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Implementing New Relationship Styles in American Families

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There has never been a time in human history with more opportunity for familial and parental experimentation and innovation than now, and never a place where it is more possible than the United States. There are more available alternative models for how to structure one's family and how to be a parent than ever before. These models appear in the media, and are directly available for view in neighborhoods and among friends and relatives. The variety of ecological niches where North American families can choose to live, and the subsistence strategies they could follow, nearly reflect the range available throughout the world.

Not only are opportunities for experimentation unusually many; the risks of having made unsuccessful innovations have never been lower. Risks to children's present health or to their future survival can be corrected at a low cost and with little chance of permanent damage (assuming these are nonextreme, non-pathological experiments). Travel is relatively easy, safe, and cheap, as are other forms of communication. Food is also relatively reliably obtained, moderate in cost, and available all year. Our current cultural climate encourages open, flexible, individually generated experimentation, and has seldom if ever been as pervasive. New patterns of sexuality, parenting, and family roles are perceived as acceptable, and tolerated if not actively encouraged.

I do not mean that there are not real risks to children's health and emotional well-being in this culture. To the contrary—poverty, child abuse, neglect, or drug and alcohol abuse can be very real threats. All of these can endanger emotional and intellectual development, and even child survival (Children's Defense Fund, 1984). Barring such clearly pathological circumstances, however, it is clear that the risks to child health and mortality for most innovations in our culture are quite low. But this does not mean that parents are unconcerned

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RELATIONSHIPS AND DEVELOPMENT

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about the possible consequences for other-than-life-threatening kinds of innovation and experimentation in family styles and relationships. To the contrary, the relative ease and safety with which these can be attempted makes their consequences for social, emotional, and intellectual development all the more salient.

In this paper, I explore some of the ways a sample of 150 innovative, experimenting, nonconventional American families have attempted to put their new ideals concerning family and relationship styles into practice. All these families were followed since the birth of their first or second child, in 1974-1975. It is striking that by the time these children entered first grade their tested score profiles (IQ, school readiness, and health) are indistinguishable, as a group, from a comparison group sample of 50 families. Many of these nonconventional families had problems, and their health status, emotional, and intellectual measures varied. However, there are as yet no signs of systematic pathology or troubles emerging as a direct result of the kinds of familial innovations most of these families tried.

It appears as though intentionally innovative families rarely ignored the health, safety, and other protective cultural features available to their children and themselves. And they appear not to have experimented across the full range of possible cultural scripts for child care which they might have tried. At the same time, they did selectively innovate in their relationship styles. Thus, this chapter is concerned simultaneously with two questions: How did families with young children choose to innovate in certain areas of family life and relationship styles? And, what are some of the boundaries and limits to such innovation? The next section describes one kind of innovative effort: pronatalism. The next sections turn to a discussion of the ecocultural limits of innovation in relationship styles in our society—limits which are all the more striking in an ecological environment as open to and forgiving of experiments as ours.

THE FAMILY LIFESTYLES SAMPLE

The American family has been changing rapidly in the past 40 years, and that certainly is the popular perception as well (Tufte & Myerhoff, 1979). However, the magnitude and long-term implications of such changes are the subject of lively debate (Bane, 1976; Lasch, 1979; Masnick & Bane, 1980). Among the many kinds of changing families are those with intentionally experimental or innovative goals, such as the creation of more egalitarian family roles, shared parenting, or being more "natural" in family relationship styles. These nonconventional families have a set of definable ideals which parents are attempting to implement in their lives. The family sample described here is characterized by the attempt to implement at least some new ideals concerning relationship styles.

In addition, all the families were chosen just prior to the birth of a new baby, so all the parents are making a parenting transition as well.

One way to explore how parents attempt to change relationship styles with their mates and their children is to find families who are in the process of making such changes, and then follow them over time. The Family Lifestyles Project is such a sample. It is an ongoing longitudinal study of 200 families and children, 50 in conventional, two-parent, married, white, middle-income families, and 150 comparable families and children in a variety of nonconventional family arrangements. Many of these parents are intentionally experimenting with new family relationships and child rearing patterns (Eiduson, 1978; Eiduson, Kornfein, Zimmerman, & Weisner, 1982; Eiduson & Weisner, 1978; Weisner & Weibel, 1981; Weisner, Bausano, & Kornfein, 1983; Zimmerman, 1981).

The nonconventional family sample includes a variety of family arrangements. Some parents and children live in creedal communes or domestic living group arrangements; others are unmarried, "social contract" couples, who have decided to have children and share parenting without legal marriage; and others are single mothers of different kinds. The single mothers include some women in their early 20s who would prefer marriage but elected to keep their children and rear them independently; some are "nestbuilders," women in their 30s with higher formal education, and more stable occupational careers, who elected to have and rear their child regardless of their mate or subsequent marriage choices. Other single mothers are "adapters," women who may have preferred marriage but have adjusted to single-parenthood in various ways (Kornfein, Weisner, & Martin, 1977).

The nonconventional families were collected through a variety of snowball and network sampling techniques, including personal staff contacts, referrals from obstetricians or clinics where many such parents tended to go, advertisements in appropriate newspapers and newsletters, referrals of other parents from family participants already in the study, and so on. Even though these families are unusually mobile and change their lifestyle frequently, there has been 6% attrition in 8 years—a credit to the clinical and research skills and persistence of project staff, as well as to the commitment of many of these families themselves to the goals of the longitudinal scientific study. All the mothers were contacted during their third trimester of pregnancy, and their children and families have been followed since that point. The conventional comparison group comprise 50 two-parent, married nuclear family couples having their first or second child at the time of their inclusion in the study. Most were selected through referrals from a random sample of California obstetricians of their current patients in the third trimester of the appropriate ages, race, etc.

