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The Myth of Universal Sensitive Responsiveness: Comment on Mesman et al., (2017)

Heidi Keller

Universität Osnabrück, Germany

Kim Bard

University of Portsmouth, U.K.

Gilda Morelli

Boston College, U.S.

Nandita Chaudhary

University of Delhi, India

Marga Vicedo

University of Toronto, Canada

Mariano Rosabal-Coto

Universidad de Costa Rica, Costa Rica

Gabriel Scheidecker

Freie Universität Berlin, Germany

Marjorie Murray

Pontificia Universidad Católica de Chile, Chile

Alma Gottlieb

University of Illinois at Urbana-Champaign, U.S.

#### Author Note

The first four authors contributed equally to the writing of this paper.

Correspondence concerning this manuscript should be sent to Gilda A. Morelli, Counseling, Developmental, and Educational Psychology, Boston College, Chestnut Hill, MA 02451.

Email: [gilda.morelli@bc.edu](mailto:gilda.morelli@bc.edu)

**Abstract**

This paper considers claims of Mesman et al. (2017) that sensitive responsiveness in caregiving, while not uniformly expressed across cultural contexts, is nonetheless universal. Evidence presented demonstrates that none of the sensitivity components (i.e., which partner takes the lead, whose point of view is primary, and the turn-taking structure of interactions) or maternal warmth are universal. Mesman and colleagues' proposal that sensitivity is 'providing for infant needs' is critiqued. Constructs concerning caregiver quality must be embedded within a nexus of cultural logic, including caregiving practices, based on ecologically-valid child-rearing values and beliefs. Sensitivity, as defined by Mesman and Attachment theorists, is not universal. Attachment theory and cultural, cross-cultural psychology are not built on common ground.

*Keywords:* Attachment, Sensitive Care, Culture

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The Myth of Universal Sensitive Responsiveness: Comment on Mesman, Minter, Angged, Cissé, Saladi and Bamberg (2017)

The paper “Universality Without Uniformity: A Culturally Inclusive Approach to Sensitive Responsiveness in Infant Caregiving” by Mesman et al. (2017) advances the argument that if one returns to Ainsworth’s original definition of sensitive responsiveness, one would find it universally valid. We evaluate cross-cultural evidence and conclude that sensitive responsiveness, as defined by Ainsworth, is not universal because there is no uniformity or universality in either practice or developmental foundations. The sensitive responsiveness articulated by Ainsworth reflects a culture-specific ideal of good parenting in relation to a view of healthy infants as emotionally expressive, entitled, independent agents. This parenting ideal is characteristic of people who live in a Western lifestyle (Arnett, 2008; Henrich, Heine, & Norenzayan, 2010) but it is not characteristic of people living other lifestyles. These other lifestyles are diverse but people living them are more prevalent around the world, and differ in one or more of the following ways: 1) they tend not to live in service-based economies; 2) they tend not to have high levels of education; 3) they tend to live in extended family structures with many adults and many children; and 4) they tend not to have financial security. We consider parenting ideals of people with non-Western lifestyles to show that conceptions and practices of sensitive care are not universal. Quite the contrary, sensitive care is culturally grounded and responsive to ecological constraints and affordances. Mesman et al. asked for a truce between attachment theorists and cultural (contextual) scientists; we call for attachment theorists to surrender. Sensitive responsiveness, as defined by Attachment Theory, is culturally specific and therefore cannot be a universal characteristic of caregivers or caregiving.

In an apparent attempt to advocate the universality of Attachment Theory (e.g., Mesman et al., 2015). Mesman and colleagues (2017) focus on sensitive responsiveness.

