the introduction of a new slogan 'five praises a day' to complement the well-known maxim 'five fruit and vegetables a day'. A review of the research evidence confirms the influence of praise in bringing together social stimulation and positive reinforcement in the development of close social and emotional attachments between babies and toddlers, their mothers and other significant caregivers. We have seen how infants possess innate attributes that facilitate this process of mutual bonding from the very beginning of life. However, in order to strengthen and generalise early attachments as children grow older, there is a continuing need to provide them with generous amounts of verbal approval such as praise, and interactive communication such as play. Parents do not always realise the extent to which these features of caregiving benefit children's emotional wellbeing, self-esteem and other aspects of positive mental health. With these considerations in mind, the authors seek to develop their inter-professional campaign to extend the 'five fruit and vegetables a day' maxim to include 'five praises a day' (at least) for children.

This is where we see how vital the role of community practitioners, health visitors, nursery nurses, children's nurses and community staff nurses can be. Health visitors, with their particular professional expertise and first-hand knowledge of families, are in an ideal position to help parents understand the contribution that praise can make toward children's mental health[3,6,9] and to model how to give positive verbal and non-verbal messages to babies and toddlers, with all the consequent reciprocated rewards of smiles and sounds of infantile delight. They can also offer positive feedback and appreciation to their clients, signifying professional appreciation of their dedication, skill and hard work as parents. In so doing, they may well be making a huge investment in the mental health of the next generation.[20]

References

1 Department of Health. *Every child matters: change for children*. London: Department of Health, 2004.
2 Henderlong J, Lepper M. The effects of praise on children's intrinsic motivation: a review and synthesis. *Psychological Bulletin* 2002; 128: 774-95.
3 Herbert M. *Typical and atypical development: from conception to adolescence*. Oxford: BPS/Blackwell, 2003.
4 Sutton C. Resurgence of attachment (behaviours) within a cognitive behavioural intervention: evidence from research. *Behavioural and Cognitive Psychotherapy* 2001; 29: 357-66.
5 Webster-Stratton C, Hancock L. Parent training for young children with conduct problems. Content, methods and therapeutic processes. In: Schaefer CE,

Briesmeister J (eds). *Handbook of parent training.* New York: NY Wiley, 1998.

6 Bowlby J. *A secure base: clinical applications of attachment theory.* London: Routledge, 1988.

7 Fonagy P. *Attachment theory and psychoanalysis.* New York: Other Press, 2001.

8 Rutter M. *Maternal deprivation reassessed (second edition).* Harmondsworth: Penguin, 1991.

9 Schaffer HR, Emerson PE. The development of social attachments in infancy. *Monographs for the Society for Research in Child Development* 1964; 29(3): Serial No. 94.

10 Sluckin W, Herbert M, Sluckin A. *Maternal bonding.* Oxford: Basil Blackwell, 1983.

11 Harlow HF. The nature of love. *American Psychologist* 1958; 13: 573-685.

12 Bowlby J. The nature of the child's tie to his mother. *International Journal of Psychoanalysis* 1958; 39: 350-73.

13 Spitz RA. Anaclitic depression. *Psychoanalytic Study of the Child* 1946; 2: 313-42.

14 Harlow HF, Zimmerman R. Affectional responses in the infant monkey. *Science* 1959; 130: 421-32.

15 Seligman MEP. *Helplessness.* San Francisco: Freeman, 1975.

16 Ainsworth MDS, Blehar MC, Waters E, Wall S. *Patterns of attachment: a psychological study of the strange situation.* Hillsdale, New Jersey: Lawrence Erlbaum, 1978.

17 Main M, Cassidy J. Categories of response to reunion with the parent at age six: predictable from infant attachment classifications and stable over a one-month period. *Developmental Psychology* 1988; 24: 415-26.

18 Gewirtz JL. Potency of a social reinforcer as a function of satiation and recovery. *Developmental Psychology* 1969; 1: 2-13.

19 Bandura A. *Social learning theory.* New York: General Learning Press, 1971.

20 Hart B, Risley TR. *Meaningful differences in the everyday experience of young American children.* Baltimore: Paul H Brooks, 1995.

21 Kazdin AE. *Parent management training: treatment for oppositional, aggressive, antisocial behaviour in children and adolescents.* New York: Oxford University Press, 2005.

22 Hampton D. Personal communication. 2007.

23 Webster-Stratton C, Herbert M. *Troubled families, problem children, working with parents: a collaborative process.* London: Wiley, 1994: 249.

