ETHNOGRAPHIC ORIENTATION

To most middle class Western readers, the descriptions of verbal and non-verbal behaviors of middle class caregivers with their children seem very familiar, desirable, and even natural. These descriptions capture in rich detail what does go on in many middle class households, to a greater or lesser extent. The characteristics of caregiver speech (Baby Talk register) and comportment that have been specified are highly valued by members of white middle class society, including researchers, readers, and subjects of study. They are associated with good mothering and can be spontaneously produced with little effort or reflections. As demonstrated by Shatz and Gelman (1973), Sachs and Devin (1976), and Andersen and Johnson (1973), children as young as 4-years-of-age can speak and act in these ways when addressing small children.

From our research experience in other societies as well as our acquaintance with some of the cross-cultural studies of language socialization (Blount, 1972; Bowerman, 1981; Fischer, 1970; Hamilton, 1981; Harkness, 1975; Harkness & Super, 1977; Heath, in press; Miller, 1982; Philips, in press; Schieffelin & Eisenberg, in press; Scollon and Scollon, 1981; Stross, 1972; Ward, 1971; Wills, 1977), the general patterns of caregiving that have been described in the psychological literature on white middle class are neither characteristic of all societies nor all social groups (e.g., all social classes within one society). We
would like the reader therefore, to reconsider the descriptions of caregiving in the psychological literature as ethnographic descriptions.

By ethnographic, we mean descriptions that take into account the perspective of members of a social group, including beliefs and values that underlie and organize their activities and utterances. Ethnographers rely heavily on observations and on formal and informal elicitation of members' reflections and interpretations as a basis for analysis (Geertz, 1973). Typically the ethnographer is not a member of the group under study. Further, in presenting an ethnographic account the researcher faces the problem of communicating world views or sets of values that may be unfamiliar and strange to the reader. Ideally such statements provide a set of organizing principles that give coherence and an analytic focus to the behaviors described.

Psychologists who have carried out research on verbal and non-verbal behavior of caregivers and their children draw on both of the methods articulated above. However, unlike most ethnographers, typically the psychological researcher is a member of the social group under observation. (In some cases, the researcher's own children are the subjects of study.) Further, unlike the ethnographer, the psychologist addresses a readership familiar with the social scenes portrayed.

That researcher, reader, and subjects of study tend to have in common a white middle class literate background has had several consequences. For example, by and large, the psychologist has not been faced with the problem of cultural translation, as has the anthropologist—there has been a tacit assumption that readers can provide the larger cultural framework for making sense out of the behaviors documented. A consequence of this in turn is that the cultural nature of the behaviors and principles presented is not explicit. From our perspective, language and culture as bodies of knowledge, structures of understanding, conceptions of the world, collective representations, are both extrinsic to and far more extensive than any individual could know or learn. Culture encompasses variations in knowledge between individuals, but such variation, while crucial to what an individual may know and to the social dynamic between individuals, does not have its locus within the individual. Our position is that culture is not something that can be considered separately from the accounts of caregiver-child interaction; it is what organizes and gives meaning to that interaction. This is an important point, as it affects the definition and interpretation of the behaviors of caregivers and children. How caregivers and children speak and act towards one another is linked to cultural patterns that extend and have consequences beyond the specific interactions observed. For example, how caregivers speak to their children may be linked to other institutional adaptations to young children. These adaptations in turn may be linked to how members of a given society view children more generally (their 'nature', their social status and expected comportment) and to how members think children develop.

We are suggesting here that sharing of assumptions between researcher, reader, and subjects of study is a mixed blessing. In fact, this sharing presents a paradox of familiarity. We are able to apply without effort the cultural framework for interpreting the behavior of caregivers and young children in our own social group: indeed as members of a white middle class society, we are socialized to do this very work, that is interpreting behaviors, attributing motives and so on. The paradox is that in spite of this ease of effort, we can not easily isolate and make explicit these cultural principles. As Goffman's work on American society has illustrated, articulation of norms, beliefs, and values is often possible only when faced with violations, that is with gaffes, breaches, misfirings, and the like (Goffman, 1963, 1967; Much & Shweder, 1979).