The terms *conventional* and *nonconventional* have a clear meaning in describing the families in this sample. Nonconventional family lifestyles are (1) statistically infrequent and/or demographically unusual; and (2) they are not culturally

normative or expectable. Children living with only one parent are not uncommon, nor are cohabiting couples. However, being single or unmarried in nonpoverty, Caucasian populations, and about to have a first or second child, is still infrequent. Having young children in these circumstances for this population is also nonnormative. A good operational definition of nonnormative conduct is having to explain why one is doing something, to offer some sort of culturally acceptable account of one's lifestyle. The two-parent married, middle class Caucasian couple does not have to provide an account, a negotiated rationale, for their family relationship; it is "taken for granted," or "goes without saying." This is what is meant by normative. Thus the term nonconventional does not in any way presume that the families are necessarily deviant, bizarre, socially odd, or aberrant. Some may appear that way to some others, although the great majority do not.

These parents are typically articulate and thoughtful about their goals and plans, and what these may mean for their children's development. This does not imply that the parents are necessarily playful, highly organized, rational, or strategic about their choices of family relationship patterns; often their lives can be quite haphazard, and develop opposite to what might have been intended. But these intentionally alternative families are usually reflective about what they are doing, and are aware of the possible consequences of their ideals.

If conscious decisions to implement new family relationships do produce sustained changes in family life, they should be found in this sample. These families are making the effort. Their choices about where to live include isolated mountain retreats, collective houses, farms, exurban fringes, as well as scores of ordinary city homes and apartments. Their sexual preferences are diverse, and their ideas about marriage range from permanent monogamy, to serial monogamy, long-term commitment without formal marriage, "open" marriage relationships, and committed single parenthood. Their innovative social relationship ideals are not limited to pronatalism, but often include ideals of sex role egalitarianism; a distrust for all authority or dominance in relationships; a fervent commitment to a particular ideology or individual leader; progressive political commitments and ideals; and others (Eiduson, Cohen, & Alexander, 1973). Additional descriptive data are available (Eiduson et al., 1982; Weisner, 1982), showing the truly unusual and innovative character of this sample.

Are Children in Nonconventional Families at Risk?

Many of the ideals and goals in these families are unusual, and culturally novel in the United States (or at least were in the early 1970s). Some of them may be related to family patterns which are potentially harmful to a child. For example, single motherhood may be more stressful for mothers and their children, whether the mother is single because she is a nestbuilder, adapter, or unwed mother. Social contract couples who do not subsequently marry may provide very ten-

uous, unstable parenting arrangements for the child. A mother in a commune sharing child care with other full-time community caretakers, could produce role or identity confusion in her child. High mobility, diversity, and change in family social relationships in and of itself may be potentially deleterious, quite apart from the content or reasons behind this diversity. Choices of novel foods or diets, non-Western medicines, etc., may pose health risks. Thus, the question is raised: Are these children developing *normally*, as judged by conventional tests, by independent judges, and by outside institutions such as pediatricians, or nursery and public school teachers? Quite apart from its intrinsic scientific and policy interest, this question comes prior to a consideration of pronatalism and innovations in parent-child relationships. The effects of pronatalism or other relationship style issues would otherwise be confounded with abnormal developmental status of the children in the sample, if pronatal families in particular, or nonconventional lifestyle families generally, are rearing children at significant risk, or in obvious difficulty because of aspects of their lifestyle.

Studies to date have not found significant differences between children in nonconventional and conventional family lifestyles on standardized psychometric assessment measures of intellectual functioning (Bayley scores at 8 months and 1 year; Stanford-Binet at 3; WISC-R at 6; and others) (Eiduson et al., 1982; Zimmerman, 1981). There also appear to be no differences in physical development or health, nor on a number of measures of socioemotional adjustment. Reading and school readiness, as well as preliminary analyses of teachers' ratings of these children in their first year of primary school also do not indicate that a child born into a family defined as nonconventional by the criteria of the Family Lifestyles Project, has measurable troubles in the first 6 years of life (Eiduson et al., 1982). These results do not at all insure that future differences might not emerge. And some subsets of the nonconventional families do face unusual stress and have chronic problems (e.g., Eiduson & Forsythe, 1983). But for the purposes of this chapter, the children in this sample are developing within the normal ranges for children in the United States, or considerably better than normal (the mean WISC-R IQ at age 6, for instance, is 113 ± 14.0).

BEING "PRONATURAL" IN FAMILY RELATIONSHIPS AND CHILD REARING

Many of the nonconventional families were committed to a "pronatural" family and child care pattern. Pronatalism is one of the most important values parents indicated that they wanted to express in their child rearing practices and family relationships. We asked the conventional and nonconventional parents what they intended to do in order to practice more pronatal child rearing. Three distinct factors emerged in an analysis of interview and questionnaire responses concerning naturalism (see Eiduson, Cohen, & Alexander, 1973; Weisner et al., 1983).

Parents were interviewed prior to the birth of their baby on a series of family values, including sex egalitarianism, authority, pronatalism, and others. Parents were also asked in questionnaires about things they felt were important to teach their child concerning human relationships, such as being "free," "natural," "expressive,"; developing a love for nature; openness in expressing feelings; and others. Items were included on both the degree of intensity of commitment, and the relative importance of each item. Parents also were asked about their plans for child care practices which might indicate pronatalism, such as using only homemade toys, making one's own baby food, and others.

