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

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This article considers claims of Mesman et al. (2017) that sensitive responsiveness as defined by Ainsworth, while not uniformly expressed across cultural contexts, is universal. Evidence presented demonstrates that none of the components of sensitive responsiveness (i.e., which partner takes the lead, whose point of view is primary, and the turn-taking structure of interactions) or warmth are universal. Mesman and colleagues' proposal that sensitive responsiveness 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 childrearing values and beliefs. Sensitive responsiveness, as defined by Mesman and attachment theorists, is not universal. Attachment theory and cultural or cross-cultural psychology are not built on common ground.

The article "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 mostly of people who enjoy 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 comprise most of the people in

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the world. The most prevalent of these (other) lifestyles is characterized by people who (in comparison to people living Western lifestyles): (a) tend to live in rural, subsistence-based economies (not urban, service based), (b) tend to have a basic level of formal education (not high levels), (c) tend to live in extended families with many adults and children (not nuclear families with few children, and (d) tend to experience income or wealth insecurity (not security). Lifestyles defined by sociodemographic characteristics such as these are associated with specific cultural models (e.g., socialization strategies, developmental trajectories), and as a result, they tend to lead to systematic similarities in cultural practices and meaning among people living similar lifestyles (Keller & Kärtner, 2013).

Here, we consider parenting ideals of people living the most prevalent of non-Western lifestyles (e.g., rural living, extended families, etc.), and show that Ainsworth's conception of sensitive responsiveness is 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 do not find their proposal will work because it still assumes a universal mode of caregiving for which we do not see empirical evidence. Sensitive responsiveness, as defined by attachment theory, is culturally specific and therefore cannot be a universal characteristic of caregivers or caregiving.

In an attempt to advocate the universality of attachment theory (e.g., Mesman et al., 2015), Mesman et al. (2017) focus on sensitive responsiveness. But this focus ignores the other five aspects of parenting identified by Ainsworth, Blehar, Waters, and Wall (1978). There were four scales to evaluate quality of parenting: (a) sensitivity–insensitivity to the baby's signals and communications, (b) acceptance–rejection with explicit reference to maternal emotionality, (c) cooperation–interference, and (d) accessibility–ignorance. Two more scales, developed by Mary Main as part of the original analyses of the Baltimore data, evaluated (e) "emotional expression" (a scale concerned with the degree to which a mother lacks emotional expression in her face, voice, or bodily movements) and (f) "maternal rigidity." If one wants to search for universal maternal characteristics following Ainsworth's original dimensions, one should consider all of these scales. Or, at least, one should justify why the other dimensions are not considered.

Restricting the universality claim to only one of the six scales, the sensitivity–insensitivity scale, creates a further problem because it omits a feature that researchers currently see as central to sensitive responsiveness–warmth. We therefore question the value of considering only Ainsworth's original conception of sensitivity, instead focusing on the case for and against universality in caregiving sensitive responsiveness and warmth.

Warmth as an Essential Component of Sensitive Responsiveness

Mesman et al.'s reminder of Ainsworth's original formulation of sensitive responsiveness reveals how this concept has been elaborated by attachment researchers in the intervening years. The original definition does not include reference to warmth, affection, or positive emotionality as necessary components of sensitive responsiveness, stating that "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). However, in the decades of attachment research that followed, warmth and related concepts have become an explicit way to evaluate sensitive responsiveness. 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 sensitive responsiveness in seven 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. Some languages, for example, do not have words for parental warmth, love, and affection (Abels, 2007). Furthermore, even among families with a Western lifestyle, the association between warmth and secure attachment differs across studies and is modest at best (Thompson, 2017), and the association between maternal warmth and other child outcomes is not robust (e.g., Feldman & Masalha, 2010). As a quality of care, maternal warmth is expressed (and experienced) differently 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 a cultural focus on more direct (verbal) and outward (hugging, kissing) demonstrations of warmth (Cheah, Li, Zhou, Yamamoto, & Leung, 2015). What is more, warmth is not a consistent aspect of care, and some caregivers routinely engage in caregiving practices that they know cause distress to infants. This is true of the Beng, for example, who engage in care that stresses infants (e.g., giving enemas as part of the bathing routine and giving water to drink before breastfeeding) because such practices are either mandated by religious norms and/or encourage caregiving by others (Gottlieb, 2004).