Another way to see the cultural principles at work in our own society is to examine the ways in which other societies are organized in terms of social interaction and in terms of the society at large. In carrying out such research, the ethnographer offers a point of contrast and comparison with our own everyday activities. Such comparative material can lead us to reinterpret behaviors as cultural that we have assumed to be natural. From the anthropological perspective, every society will have its own cultural constructs of what is natural and what is not. For example, every society has its own theory of procreation. Certain Australian Aboriginal societies believe that a number of different factors contribute to conception. Von Sturmer (1980) writes that among the KugluNganychara (West Cape York Peninsula, Australia) the spirit of the child may first enter the man through an animal that he has killed and consumed. The spirit passes from the man to the woman through sexual intercourse, but several sexual acts are necessary to build the child. (See also Montagu, 1937; Hamilton, 1981.) Even within a single society, there may be different beliefs concerning when life begins and ends, as the recent debates in the United States and Europe concerning abortion and mercy killing indicate. The issue of what is nature and what is nurture (cultural) extends to patterns of caregiving and child development. Every society will have (implicitly or explicitly) given notions concerning the capacities and temperament of children at different points in their development (see for example, Ninio, 1979; Snow, de Blauw, & van Roosmalen, 1979; Dentan, 1978). The expectations and responses of caregivers will be directly related to these notions.

**TWO DEVELOPMENTAL STORIES**

At this point, using an ethnographic perspective, we will recast selected behaviors of white middle class caregivers and young children as pieces of one 'developmental story.' The white middle class 'developmental story' that we are constructing is based on various descriptions available, (footnote on individual
variation) and focuses on those patterns of interaction (both verbal and non-verbal) that have been emphasized in the literature. This story will be compared with another developmental story: the Kaluli (Papua New Guinea), a society that is strikingly different. ¹

One of the major goals in presenting and comparing these developmental stories is to demonstrate that communicative interactions between caregivers and your children are culturally constructed. In our comparisons, we will focus on three facets of communicative interaction: (1) the social organization of the verbal environment of very young children; (2) the extent to which children are expected to adapt to situations or that situations are adapted to the child; and (3) the negotiation of meaning by caregiver and child. We first present a general sketch for each social group and then discuss in more detail the consequences of the differences and similarities in communicative patterns in these two groups.

These developmental stories are not timeless, but rather are linked in complex ways to particular historical contexts. Both the ways in which caregivers behave towards young children and the popular and scientific accounts of these ways may differ at different moments in time. The stories that we present represent ideas currently held in the two social groups.

The two stories show that there is more than one way of becoming social and using language in early childhood. All normal children will become members of their own social groups. But the process of becoming social including becoming a language user is culturally constructed. In relation to this process of construction, every society has its own developmental stories that are rooted in social organization, beliefs, and values. These stories may be explicitly codified and/or tacitly assumed by members.

Anglo-American White Middle Class Developmental Story²

Middle class in Britain and the United States covers a broad range of white collar and professional workers and their families including lower middle, middle middle, and upper middle class strata. The literature on communicative development has been largely based on middle middle and upper middle class households. These households tend to consist of a single nuclear family with one, two, or three children. The primary caregiver almost without exception is a child’s natural or adopted mother. Researchers have focused on communicative situations in which one child interacts with his or her mother. The generalizations proposed by these researchers concerning mother–child communication could be an artifact of this methodological focus. However, it could be argued that the attention to two-party encounters between a mother and her child reflects the most frequent type of communicative interaction to which most young middle class children are exposed. Participation in two-party as opposed to multi-party interactions is a product of many considerations, including the physical setting of households, where interior and exterior walls bound and limit access to social interaction.

Soon after an infant is born, many mothers will hold their infants in such a way that they are face-to-face and will gaze at them. Mothers have been observed to address their infants, vocalize to them, ask questions, and greet them. In other words, from birth on, the infant is treated as a social being and as an addressee in social interaction. The infant’s vocalizations, physical movements, and states are often interpreted as meaningful and will be responded to verbally by the mother or other caregiver. In this way, proto-conversations are established and sustained, along a dyadic, turn-taking model. Throughout this period and the subsequent language-acquiring years, caregivers treat very young children as communicative partners. One very important procedure in facilitating these social exchanges is the mother’s (or other caregiver’s) taking the perspective of the child. This perspective is evidenced in her own speech through the many simplifying and affective features of baby talk register that have been described and through the various strategies employed to identify what the young child may be expressing.

Such perspective-taking is part of a much wider set of accommodations by adults to young children. These accommodations are manifested in several domains. For example, there are widespread material accommodations to infancy and childhood in the form of cultural artifacts designed for this stage of life, that is baby clothes, baby food, miniaturization of furniture, and toys. Special behavioral accommodations are coordinated with the infant’s perceived needs and capacities, for example, putting the baby in a quiet place to facilitate and insure proper sleep; ‘baby-proofing’ a house as a child becomes increasingly mobile, yet not aware of or able to control the consequences of his own behavior. In general, situations and the language used in them are adapted or modified to the child rather than the reverse. Further, the child is a focus of attention, in that the child’s actions and vocalizations are often the starting point of social interaction with more mature persons.