A series of factor analyses was done on the complete set of items, for the full population, as well as on subsamples of each major lifestyle group (e.g., single mothers, social contract couples, etc.). Varimax rotation was used to derive three final factors with high loadings, good communalities, and a substantively clear interpretation. These are labeled (1) Natural-Organic Beliefs; (2) Warmth and Emotional Expressiveness; and (3) "Laidback," Relaxed, Low Conflict. The same factors reappear when factor analyses are repeated within each lifestyle group, although the strength of eigenvalues, and order of appearance of these factors changes somewhat for each family style subgroup. The mean scores for each factor also differ significantly ($p < .01$) from the conventional comparison group factor scores.

(1) *Natural-Organic*: Families wanted to deemphasize materialism, and to use "nonplastic" products, including making one's own foods, especially baby foods; using natural herbs and medicines; not using store-bought toys, particularly plastic ones or those with commercial logos. More generally, families did not want to be overloaded with paraphernalia and possessions.

(2) *Warmth, Emotionally Expressive*: Pronatural families emphasized the importance of teaching their children to show their feelings, and to be honest and open in their emotional expression. They emphasized the importance of warmth, intimacy, being expressive. They preferred soft, chest- or back-carry ("Snuggly"-type) devices for better mobility and closer physical contact with their child. Nudity was not to be discouraged, or negatively dealt with. Parents desired a long breastfeeding period (and no or very limited bottle feeding).

(3) *"Laidback," Relaxed, Low Conflict*: Items loading on this factor showed families who stated that they did not want to "lay a trip" on their child, who preferred a loose, relaxed family style, emphasizing low conflict and an absence of physical punishment or aggression. This component in pronatalism perhaps conflicts in some ways with warmth and expressiveness, which is a more directive, positive style parents hoped to encourage; but in fact, families with higher factor scores for Warmth and Natural-Organic, also were more likely to score highly on "Laidback."

Natural relationships also meant that a certain practice would produce a close fit between what a parent perceives as his or her own style for forming social relationships, and what the infant or young child *naturally* prefers. For instance,

parents might mention conforming to what they perceive as a child's natural temperament. Parents would emphasize pronatural social relationship ideals because the parent believed that he or she (the parent) was already like that, and thus it was *natural* (in the sense of easier, or more appropriate) to hope for the same pattern with the child. However, this sense of natural (as a fit between parental, adult relationship desires and child care practices) was not mentioned by parents with respect to all relationship styles (e.g., moody, angry, etc.). Rather, only certain kinds of social relationships were seen as producing such a fit—warmth, low conflict, dislike of physical punishment, and so on.

Another sense of the term *natural* mentioned by some parents was that a child-care practice or social relationship style is widespread throughout our species, and thus represents a more valued pattern for parents. Such practices substitute for "over-civilized" or "false" ones. Examples of such "false" practices could include bottle feeding, or very little direct, skin-to-skin contact between caretakers and baby. A related sense of *naturalness* in relationships is that the practice insures the child's health and safety, and protects the child from the dangers of industrial society. Practices like breastfeeding and late weaning involve both the first and second senses. Feeding only *natural* foods free of artificial additives emphasizes the second.

One other sense of natural relationships is that a particular practice is culturally so desirable and expected, that "naturally" (in the sense of "of course," or "without thinking") the family does it. In general, pronatural families reported just the opposite on this matter. Pronatalism and other valued, new relationship ideals are seen as opposed to what our culture has done and still does promote. Parents of course knew they were not entirely alone in their goals and ideals, but felt they were clearly in a minority vanguard, fighting off the tendencies of dominant, commercial, unhealthy prior cultural beliefs regarding how families should raise young children. Two contrasting results follow from this. First, our own North American cultural styles are not very natural, in these parents' views. And second, cultural features of relationship styles which parents were *not* overtly trying to change, and which were not conscious goals, are in a vague position, not clearly articulated. They were neither clearly natural, nor unnatural, nor cultural.

The Implementation of Pronatural Socialization Ideals

What did nonconventional, pronatural parents actually do with their infants and young children? Did they implement their stated socialization goals in their behavior in the family and with their child? This section summarizes these results (Weisner, 1983; Weisner et al., 1983); in the final section I attempt to derive some broader inferences regarding the general principles which may be governing the implementation of such new social relationship ideals.

Parents in the Family Lifestyles Sample completed questionnaires regarding their child rearing practices every 6 to 9 months between the birth of their child, and 6 years of age. Some instruments were mailed to parents, and some were completed during visits of the parents and children to the project offices, or during visits of observers to the families' homes. Observational data were collected on child care practices seen in the homes, such as carrying styles, feedings, toys available and used, and so forth. Where available at a given age, observational data are used (at 6 and 18 months, and 4½ years); where not available, parents' reports of their child rearing practices are used (12 months, 2 years, and up).

The central questions in analyses of the longitudinal data on pronatal parental relationship values are: How did parents put these ideals into practice in what they did with their young children? Did parents who espoused new relationship styles indeed implement them more often and longer than parents who did not have these ideals? Did the implementation of new relationship ideals include both family practices and dyadic interaction styles, or did these two levels of analysis show different patterns of results? This series of studies can best be summarized by five major findings:

1. yes, the pronatal families did alter their relationship practices on a number of relationship issues and child care patterns;
2. innovation did not extend into matters which might affect health or safety, such as medical care or putting the child into potentially dangerous situations;
3. the differences between the pronatal families and the comparison group were generally of modest magnitude; that is, the differences which were statistically significant were not of large substantive magnitude;
4. the innovative families were not nearly as innovative as they might have been, if these families' child care patterns are compared to the range of such practices around the world; and
5. innovative relationship styles did not extend from the level of patterns and practices, to the level of microinteractional differences in expression of affect, or in direct stimulation of the child.