Linking Sensitive Responsivity to its Cultures of Origin

Mesman et al. claim that sensitive responsivity, as defined by Ainsworth, is universal, but cultural communities differ in the expression of, and emphasis placed on, sensitive responsivity. 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; in addition, 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 important, we do not know how caregivers of each of the communities interpreted these interactions. The transcriptions of short segments from these taped sequences, therefore, do not provide evidence for their position on the universality of sensitive responsive care as defined by Ainsworth.

In the following sections, we offer evidence to show that the core assumptions underlying sensitive responsiveness are culturally specific. We consider the socialization practices of people living a Western lifestyle that support the cultural ideal of the infant as an agent sensitized to use personal qualities and attributes as the primary referent of action. We contrast this to the cultural ideals of people living other lifestyles that support the cultural ideal of the infant as an agent sensitized to attend to the wishes and interests of others, and to use them as the primary referent of actions. 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, for example, from the inside view as primary and the outside view as secondary, or from the outside view as primary and the inside view as secondary. We critique the universality of several components of Ainsworth's original definition of sensitive responsiveness, and we do not find that the following aspects are universal: that infants take the 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 sensitive responsiveness concept 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, 1969; Ainsworth et al., 1974). In Ainsworth et al.'s (1978) definition, sensitive parents show that they respect their infant's will and agency, that is, 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 sensitive responsiveness 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 is typified by distal caregiving practices, such as face-to-face interaction, verbal and vocal exchange, and object stimulation—that is, 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 he or she 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 encourages 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, needs that often take precedence over the needs of others. In other words, the infant learns primarily about him or herself, and only secondarily about others.

In many parts of the world, good parenting is thought about and practiced differently. Often, caregivers take the lead in organizing and directing

their children's activities. Good caregivers, for many people in non-Western lifestyle communities, engage in proximal care, which keeps infants in close physical proximity; and 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., 2017; Keller & Chaudhary, 2017; Lancy, 2015; LeVine & LeVine, 2016; Morelli, 2015; Murray, Bowen, Segura, & Verdugo, 2015; Otto & Keller, 2014; Quinn & Mageo, 2013; Weisner, 2014).

For many communities living non-Western lifestyles, good parenting is about supporting the infant to take the perspective of others, which helps infants learn to consider the needs and wants of others. This means that the responsibility to understand others falls to the infant, and not the other way around. Infants are not granted quasi-equal status to caregivers. Infants in some of these communities must learn their position in the social hierarchy, which may change over time, as social relations are hierarchically structured. Infants in other of these communities are superior to adults (e.g., Balinese infants, Diener, 2000) or spiritually more connected than adults (e.g., Beng infants Gottlieb, 2017). Infants are taught 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, they teach infants about the social situatedness of their psychological self. Children in Latino families in Costa Rica are also taught to be attentive and responsive to the social demands of the group (Rosabal-Coto, 2012).

In many communities that are not following a Western lifestyle, good caregivers are expected to lead infants by guiding them. The idea that the infant needs to be instructed, directed, and guided goes hand in hand with the view of the infant as apprentice. Thus, 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 assumed in Ainsworth's definition of sensitive responsiveness is neither necessary nor the only style of discourse for caregivers and infants to participate together in activities. Indeed, this discourse style would undermine community preferences, common in many non-Western lifestyle groups, for infants to "fit in" rather than "stand out of" the everyday goings-on (Schröder, Kärtner, Keller, & Chaudhary, 2012; Weisz, Rothbaum, & Blackburn, 1984). Children "fit it" in different ways. 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 Ainsworth's definition of sensitive responsiveness. In fact, to a cultural outsider, these interchanges can seem aggressive and unpleasant, that is, 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 are 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 common in Western lifestyles. They view multiple care through the lens of (multiple) dyadic exchanges (for further discussion, see Morelli, Bard, et al., 2018). This focus ignores the multiparty interactions prevalent in many cultural communities as the normative social environment of infants, which may be different from multiple instances of dyadic interactions. In these social situations, infants are often part of 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 views about multiple care are 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 attention. However, multiple caregiving arrangements can look very different across diverse non-Western lifestyle communities, with different forms of participation of the mother, different functional distributions of caregiving activities among the polyadic caregiving network, and different sleeping arrangements (e.g., Keller & Chaudhary, 2017; 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 that the sensitive care important for these goals depends partly on the cultural, economic, and ecological circumstances of people in that community. We argue, however, that this is the only conclusion possible, and we know this from research that spans decades.