While developmental achievements such as crawling, walking, and first words are awaited by caregivers, the accommodations noted above have the effect of keeping the child dependent on and separate from the adult community for a considerable period of time. The child is protected from certain experiences
which are considered harmful (e.g., playing with knives, climbing stairs), but such protection delays his knowledge and developing competence in such contexts.

The accommodations of white middle class caregivers to young children can be examined for other values and tendencies. Particularly among the American middle class, these accommodations reflect a discomfort with the competence differential between adult and child. The competence gap is reduced by two strategies. One is for the adult to simplify her or his speech to match more closely what the adult considers to be the verbal competence of the young child. Let us call this strategy the self-lowering strategy, following Irvine's (1974) analysis of intercultural demeanor. A second strategy is for the caregiver to richly interpret (Brown, 1973) what the young child is expressing. Here the adult acts as if the child were more competent than his behavior more strictly would indicate. Let us call this strategy the child-raising strategy. Other behaviors conform to this strategy, such as when an adult cooperates in a task with a child but treats that task as an accomplishment of the child.

For example, in eliciting a story from a child, a caregiver will often cooperate with the child in the telling of the story. This cooperation typically takes the form of posing questions to the child, such as "Where did you go?" or "What did you see?" and so on, to which the adult knows the answer. The child is seen as telling the story even though she or he is simply supplying the information the adult has preselected and organized (Ochs, Schieffelin, & Platt, 1979; Schieffelin & Eisenberg, in press; Greenfield & Smith, 1976). Bruner's (1978) descriptions of scaffolding, in which a caregiver constructs a tower or other play object, allowing the young child to place the last block, are also good examples of this tendency. Here the tower may be seen by the caregiver and others as the child's own work. Similarly, in later life, caregivers playing games with their children may let them win, acting as if the child can match or more than match the competence of the adult.

A final aspect of this white middle class developmental story concerns the willingness of many caregivers to interpret unintelligible or partially intelligible utterances of young children (cf. Ochs, 1982). One of the recurrent ways in which interpretation is carried out is for the caregiver to offer a paraphrase (or 'expansion' (Brown & Bellugi, 1964; Cazden, 1965)), using a question intonation. This behavior of caregivers has continuity with their earlier attributions of intentionality directed towards ambiguous utterances (from the point of view of the infant). For both the prelinguistic and language-using child, the caregiver provides an explicitly verbal interpretation. This interpretation or paraphrase is potentially available to the young child to affirm, disaffirm, or modify.

Through exposure to and participation in these clarification exchanges, the young child is being socialized into several cultural patterns. The first of these is a way of recognizing and defining what constitutes intelligibility, that an utterance or vocalization may in fact not be immediately understood. Second, the child is presented with the procedures for dealing with ambiguity. Through successive offerings of possible interpretations, the child learns that more than one understanding of a given utterance or vocalization may be possible. The child is also learning who can make these interpretations, and the extent to which they may be open to modification. Finally the child is learning how to settle up a possible interpretation and how to show disagreement or agreement. This entire process socializes the child into culturally specific modes of organizing knowledge, thought, and language.

A Kaluli Developmental Story

The Kaluli people (population approximately 1200) are an example of a small-scale, nonliterate egalitarian society (E. L. Schieffelin, 1976). Kaluli, most of whom are monolingual, speak the Kaluli language, a non-Austronesian veal ergative language. They live in the tropical rain forest on the Great Papu Plateau in the Southern Highlands of Papua New Guinea. Kaluli maintain lar gardens and hunt and fish in order to obtain protein. Villages are composed of 60–90 individuals who traditionally lived in one large longhouse that had internal walls. Currently, while the longhouse is maintained, many families a living in smaller dwellings so that two or more extended families may live together. It is not unusual then for at least a dozen individuals of different ages to be living together in one house which consists essentially of one semi-partition room.