Each of these results is now considered in more detail.

RESULTS

1. Results indicate that nonconventional, pronatal families did indeed implement their hoped-for child care practices significantly more often than did the conventional comparison group parents. For example, analyses compared mean proportion scores for the number of families reporting the use of, or those observed using, various carrying devices. Both nonconventional family groups and families high on pronatal values were significantly higher than the comparison group families by t-test. Similar analyses were run for each of the

following practices: proportion of mothers breastfeeding; age of weaning; use of homemade solid foods; age at which solid foods introduced (pronatal parents expected to introduce such foods later); use of slings vs. hard-frame carrying devices (such as a stroller); co-sleeping in the same bed with parents; beliefs regarding nudity and the body. Each of these practices is directly related to parents' pronatal goals for their children. Nonconventional families generally were more commonly found adopting the practice; and families with high pronatal ideologies were higher still.

It should also be noted that some comparison group families also did these same activities, but less frequently or for a shorter number of months than did the nonconventional groups. Pronatal families seem to have led the way in implementing relationship ideals which then continued to spread among larger segments of young United States parents. However, the nonconventional parents did these things with a more intentional, intense effort.

2. Implementation of child health and safety measures were similar throughout the population, regardless of pronatal beliefs or nonconventionality in lifestyle. Pediatrician-supplied data on growth and development, and reports of illness by physicians and parents alike, showed very little consistent difference between lifestyle groups (Eiduson et al., 1982).

The children nearly all had their shots; they were given well-baby checkups; and they were taken to the pediatrician about the same number of times. Knowledge of medical danger signals and parental health monitoring were similar across the sample. Pronatal parents may have used herbal medicines, or explored various novel dietary regimes in addition—but if medical problems developed with their children, they went to conventional health services. Pronatalism did not extend to the refusal to utilize such conventional services, but rather involved the addition of some nonconventional treatments or caretaking practices. Clearly these two strategies were not seen as mutually exclusive sets of practices.

3. The magnitude of the percentage differences between conventional comparison groups and pronatal/nonconventional family styles were modest. *Modest* means on the order of 10 to 30% in most cases. For instance, some 18% of conventional families reported using or were observed to use a sling-type carrying device, compared to an average of 48% across all nonconventional groups. At 18 months, about 30% of nonconventional families were still breastfeeding, compared to some 10% of the comparison group families.

Two points about the magnitude or absolute amount of implemented changes are relevant. First, the fact that there are mean group differences should not blind us to an important effect: Compared to what *might* have been implemented there is still a long way for the nonconventional group to have gone. At an extreme, for instance, *all* the nonconventional and pronatal families might have been breastfeeding at 2½ years, compared to virtually none of the conventional group doing so after 12 months. Second, many nonconventional and pronatal parents did not sustain many of their initial innovative ideals for very long. Neither of these

points gainsay the theoretical and substantive importance of the differences which do appear, but they do put them into perspective.

4. The next summary finding requires at least one illustrative graph (see Fig. 9.1).¹ This graph compares each of the major lifestyle groups (social contract couples, single mothers, living groups and communes, and conventionally married) on the percentage who reported breastfeeding their child from birth through 3 years. These data show that social contract parents are most likely to wean late, and that all the nonconventional family groups are higher than the comparison group until 2 years and 9 months. The top curve on the graph, however, shows cross-cultural data (Whiting, 1968, 1981) on the modal age of

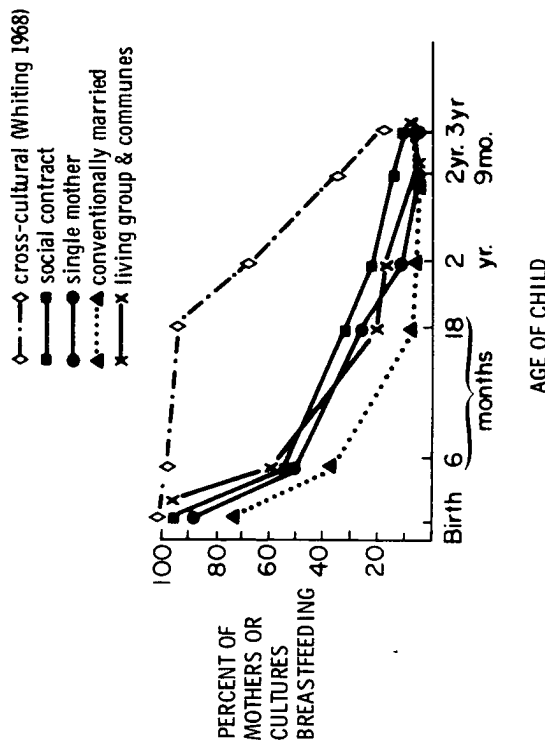


FIG. 9.1. From Weisner, Bausano, and Kornfein (1983). Putting family ideals into practice: Pronatalism in conventional and nonconventional California families. *Ethos*, 11(4), 1983. Reproduced by permission of the American Anthropological Association. Not for further reproduction.

¹Figure 9.1 and the other cross-cultural comparisons summarized here, compares *within-culture* subgroup mean differences using the Family Lifestyles sample on the one hand, and reports of the *culturally modal* age at which weaning usually occurs, on the other. Standard deviation differences for the pooled cross-cultural data are not available for these kinds of cross-cultural studies. Thus not all the mothers in the 70% of societies which report a modal age of weaning later than age two are still breastfeeding at age two. However, without denying that there is intra-cultural variance in every society for such practices, it is safe to say that data on this variance would not change the pattern illustrated in Fig. 9.1.

weaning in a large comparative sample (Barry & Paxson, 1971, report similar data). These data show that very few societies begin weaning until after 18 months (although supplemental feeding begins early [Nerlove, 1974]). Compared to the conventional families, then, nonconventional families wean later. But compared to most cultures around the world, the United States weans very early.