Ainsworth defined sensitivity as appropriate responsiveness. Although Mesman et al. attempt to construe this to mean "culturally appropriate," Ainsworth and attachment researchers use the term *appropriate* as an evaluation of "good" and "bad" parenting from a Western lifestyle 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," that is, the negative side in five of the six 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. For example, among Indian multigenerational joint families, mothers are urged to be "judiciously neglectful" so that others can step in; when this fails to happen, there is social pressure directed to the mother to obey this edict. From the perspective of attachment theory, this would be evaluated as the opposite of sensitive responsiveness, since mothers are urged to become unavailable, and they can occasionally become harsh toward their own babies as a consequence (Chaudhary, 2004). Among Gujarati farmers, however, maternal love is defined by this ability to foster infant attachment to others (Abels, 2007).

The bias reflected in the narrow view of sensitive care held by Ainsworth and attachment theorists 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. Mesman and colleagues are able to make such claims because they isolate caregiving strategies from their cultural contexts and the meaning systems in which they are emerged and to which they are adapted. An example of this is Mesman et al.'s use of research by 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 are they meant to be soothing (as incorrectly described by Mesman et al.). It is rather the case that with 3- to 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 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 community 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 sensitive responsiveness.

Mesman et al. alleged that sensitive responsiveness is 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 satisfied." The evaluation of what is prompt, appropriate, well rounded, and mutually satisfying obviously depends on standards and norms that are cultural in origin. But the standards necessary for any evaluation of sensitivity and insensitivity have been elaborated only for Western lifestyles (e.g., positive affect, warmth), and therefore the evaluations are not transferable to other contexts.

What exacerbates attachment researchers' focus on one form of sensitive care is their exclusive attention to one aspect of care to define 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 the larger cultural view of childrearing, because the practice would be decontextualized from all the supporting activities, beliefs, and values. Thus, it is wrong to equate the singular practice of sensitive responsiveness with cultural conceptions of parenting (as Mesman et al. do).

In this review, we have identified numerous practices that are valued as types of "good parenting" and appropriate in their cultural contexts, but would be classified as "insensitive" by Ainsworth and most attachment researchers. Those include scolding crying babies, judiciously neglecting infants, and controlling infant behavior. Different caregiving strategies have different developmental outcomes, and caregivers specifically emphasize 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 in their respective communities, 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 al. have so broadened the concept (from sensitive responsiveness to caregiving) that the term loses its *raison d'être*, that is, to differentiate the quality of caregiving (by evaluating sensitive vs. insensitive practices). We conclude that sensitive responsiveness, as defined by Ainsworth and attachment theorists, is specific to many caregivers living Western lifestyles (Gaskins et al., 2017; Keller & Chaudhary, 2017; Morelli, Chaudhary, et al., 2017; 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, but also different behaviors are the basis for caregiving attention. For example, relatively more visual signals are associated with distal parenting strategies (as in many Western lifestyles), and more tactile signals are common in communities with proximal strategies. Moreover, caregiver's socialization goals differ, with infants encouraged to take the lead in interactions in communities living Western lifestyles, and infants encouraged to follow the directives of caregivers in many communities not living Western lifestyles. In part, sensitive caregiving is founded on cultural conceptions of the ideal child, which differ dramatically in the extremes, that is, expressive, outspoken, and independent in many families living a Western lifestyle, and calm, unexpressive, quiet, and harmoniously well integrated in families living other lifestyles. Thus, caregiving practices in most of the world do not follow the patterns underlying Ainsworth's or Mesman et al.'s definition of sensitive responsiveness.

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

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