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But, this focus ignores the other five aspects of parenting identified by Ainsworth, Blehar, Waters, and Wall (1978). There were four scales that evaluated quality of parenting: (1) sensitivity – insensitivity to the baby’s signals and communications; (2) acceptance – rejection with explicit reference to maternal emotionality; (3) cooperation – interference; and (4) accessibility – ignorance. Two more scales, developed by Mary Main and part of the original analyses of the Baltimore data, evaluated (5) “emotional expression” (a scale concerned with the degree to which a mother lacks emotional expression in her face, voice, or bodily movements) and (6) “maternal rigidity”. If we want to restrict our search for universal maternal characteristics to Ainsworth’s original dimensions we should consider all of these scales.

Restricting the universality claim to only one of the 6 scales, the sensitivity – insensitivity scale, creates a further problem because it omits a feature that researchers currently see as a key criterion to sensitive responsiveness that cannot be ignored – warmth. We therefore question the value of considering only Ainsworth’s original conception of sensitivity, but focus on the case for and against universality in caregiving sensitivity and warmth.

### **Warmth as an Essential Component of Sensitive Responsiveness**

Mesman et al.’s reminder of Ainsworth’s original formulation of sensitive responsiveness makes it patently clear how this concept has been elaborated by attachment researchers in the intervening years: The original definition “ ..... the caregiver’s ability to notice infant signals, to interpret these signals correctly and to respond to them promptly and appropriately by adapting her (the mother’s) behaviors to the infant’s needs” (Ainsworth, Bell, & Stayton, 1974, pp. 231-232) does not include reference to warmth or affection or positive emotionality as necessary components of sensitivity. However, in the decades of attachment research that followed, warmth (and related concepts) has become an explicit way

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to evaluate sensitivity. Even though Mesman et al. agree with Keller and others that warmth and sensitive responsiveness are separate constructs (Keller, Lohaus, Völker, Elben, & Ball, 2003), warmth is still considered an important aspect of this type of care. Warmth is included in the definition of sensitivity (sensitive responsiveness) in seven out of the eight most used observational instruments of parental sensitivity (Mesman & Emmen, 2013), and affection is a prominent dimension of maternal sensitivity in the Maternal Behavior Q-sort (Pederson & Moran, 1995), which is still being used (e.g. Zreik, Oppenheim, & Sagi-Schwartz, 2017).

When we consider whether warmth is a universal characteristic of caregivers, we conclude that it is not. The behaviors involved in conveying caregiver warmth differ across cultural communities. For example, Chinese mothers' conceptions of maternal warmth reflect a cultural emphasis on nurturance and instrumental support, whereas European American mothers' responses reflect the Western cultural focus on more direct (verbal) and outward (hugging, kissing) demonstrations of warmth (Cheah, Li, Zhou, Yamamoto, & Leung, 2015). Warmth was expressed (and likely experienced) in different ways by the Chinese and European American mothers and their preschoolers. Additionally, some communities, such as the Beng, routinely engage in caregiving practices that they know cause distress to infants (give enemas as part of the bathing routine and give water to drink before breastfeeding). For the Beng, these are important for reasons related to religion beliefs and to allow caregiving by others, respectively (Gottlieb & DeLoache, 2017). Further evidence that warmth is not a species-wide feature of caregiving is that some languages do not have a verbal expression of parental warmth, love, affection (Abels, 2007). In fact, in Western families, the association between warmth and secure attachment differs across studies and is modest at best (Thompson, 2016), and the association between maternal warmth and other child outcomes is not robust (e.g. Feldman & Masalha, 2010).

### **Linking Sensitive Responsivity to its Cultures of Origin**

Mesman et al. claim that sensitive responsivity, as defined by Ainsworth, is prevalent in a wide range of communities, but present evidence that cultural communities differ in the expression of, and emphasis placed on, sensitivity in their care. To support their claim, the authors present some ethnographic descriptions of parenting from videotaped reports of caregiver - infant interaction in three small - scale communities. The situations, however, differed substantially in scope, people present, children's ages and more; and the recordings were episodic. Since these observations were not contextualized and systematically analyzed, we do not know for certain if they were typical for the infants and children in these communities. More importantly, we do not know how these interactions were interpreted by caregivers of each of the communities. The transcriptions of short segments from these taped sequences, therefore, do not provide credible evidence for their position on the universal nature of sensitive responsive care as defined by Ainsworth.