Many pronatal or nonconventional mothers perceive their own weaning to be late, and see this as an important, difficult, bold, and controversial innovation in how they relate to their child. Mothers hope that children who breastfeed often, on demand, and for a long period, will be healthier, and sustain a more secure, warm empathic emotional bond with their mother and with others. But in comparative perspective, these mothers weaned relatively early. Will this relatively early weaning nonetheless influence parent-child relationships in the way parents hope? Observational data suggests not.

Put another way, it is surely "natural" (in the sense of being well within our species' behavioral range) to wean later than 18 months. Our species evolved doing just that. The pronatal or nonconventional parents moved in the direction of this cross-culturally common and species-wide practice—but did not do so in very large numbers, and weaned their children at much earlier ages than what they might have attempted to do.

The absolute amount of change in the American sample, compared to what the cross-cultural record shows is possible in implementing other practices, is nearly always very modest. For example, American parents who carried their infants and young toddlers more than 2 hours a day were rare; yet infants and young children in most cultures could easily be carried by their mothers or older siblings and cousins 6 to 8 hours a day. Even longer times would not be at all unusual. Stephens (1972) reports not a single society in his cross-cultural sample where nudity in children through age 4 or so is not expectable as a matter of course. Some 70% of societies in one sample (Barry & Paxson, 1971) co-sleep with their young children, either in the same bed or same room. This same general point holds for many of the data on early child rearing patterns where nonconventional families acted in what they perceived to be a more *natural* way. They generally did move in the direction of what the cross-cultural literature shows that most cultures do (e.g., breastfeed a long time; co-sleep with young children; use arm or sling carrying methods, etc.). However, the movement away from the modal United States pattern (measured for our purposes by the comparison group sample of conventionally married families) was rather modest for the most part. These attempts were often only partially implemented and stopped at earlier ages than is true for many of the world's cultures.

These intentional, bold changes in pronatal relationship styles and socialization patterns were often undertaken with great planning and at a real opportunity cost to parents. However, the parents were constrained in some way in the lengths they went to in changing these relationships. These constraints came

from a mix of other, conflicting values; pressures of the ecocultural niche and daily routines, and implicit cultural relationship goals which contradicted the explicit pronatal ideals. I return to this theme in the conclusion.

5. Did interaction styles and actual behavior practices reflect new relationship goals? Did nonconventional or pronatal parents in fact show more warmth with their infants and young children? Were they more affectively labile, diverse, open? Did they touch and hold their children more frequently? Did they in fact show a more loose, "laid back" attitude towards their children's discipline, or respond differently to their children's crying? To anticipate the answer: interaction differences are few.

When the children in the study were 6-months-of-age, home observations were done with each family. Home observers were carefully trained, and reliability between observers was monitored. Observers used a variety of techniques during their visits, including systematic time samples of caretaker-infant or child interactions, using precoded categories; ratings of home environment and affect; event sampling procedures for standardized assessments of feeding, bathing, responses to fussing or crying, and others. The home observers came during the morning hours and stayed through at least one feeding. Family members were not required to be home, if typically they were not home during these times of the day (so if a father worked during this period, he would not have been included in the observations). In fact, however, 95% of the mothers were also primary caretakers, and were home in the morning, so mothers were usually the predominant adult observed with the child.

Pronatal parents hoped to be warm, empathic, laidback, and noncontrolling in social relationships with their children. To measure this, I summarized 15 affect-related measures of interaction styles between caretakers and the 6-month-old-child, including, for example, contingent vocalizations from caretaker to child with positive or negative affect; mutual gazing with positive affect; smiling, touching or holding with positive affect; response to fuss or cry with comfort; amount of ignoring of child-initiated, friendly interactions; and a number of others. A series of two-way analyses of variance took these interaction scores as dependent measures, and pronatalism and nonconventional family status as independent variables. Of 15 interaction measures, three were significant at the .05 level for pronatal values, and/or nonconventional family lifestyles (amount of mother talk to child with positive affect; amount of verbal interaction with positive affect; and child smiles in response to caretaker presence). The remaining 12 measures showed no significant effects. Two of the three measures which did show differences are linked to more frequent talking and vocalizations between the child and the mother.

As for many of the child care practices, the magnitudes of the differences for the three significant measures were not large. For instance, babies in pronatal/nonconventional families had a mean of 3.8 smiles recorded for a 25-minute time sampling period, versus 3.3 for the comparison group—a statis-

tically significant difference, but not a massive substantive difference. It appears from more detailed qualitative overview of the observational records that adults who were verbally expressive and talkative with everyone in the home, also were more so with their children, and showed more positive and less negative affect during home visits.

DISCUSSION

Close Relationships (Kelley et al., 1983) provides a recent and comprehensive effort to develop the framework for a "science of close interpersonal relationships," and covers a host of important topics in the study of these relationships—emotion, power, gender, commitment, conflict, and others. McClintock (1983) reviews research on interaction and relationships; she emphasizes the importance of cultural scripts, and the construction of meanings by participants in ongoing relationships. To an important (but not exclusive) degree,

... interaction is not a sequence of stimulus-response pairings or the automatic enactment of internalized scripts. Rather, it is the active creation of chains of causally linked events resulting from the interplay between the interactants' cognition, affect, interpretations, and behavior. (McClintock, 1983, p. 103).