24 Barkley R. *Taking charge of ADHD.* New York: Guilford Press, 1996.

25 Patterson G. *Applications of social learning to family life.* Champaign, Illinois: Research Press, 1975.

26 Webster-Stratton C, Hammond M. Treating children with early-onset conduct problems: a comparison of child and parent-training interventions. *Journal of Consulting and Clinical Psychology* 1997; 65: 93-109.

27 Sanders M. *Triple 'P' positive parenting program.* Queensland: University of Queensland Press, 2003.

28 Sutton C. Training parents to manage difficult children: a comparison of methods. *Behavioural Psychotherapy* 1992; 20: 115-39.

29 Sutton C. Parent training by telephone: a partial replication. *Behavioural and Cognitive Psychotherapy* 1995; 23: 1-24.

30 Sutton C, Precht D. Unpublished data.

31 Mueller CM, Dweck CS. Intelligence praise can undermine motivation and performance. *Journal of Personality and Social Psychology* 1998; 75: 33-52.

32 Swinson J, Harrop A. The differential effects of teacher approval and disapproval in junior and infant classrooms. *Educational Psychology in Practice* 2001; 17(2): 157-67.

33 Herbert M, Wookey J. *Managing disruptive behaviour: a guide for practitioners working with parents and foster parents.* Chichester: Wiley, 2004.

Would you like to be published in Community Practitioner?

Guidelines for authors

Articles are considered for publication in Community Practitioner on the understanding that they are not currently being offered to any other journal and have not been published or accepted elsewhere. All manuscripts should be submitted, with full author contact details, directly to the editor Danny Ratnaike, by email to danny.ratnaike@tenalpspublishing.com or as an Microsoft Word document on disk to Community Practitioner, Unite/CPHVA, 33-37 Moreland Street, London EC1V 8HA. Authors should keep a copy of the material they submit.

Presentation and house style

The first page should contain the following information only: title of article, first name and surname of author(s), qualifications, details of position held, number of words in article.
Spelling should conform to that of Chamber's Twentieth Century Dictionary. Where either 's' or 'z' can be used, please use 's', eg organisation.
Numerals one to nine should be written out, 10 and over typed as figures. Percent should be written as %. Full stops should not be used to indicate abbreviations: eg, ie, DSS. Unfamiliar terms should be spelt out in full when first used followed by the abbreviation in brackets. Quotation marks should be single, except for quotes within quotes. Capitals should not be used for words like health visitor or doctor. Please do not underline headings or any words except those you want printed in italics.

Article content and length

All articles need to be written with our audience in mind: health visitors, practice and district nurses, school nurses and community nursery nurses. We welcome inclusion of relevant figures, tables and images, though original work on paper is submitted at the owner's risk. Electronic images should be at least 300dpi resolution and in tif, jpg or eps format.

Professional papers and research papers should be between 2000 and 3500 words in length, and are subject to double-blind peer review following submission. Longer articles can be submitted for consideration and may be published in two parts. They should begin with an abstract of 150 to 200 words, and up to five key words that accurately reflect the article's subject and focus.
Research articles should be arranged in the usual order of introduction, study aim/purpose, method including ethical approval, results, discussion, implications and recommendations, conclusion, references and acknowledgements.

Clinical updates are usually 1400 words in length, should be referenced and review management issues within a particular clinical area.

Other features are 700 or 1400 words in length (one or two printed pages) and their content should be discussed with the editor prior to submission.

Letters are always welcome. They should be no longer than 300 words in length.

References

Please check that references are complete and accurate before submitting an article. References should be set out in the Vancouver style – that is, references should be numbered in the order in which they appear in the text.
References to articles in journals should be in the following order: author's surname and initials, full title of article, name of journal (in full, not abbreviated), year, volume number, issue number, and the first and last page numbers of the article.
References to books should be as follows: author's surname, initials, full title of book, city of publication, name of publisher, year of publication.
Sometimes you may wish to refer to one particular chapter in a book that has the editor as the main author. This would appear as follows: 'Smith ABC. Hearing tests in young children. In: Brown XYZ (ed). Developmental testing of the under fives. New York: Blenkinsop, 1980.'
Normally, references should not exceed 25 in number, and should usually be far fewer.

Editing

The editor reserves the customary right to style and if necessary to shorten material.

Publication

The editor reserves the customary right to determine the priority and time of publication. Due to the large number of articles received, publication may be delayed, although every effort is made to publish within nine months of acceptance. Authors of articles receive one complimentary copy of the journal following publication.

Danny Ratnaike editor
Tel: 020 7780 4086
danny.ratnaike@tenalpspublishing.com

Jane Appleton professional editor
Tel: 01865 221962
jvappleton@brookes.ac.uk