In the following sections, we detail evidence that the core assumptions underlying sensitive responsiveness are culturally specific. We consider the socialization practices that support the cultural ideal of the infant, held by people living Western lifestyle, as an agent sensitized to use personal qualities and attributes as the primary referent of action; and the cultural ideal of the infant, held by people living different lifestyles, as an agent sensitized to attend to the wishes and interests of others, and to use them as the primary referent of actions. Even in these different versions of cultural ideals, infants and children learn both about themselves and about others but this learning is given different priority, from different points of view, e.g., from the primacy of the inside view to the other or the primacy of the outside view to the individual. We critique the universality of several components of the original Ainsworth definition of sensitivity, specifically, whether it is universal that infants take the

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lead in interactions, that caregivers take the infant's perspective, that interactions are structured by infant and caregiver taking turns, and that interactions are dyadic.

### **Who Leads and Whose Viewpoint is Paramount?**

The sensitivity concept as developed by Ainsworth et al. (1974) rests on the presupposition of the infant as an independent agent with a will of his or her own that parents (mainly the mother) need to respect in order to be judged as sensitive (Ainsworth et al., 1974; [http://www.psychology.sunysb.edu/attachment/measures/content/ainsworth\\_scales.html](http://www.psychology.sunysb.edu/attachment/measures/content/ainsworth_scales.html)). In Ainsworth et al. (1978) definition, sensitive parents show that they respect their infant's will and agency, i.e., his or her developing independence, by taking the infant's point of view and by allowing and even encouraging the infant to take the lead in interactions.

Ainsworth's original description of sensitivity gives us a sense of what it means for a mother to take her infant's point of view and to follow her infant's lead. Care that Ainsworth considered sensitive responsive is typified by distal caregiving practices, such as face-to-face interaction, verbal and vocal exchange, and object stimulation – i.e., communication that relies on distant senses and focuses on the infant as the central agent. A sensitive mother lets the infant decide his or her desires and encourages the infant to express these desires with explicitly overt signals. The sensitive caregiver then responds to the infant's signaling, most times, favorably. When the mother does not respond favorably, she explains to the infant 'tactfully' why it is not good for the infant to get what it wants. Parenting sensitively in this way relies on a quasi-dialogical, turn-taking, structure that allows the infant to act as a (quasi) equal interactional partner. This cluster of practices supports the infant to learn about her or himself as a separate (independent) person, in control of situations, and capable of meeting her or his needs which often take precedence over the needs of others. In other words, the infant learns primarily about him or herself, and then secondarily, about others.

In many parts of the world, good parenting is thought about and practiced differently. Often, 'sensitive' caregivers take the lead in organizing and directing their children's activity. Good caregivers, for those living non-Western lifestyles, engage in proximal care, which keeps infants in close physical proximity, but caregivers orient the infants facing outward, toward others, positioning infants to see the world as others see it. Proximal caregiving provides infants with opportunities to learn about themselves as members of communal groups, where self-other boundaries are blurred (Chaudhary, 2004, 2012). (For summaries of careful observational and interview studies that support these claims see Gaskins et al., in press; Keller & Chaudhary, in press; Lancy, 2015; LeVine & LeVine, 2016; Morelli, 2015; Murray, Bowen, Segura, & Verdugo, 2015; Otto & Keller, 2014; Quinn & Mageo, 2013; Weisner, 2014).