It is in this creative process that most nonconventional families with pronatal ideologies put their faith and efforts. Through mutual family negotiations, parents made intentional efforts to redefine characteristics of their relationships as more natural, and tried to implement their ideology in everyday life. It is at this point that other social and cultural features of relationships intervened in parents' implementation efforts. McClintock calls some of these features "social conditions" (the larger network of relationships around the family); the "family culture," or collective myths about relationships held by parents; and environmental conditions such as household size or daily routine.

The recent resurgence of interest in Vygotsky's model (1978) for the acquisition of cognitive competencies and cultural categories is consistent with these views of how relationships are constituted. Vygotsky emphasized that learning and developmental change occur within activity units, which consist of actors with motives and goals operating under specific local contexts or conditions. The Vygotskian model stands opposed to an "individualistic" developmental perspective in which individuals are acted on by the external environment, with adaptive consequences for each actor (Wertsch et al., 1984). As applied to parental efforts to implement new relationship goals and styles, this social-developmental view suggests that parents' relationship goals can never be freed from implicit cultural theories about children, about the person, and about the consequences of social action, all of which have been acquired through the parents'

participation in American culture. Ecocultural constraints on pronatal relationship changes influence parental motives, goals, and the contextual circumstances within which implementation of new relationship styles occurs. By cultural default, parents chose relationship styles which perpetuate standard American cultural ideals regarding relationships.

Wertsch et al. argue that the theory of activity

... suggests that independent of characteristics of the individual, the organization of systems of activity at the societal level establishes important parameters that determine the manner in which an individual or group of individuals carries out and masters a particular type of goal-directed action. (Wertsch et al., 1984, p. 171)

American parents learned about relationships and development in American activity units. Parents attempt relationship change within an implicit framework of these same units. It is not merely that "it is hard to make changes in this culture," or that "goals and motives are inevitably inconsistent," although both of these complaints are true (and are frequently made by innovating parents themselves). The larger issue is that change is constrained even if the niche is relatively easy to change, and forgiving of change, and even when pronatal or other goals are relatively consistent, and parental motives are clear.

The reasons for this lie in the social-environmental conditions surrounding activity units. These constraints are much more powerful in shaping close relationships than can be revealed through exclusive attention to dyadic interaction. The analysis of nonconventional family efforts at change and innovation in close family relationships suggests the particular importance of two such effects: ecocultural constraints; and implicit cultural assumptions about parent-child relationships.

Ecocultural Constraints on Relationship Changes

Ecocultural constraints include proximal home environment measures (such as stimulation available, or personnel in the home, or immediate social supports) but are broader. The ecocultural model tries to understand how the local, proximal home environment came to be in the first place—what wider features of society and ecology around the family make a difference in what relationships occur and how they develop (Bronfenbrenner, 1979; Super & Harkness, 1980).

A useful way to describe ecocultural niche effects is by their functions in family and community adaptation (Whiting, 1980). One group of niche influences affects health and mortality (variables such as community safety, health risks, population size, and family size). Another cluster of niche variables affects subsistence, which in our culture involves work roles, the provision of food and shelter, and the division of labor for the household and wider economy. A third class of niche features relates to the child and child care more specifically: who

does child care; who shares child care responsibilities and obligations; children's play groups, supports for caretakers, especially women. A final cluster of niche dimensions relates to the knowledge of and availability of permissible alternatives for family and child roles—diversity and heterogeneity. Each of these features of the American niche (health, demographics; subsistence and work; personnel and child care; and complexity) influenced how, how much, or whether, new family relationship goals and ideals were put into practice.

For example, it is striking that pronatal ideals were rarely allowed to interfere with normal medical supervision or illness. Adults might have experimented with unusual diets and medical treatments on themselves without physician intervention, but this did not extend to their children. LeVine (1977) has proposed that child care patterns linked to issues of child or parent health, safety, danger, or risk, would be more resistant to rapid change, and more sheltered from experimentation. This was by and large true of the ways parents implemented pronatal ideas in the Family Lifestyle sample with respect to health.

Similarly, pronatal ideals motivating efforts to change relationships which involve all the family personnel (siblings, fathers, etc.), and/or many different elements of the niche (personnel, play groups, work, etc.) are less easily implemented in the child's schedule than those that can be directly tried out by adults, without wider niche involvement. Thus, many pronatal parents wanted highly involved, warm caretakers around their children in addition to them—fathers, grandparents, friends, older siblings. But to implement such a highly shared caretaking system is difficult (though possible) in our niche. As a result, some 95% of mothers were the primary caretakers of the 6-month-old children, and about 86% at 18 months. *Supplemental* care supporting and helping mothers, however, did increase in nonconventional families; this was easier to implement than substitute or truly shared and co-equal care.

The cultural niche also shapes the family's conception of *possible* plans and scripts for change. For instance, not a single family involved older siblings or other children in regular, responsible child care, even where this would have been available. Yet this form of care is among the most common in societies around the world, and in some American subcultures as well (Stack, 1975; Weisner & Gallimore, 1977). Not a single parent used their sling or carrying device to carry their baby around 6 to 10 hours a day. Very few conceived of breastfeeding past 18 months. No family in our sample loaned their baby out to another household for even a limited period of time. Only a few ever asked for an older child or young adult to be "loaned" to them from another household, to live with them and help care for their child (Goody, 1982). Yet every one of these practices is widespread elsewhere in the world, in other ecocultural niches. And they all *could* have been attempted by pronatal families. Each one would have aided families to be more pronatal in some respects, as parents themselves conceived of this ideal. Implementation of new relationship goals and ideals is thus subtly, surreptitiously shaped by our niche, insofar as the niche sets

boundaries on what is "thinkable" as well as doable. The niche thus defines what families are likely to even consider as possible scripts for implementation.

A pattern similar to that found for pronatalism occurs in parents' efforts to be looser and more "laid back" in their compliance and discipline patterns with their children at 18 months of age. Lambert (Lambert, Hamers, & Frasure-Smith, 1979), suggests that American parents are already unusually "lenient" compared to nine other national samples in verbal reports about how they would handle typical child training and compliance situations. Individualistic and economically expansionist white working and middle class Americans appear to be relatively mild, reasonable and negotiation-prone disciplinarians, compared to other cultures (see also Ellis, Lee, & Peterson, 1978). Home observations focused on compliance training techniques in the Family Lifestyles sample showed a pattern of verbal negotiation, acceptance of deferred compliance to adult requests, and presentation to children by adults of alternatives for conduct. Children were then encouraged to select between these alternatives. Although nonconventional and pronatal families used reason and verbalization of alternatives more often than the comparison group families, differences were small in magnitude (Weisner, 1982). The nonconventional families appear not to have strayed too far from American cultural conventions.

Cultural Assumptions about Relationship Styles

Environmental constraints shade into and are influenced by cultural ideas about the person, the child, and about the character of relationships themselves. Cultural presumptions are both explicit, and also implicit and unarticulated. They are harder to measure directly, and often require qualitative and comparative data to define them, but they are no less powerful for that. Examples include the parental assumption that the young child is an independent decision-maker, whose opinions and wishes need to be elicited and understood by others. Or the idea that parental control of the child, and responsibility for one's own child, is nearly absolute. Or the idea that family relationships are indeed available for experimentation, and that entrepreneurialism in restructuring relationships will be rewarded with good outcomes.

Ochs (1982) and Ochs and Schieffelin (1984) provide examples of differences in implicit cultural beliefs about language training which shows the role of ideas about parent-child relationships in shaping what children learn about relationships. Mothers and other caregivers in their Samoan and Kaluli (New Guinea) samples did not do what Western mothers routinely do with infants and young children during language acquisition (and what the Family Lifestyles sample mothers did with their children). The Western mother will simplify the register used with the child, and vary the pattern of her response to the child and elicitation of speech from the child, to match the child's developing levels. Samoans and Kaluli, in contrast, do not simplify speech or contingently respond

at a child's speech level; rather, they model speech which the child should have used to another third party. Yet all these children become competent speakers of their language. The cultural expectation of the Western mother is that the situation should adapt to the child, particularly situations involving speech and skill training. The mother should coregulate the child's speech and social relationships. The contrasting expectation regarding social relationships is that the child should adapt to the situation around him or her. The situation should provide a scaffold for children to use. Training efforts in this approach focus not on dyadic, empathic helping done by adults at the young child's level, but rather on establishing through modeling what the child should be attending to in the situation surrounding him or her which will help in learning.

The implicit American cultural model for parent-child relationships identified by Ochs and Schieffelin was also followed by the Family Lifestyles innovators. Their strategy in relationship change was to alter their own practices, and styles of interaction with their child and mates. Being warmer, more intimate, and even more "laid back," implied making direct active efforts at new styles of behavioral coregulation in social relationships. To be more natural did not imply reducing such direct efforts at control and intervention, or lessening attempts to respond directly to the child. Such a strategy, even if articulated and considered by parents, would have been thought "unnatural."

There seem to be other culturally implicit relationship expectations in Western societies which also appear in the Family Lifestyles sample: an expectation of taking the child's point of view; reflexivity in parent-child relationships; granting a child some control over adults' behavior; the importance of individuation and separation of a child from adults and others in one's family; an implicit permission for children to negotiate over family resources; the inference that there is a private world or self within the child; allowing privacy to the child within the family circle—privacy in possessions, space, and in having one's "own business." These implicit cultural beliefs about parent-child relationships were seldom directly questioned. For the most part, American parents consider them to be *natural* in a sense suggested earlier: they are culturally comfortable and expectable; they "go without saying."²

²There is one group of innovative families which did directly challenge these cultural assumptions about parent-child and family relationships: certain creedal communes. These groups were most likely to share parental controls of important decisions regarding their child with their group. These parents often did place their roles within the collective community ahead of their child's "own needs." These parents did not always provide privacy and choice for their children, and were unwilling to negotiate over issues such as food choice, the daily routine, discipline, or sex role training, as other families did. Such matters were more often predetermined by the *ecocultural niche* and explicit cultural/religious assumptions of their collective communities. It is striking that it is in just such areas that these parents are most severely criticized by nonmembers. My discussion here excludes this subset of families and their niches and cultural assumptions. (See Werner & Martin, 1979.)

Another largely unquestioned script for interaction with infants and young children is the belief that major responsibility for changing the family and the child rests on the parent—the American cultural theme of individualism and personal responsibility. Many innovative parents created and relied on social networks of friends, kin, and like-minded souls for aid, but these other persons are intended to support and complement parental decisions rather than competing for or coopting parental control. Parents saw such expanded networks as extending their control and decision-making authority, not as reducing it. Few innovative American parents had a passive view of their individual roles and influence.

Another cultural assumption is related to a kind of American entrepreneurialism and pragmatism regarding relationships—try a variety of things, and stay with those that seem successful in the short term. The criterion of success is what works for the parents or children, rather than what is conventional or accepted by the community or by the state. Relationships have this same character—the parent believes that these are manageable, that they can be analyzed, intentionally manipulated, and changed by the parent, with recognizable, immediate outcomes.