For people living non-Western lifestyles, good parenting is about supporting the infant to take the perspective of others, helping infants learn to consider the needs and wants of others. This means that the responsibility falls to the infant to understand others, and not the other way around. Infants are not granted quasi-equal status to caregivers. For infants in some communities, social relations have a hierarchical structure, and infants must learn their position in the social hierarchy, which may change over time. For other infants in other communities, infants are superior to adults (e.g., Bali infants, Diener, 2000) or spiritually more connected than adults (e.g., Beng infants, Gottlieb, 2000). Thus, infants must learn to take the perspective of others. Communities teach infants the importance of this 'third party perspective' (Cohen, Hoshin-Brown, & Leung, 2007) in different ways. Among the Mapuche (Course, 2011) and Baining (Harris, 1989), for example, caregivers do not take the infant's point of view because infants have not (yet) attained personhood status, and it makes no sense to take the perspective of someone who is not yet a person. Kaluli adults speak on behalf of children and teach them what to say (Ochs & Schieffelin, 1984), and in these ways,



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teach infants about the social situatedness of their psychological self. Children in Latino families in Costa Rica are taught to be attentive and responsive to the social demands of the group (Rosabal Coto, 2012).

In many non-Western communities, good caregivers are expected to lead infants by guiding them. The idea that the child needs to be instructed, directed, and guided, goes hand-in-hand with the view of the child as apprentice. Thus, in many non-Western communities, in different but complementary ways, infants learn primarily the views of others across their social environment, and secondarily (if at all), their own view.

### **Taking Turns or Not?: The Structure of Discourse**

The turn-taking style of interaction implied in Ainsworth's definition of sensitivity is not the necessary or only style of discourse for caregivers and infants to participate together in activity. Indeed, this discourse style would undermine community preferences, common in many non-Western lifestyles, for infants to "fit in" rather than "stand out of" the everyday goings-on (Schröder, Kärtner, Keller, & Chaudhary, 2012; Weisz, Rothbaum, & Blackburn, 1984). There are many different ways that children "fit it". Children and caregivers may engage in multiple, simultaneous, ongoing activities (Rogoff, Mistry, Goncu, & Mosier, 1993), participate in conversations that cross-cut other conversations (Chaudhary, 2012; Das, 1989), speak to another about that child's imagined state or desire (Das, 1989) or speak on the child's behalf (Schieffelin & Ochs, 1986). These styles of discourse are not part of the definition of 'sensitive' responsiveness. In fact, to a cultural outsider, these interchanges can seem aggressive and unpleasant, i.e., very insensitive in Ainsworth's terms (Chaudhary, 2004), in sharp contrast to the dyadic, turn-taking, 'smoothly completed' interactions defined as sensitive responsiveness by Ainsworth et al. (1978).

### **Dyadic and Multiple Caregiving Networks**

Mesman et al. (2017) acknowledge that multiple caretaking arrangements is the social reality of infants in many parts of the world. But, it seems that their understanding of this care is constrained by assumptions about normative care practices of people living Western lifestyles. They view multiple care through the lens of (multiple) dyadic exchanges (for further discussion see Morelli et al. (2017)). This focus ignores the multiparty interactions prevalent in many cultural communities as the normative social environment of infants, that may be different from multiple instances of dyadic interactions. In these social situations, infants are involved in multiple, simultaneous, ongoing engagements with more than one social partner, involving a mix of overlapping speech, vocalizations, care, and activities that most likely fosters relational regulatory processes and abilities to attend to multiple aspects of interactions at the same time (e.g. Rogoff et al., 1993). These abilities are very different from those fostered by dyadic, turn-taking, and sequential engagements (Chaudhary, 2012; Gratier, 2003; Keller, Otto, Lamm, Yovsi, & Kärtner, 2008). These very different social contexts are likely to have implications for the nature of children's attachment relationships (Keller & Bard, 2017) as well as for developmental trajectories in general (Keller & Kärtner, 2013).