American parents also implicitly assume that their relationships with their children are reflexive—that the child has some choice and autonomy in family activities. The parent must at least take the child's point of view into account. The child's feelings and needs are assumed to be worthy of at least some serious attention by parents. The child is asked what food he or she would like to eat, and when and where to go out or play with someone, or which toy or play suit to wear. Parents take the child's schedule, needs, and likes into account when planning the day. This presumption of a child's autonomy and power in sharing decision-making starts in infancy, and continues throughout childhood. This is clearly visible in the high rates of questioning, negotiations and deferral of compliance recorded at the 18 month and 4½ year periods in the home observations.

But along with granting of an autonomous, private, and sometimes powerful self to the child, the parents establish another requirement: The child must negotiate and collaborate with others' personal business as well. The relationship styles in virtually all the American families in the Family Lifestyle sample—whether relatively more or less innovative and experimental—in large part continued and even intensified this pattern. The parent grants control, autonomy and some decision-making power to the child, but immediately requires that this individuation and separation be combined with emotional dependency of the child on the parents or other adult caretakers. Beatrice Whiting (1977) has called this American dilemma the "dependency hang-up."

A contrasting message about cultural relationships is a predominant one in much of the non-Western world, but was only rarely to be found in the ideology or practices of these American families. In this contrasting view, parents do not

grant the child her or his own business and personal autonomy. The presumption of this view is that the child's needs and wishes are not continually taken into account, and that the child does not have control of adult behaviors during bouts of interactions or in the determination of the family's daily routine. But in return for this lessened imputation of power to the child, the child is provided with a very secure sense of group or community attachment. The child can count on interdependence with the larger family group, siblings, and peers. The American child does not experience this kind of confidence and security in nonparental relationships during the first 6 years of life. The American relationship model presumes that the world outside the family is uncertain, unreliable, dangerous, not to be trusted, and will be very *different* from parental and family relationships. Attachment is to parents and siblings and close relatives and friends, not to the larger community outside the home. The alternative view of relationships is that parental ties are balanced by, even overshadowed by, a child's obligations to others in the family or to other kin in the community, or to work in order to help in family survival. Attachment objects include peers, siblings, and wider extended family, who are often more powerful than the parent. The child sees the parent enmeshed in relationships where the parent relates in just this way him or herself with the wider community. The community and wider circle of kin and companions are powerful and will provide—not only or necessarily the parent. Power and control of the child, and resources important to the child, are openly acknowledged to exist outside the parent and the domestic group altogether.

Pronatal and egalitarian families did try to encourage a wide circle of social support, and they fought against the encapsulation of the nuclear family and the placing of exclusive responsibility for care on the parents. Thus many of the nonconventional families had as an important goal the formation of "community," by reaching out for new networks and nonexclusive marital, economic, and familial and social attachments. But this involvement had a very different implication for basic relationship styles than the non-Western alternatives. These adult ideals about relationships seldom extended very far into the child's daily routine of activities. Parents still made final decisions, and remained in charge of subsistence, discipline and major decisions concerning safety, schooling, health, etc. Parents rarely disengaged themselves from primary responsibility for their children for very long. Such parents made a real effort to extend the caretaking network, and "share out" the child to some extent with a circle of friends and like-spirited kin and mates, yet retained American ideals of intense parental bonding.

CONCLUSION

Dyadic and family-level interaction occurs within the context of ecocultural constraints which are not always recognized by actors, even among those who

are intentionally striving to analyze and change relationship styles. The two constraints I have illustrated in this essay—the environmental niche, and cultural assumptions about relationships—influence relationship styles both by making some kinds of change structurally difficult (e.g., balancing time-bound work schedules with child care), and by shaping through a kind of cultural preselection, the choices made in forming relationships (e.g., ideas about the individuality of children, or about their power to negotiate relationships). Pronatural changes in parent-child relationships illustrate both these kinds of influences.

The degree of conscious recognition of these influences on relationships varies. Parents were very conscious about changing some aspects of their niche (such as help with child care, or flexible working hours) and perhaps not very aware of others (high American public health standards). Pronatural parents were conscious cultural analysts of sex roles and the medical establishment, but probably not aware of many of their implicit cultural expectations in parent-child relationships.

In spite of the constraining features of the niche and cultural scripts, pronatural families have changed their relationship styles with their mates, friends, and children. They emphasize equality between the sexes as both a political and a relationship goal. They practice their politics and religious beliefs with fervor. They have a view of the environment and ecology which is conserving and appreciative, and is being transmitted to their children. In their construction of and interpretation of family roles and the world around them, such families are innovating. They are teaching their children a different view of their world. Just because implementation of these ideals at the level of interaction has only been modest and selective should not at all suggest that these families are "not different," for they certainly are. Indeed, the transmission of these new cultural ideals may be among the most innovative steps parents have taken in changing their children's future relationship styles.

Similarly, the fact that many innovations and experiments cannot be sustained for a long period of time, does not mean that there will not be larger societal changes coming from them. Many of the new ideals of pronatural families have already been widely imitated by large sectors of the population (witness breastfeeding, or natural childbirth, or concern for nutrition). Those beliefs and practices that do spread in this way will finally themselves become encoded in cultural scripts, and become useful, widely shared patterns of American child care and relationship styles. They will then cease to be viewed as innovative experiments, and become one among the accepted alternatives for family life-styles. Those that will spread in this way will be those that can be implemented and sustained in our ecocultural niche. This process of family innovation and experimentation, followed by partially successful implementation, followed by diffusion through imitation; followed by transformation into more widely shared, stable scripts for use in establishing family relationship styles and child rearing patterns—is precisely the process of cultural evolution at work.

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