Mesman et al.'s communication about multiple care is constrained in other ways, in part, because they use only selected snippets from their episodic video recordings of a few infants in three communities (described earlier) to make broad statements about this type of care. For them, mothers everywhere are special and their caregiving role is unique. This is so, they claim, because even in the context of multiple care and wet nursing, infants spend exclusive time with their mothers at night, and during this time, they have their mothers' undivided responsiveness. However, multiple caregiving arrangements can look very different across different non-Western communities, with different forms of participation of the mother, different functional distributions of caregiving activities among the polyadic

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caregiving network, and different sleeping arrangements (e.g. Keller & Chaudhary, in press; Meehan & Hawks, 2013)

### **Caregiving is Not Equivalent to Sensitive Responsiveness**

Mesman et al. miss the point that children are cared for in ways that provide them with the best possible chance of surviving and thriving in their community; and the sensitive care important to this depends partly on the cultural and ecological circumstances of people in that community. We argue, however, that this is the only conclusion possible, and we have known this from research that spans decades.

In Ainsworth's view, sensitivity is defined as appropriate responsiveness. Although Mesman et al. attempt to construe this to mean 'culturally appropriate', it has been the case, and continues to be the case, that Ainsworth and Attachment Theory use the term, appropriate, as an evaluation of 'good' and 'bad' parenting from a Western perspective. Therefore, many of the culturally appropriate responsiveness patterns we have identified here would be given labels of 'insensitive', 'rejecting', 'interfering', 'intrusive', 'not emotionally expressive', and 'rigid', i.e., the negative side in 5 of the 6 scales that Ainsworth et al. (1978) propose to evaluate the quality of maternal care. It is especially this evaluative aspect of the concept of sensitivity that cannot be applied universally. In some cultures, being too sensitive to a child's cues is believed to interfere with sociality, specifically with relationships with other people since it is assumed that the child will become 'too dependent on' a single caregiver. Culturally, this is seen to interfere with the infant's capacity to get along with many others. In fact, among Indian multigenerational, joint families, mothers are urged to be 'judiciously neglectful' so that others can step in, and when this fails to happen, there is social pressure directed to the mother to obey this edict. This would be evaluated, in fact, as the opposite of sensitive, since mothers are urged to become unavailable, and they can occasionally become harsh towards their own babies as a consequence (Chaudhary, 2004). In

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Gujarati farmers, however, maternal love is defined by this ability to foster infant attachment to others (Abels, 2007).

The bias reflected in this narrow view of sensitive care likely led Mesman et al. to assert that, by describing the care practices of different communities as not sensitively responsive, LeVine, Weisner, Lancy, Morelli, Keller and many others ipso facto denied the existence of good care in such communities. This is not true but the authors are able to make such claims because they isolate caregiving strategies from their cultural contexts and the meaning systems in which they emerged and to which they are adapted. An example of this is Mesman et al.'s use of research of Keller, Voelker, and Yovsi (2005) on Cameroonian Nso (farmers) and middle-class German parents' conception of good parenting and parental sensitivity to make their case. Although good Nso caregivers attend to fussing and crying in their infants, their responses are not soothing, nor meant to be soothing (as described by Mesman et al.). It is rather the case that with 3-4 month-old infants, Nso caregivers use vigorous, scolding commands, or shaming comments to enforce obedience to the social requirement that infants do not fuss or cry (Demuth, 2013). Although it is very true that Nso caregivers value extensive body contact, which could fit into the sensitivity dimension according to Mesman et al., good parenting in the Nso involves explicit controlling and training of infant behavior from early on in the infant's life, which does not fit at all into an Ainsworth definition of sensitivity.

Mesman et al. alleged that sensitivity can be found to be universal, since it functions in "meeting the infant's needs". However, this interpretation is so general that it does not say anything about sensitivity in the way it is used in current attachment research and application, only about caregiving being responsive to infant's needs. Sensitivity, is defined not through the function but rather through the form, in Ainsworth's words, responding "promptly and appropriately", with "well-rounded" interactions in which both (quasi-equal) partners "feel

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satisfied”. The evaluation of what is prompt, appropriate, well-rounded, and mutually satisfying obviously depends on standards and norms that, in turn, are culture-bound. The standards necessary for any evaluation of sensitivity and insensitivity have been elaborated only for Western middle-class contexts (e.g. positive affect, warmth) and these standards, and therefore the evaluations are not transferable to other contexts.

What exacerbates the sole focus on one form of sensitive care is the laser focus on one aspect of care to describe good caregiving. Caregiving, however, can only be understood as a nexus of practices - a cultural logic (i.e., people using the same assumptions to interpret each other's actions, see Enfield, 2000) – of how children should be reared (Harkness & Super, 1996; Keller, 2007). It is not possible to consider a singular practice, stripped out of this larger cultural view of child rearing, since the practice would be decontextualized of all the supporting activities, beliefs and values. Thus, it is wrong to equate the singular practice of sensitivity (sensitive) responsiveness care with cultural conceptions of parenting (as Mesman et al. do).

In this essay, we identify numerous practices that are valued as types of ‘good parenting’ and appropriate in their cultural contexts, that would be classified as ‘insensitive’ by Ainsworth, including scolding crying babies, judiciously neglecting infants, and controlling infant behavior. We identify these, along with other aspects of parenting, that are evaluated as characteristics of good parents, when built upon the foundation of cultural conceptions of the ideal child. Different caregiving strategies have different developmental outcomes, specifically, emphasizing in their strategies what they want their children to develop precociously (Keller & Kärtner, 2013; LeVine & LeVine, 2016; Super, Harkness, Barry, & Zeitlin, 2011). Although clearly these diverse caregiving strategies are responsive to infants’ needs, they do not fit into Mesman’s or Ainsworth’s conceptions of sensitive responsiveness. To support their claim that sensitive responsiveness is universal, Mesman et

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al. have so broadened the concept (from sensitivity to caregiving) that the term loses its *raison d'être*, that is to distinguish the quality of caregiving (by evaluating sensitive versus insensitive practices). We conclude that sensitive responsiveness, as defined by Ainsworth and Attachment theorists, is specific to some caregivers living Western middle-class lifestyles (Gaskins et al., in press; Keller & Chaudhary, in press; Morelli et al., in press; Rosabal Coto, 2012)

### **Summary**

Cross-cultural evidence supports our claim that sensitive responsiveness, as defined by Ainsworth and Attachment theorists, is not a universal practice. Not only does infants' behavior differ, different behaviors are the basis for caregiving attention, with relatively more visual signals associated with distal parenting strategies (as in Western lifestyles), and more tactile signals in communities with proximal strategies. Moreover, caregiver's socialization goals differ with the encouragement of infants to take the lead, in people living in Western lifestyles, and the requirement that infants follow the directives of caregivers, in some communities not living Western lifestyles. These considerations support our claim that there are differences in the very nature of contingency, for example, the extent to which turn-taking exchanges are valued, or infants are expected to attend to a multiplicity of inputs at the same time. In part, sensitive caregiving is founded on cultural conceptions of the ideal child, which differ dramatically in the extremes, i.e., expressive, outspoken, and independent in families living a Western middle class lifestyle, different from calm, unexpressive, quiet, and harmoniously well integrated in families living in other lifestyles. Therefore, the concept of sensitive responsiveness, based on Attachment Theory's notions, is not universal, and caregiving practices in most of the world do not follow the Western middle-class patterns underlying Ainsworth's or Mesman et al.'s definitions of sensitivity.

This conclusion may be new for attachment researchers but is certainly not surprising for anthropological, cultural, and cross-cultural researchers who have tried, since Margaret Mead (Vicedo, 2017), to highlight this conclusion about cultural-specificity of conceptions of caregiving. Nevertheless, caregiving strategies are directed to socialization goals that are related to cultural models that define and support the desired developmental outcomes. The variety and diversity in styles of caregiver-infant responsiveness across cultures is the human condition.

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