Men and women utilize extensive networks of obligation and reciprocity. The organization of work and social interaction. Everyday life is oriented around verbal interaction. Kaluli, think of and use talk as a means of control, manipulation, expression, assertion, and appeal. It gets you what you want, need, or feel owed. Talk is a primary indicator of social competence and

3 We would like to thank Courtney Cazden for bringing the following quote to our attention.

4 The data on which this analysis is based were collected in the course of 2 years of ethnographic and linguistic fieldwork (1975–1977) among the Kaluli in the Southern Highland Province. This research was sponsored by the National Science Foundation and the Wenner-Gren Foundation for Anthropological Research. New York. E. L. Schieffelin, a cultural anthropologist and S. Feld, an ethnomusicologist, were also conducting ethnographic research. This study on the development of communicative competence among the Kaluli focused on four children who we approximately 24-months-old at the start of the study. However, an additional 12 children were included in the study (siblings and cousins in residence) and their ages ranged from birth to 10 years. The spontaneous conversations of these children and their families were audiotaped recorded for 1 ye at monthly intervals with each monthly sample lasting 3–4 hours. Detailed contextual notes accompanied the audiotaping and these annotated transcripts along with interviews and observations for the data base. A total of 83 hours of audiotape were collected and transcribed in the village. Analysof Kaluli child language acquisition data are reported in Schieffelin, B. B. (1981, in press, a).
primary way to be social. Learning how to talk and become independent is a major goal of socialization.

For the purpose of comparison and for understanding something of the cultural basis for the ways in which Kaluli act and speak to their children, it is important to first describe selected aspects of a Kaluli developmental story which I have constructed from various kinds of ethnographic data. Kaluli describe their babies as helpless, ‘soft,’ (laya) and ‘having no understanding’ (asago amadama). They take care of them they say, because they ‘fell sorry for them.’ Mothers, who are the primary caregivers, are attentive to their infants and physically responsive to them. Whenever an infant cries it is offered the breast. However, while nursing her infant, a mother also may be involved in other activities, such as food preparation, or she may be engaged in conversation with individuals in the household. Mothers never leave their infants alone and only rarely with other caregivers. When not holding their infants, mothers carry them in netted bags which are suspended from their heads. When the mother is gardening, gathering wood, or just sitting with others, the baby will sleep in the netted bag next to the mother’s body.

Kaluli mothers, given their belief that infants ‘have no understanding’ never treat their infants as partners (speaker/addressee) in dyadic communicative interactions. While they greet their infants by name and use expressive vocalizations they rarely address other utterances to them. Furthermore, mothers and infants do not gaze into each other’s eyes, an interactional pattern that is consistent with adult patterns of not gazing when vocalizing in interaction with one another. Rather than facing their babies and speaking to them, Kaluli mothers tend to face their babies outwards so that they can be seen by, and see others that are part of the social group. Older children greet and address the infant and in response to this, the mother while moving the baby, speaks in a high pitched nasalized voice “for” the baby. Triadic exchanges such as the one that follows is typical of these situations.

When a mother takes the speaking role of an infant she uses language that is well-formed and appropriate for an older child. Only the nasalization and high pitch mark it as “the infant’s.” When speaking as the infant to older children, mothers speak assertively, that is, they never whine or beg on behalf of the infant. Thus, in taking this role the mother does for the infant what the infant cannot do for itself, appear to act in a controlled and competent manner, using language. These kinds of interactions continue until a baby is between 4–6 months of age.

Several points are important here. First, these triadic exchanges are carried out primarily for the benefit of the older child and help create a relationship between the two children. Second, the mother’s utterances in these exchanges are not based on, nor do they originate with anything that the infant has initiated—either vocally or gesturally. Recall the Kaluli claim that infants have no understanding. How could someone with “no understanding” initiate appropriate interactional sequences?

### Example 1

Mother is holding her infant son Bage (3 months).

**Mother**

Abi (35 months) is holding a stick on his shoulder in a manner similar to that in which one would carry a heavy patrol box (The box would be hung on a pole placed across the shoulders of two men).

<table>
<thead>
<tr>
<th>Action</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>Abi</td>
</tr>
<tr>
<td>(Abi in baby)</td>
<td>(Abi in baby)</td>
</tr>
<tr>
<td>1) Bage! / do you see my box here? / do you see it? / do you see it? /</td>
<td></td>
</tr>
<tr>
<td>(high nasal voice talking as if she is the baby, moving the baby who is facing Abi)</td>
<td></td>
</tr>
<tr>
<td>2) My brother, I’ll take half, my brother.</td>
<td></td>
</tr>
<tr>
<td>(holding stick out)</td>
<td></td>
</tr>
<tr>
<td>3) Mother, give him half / give him half / mother, my brother—here, here take half X</td>
<td></td>
</tr>
<tr>
<td>(in a high nasal voice as baby)</td>
<td></td>
</tr>
<tr>
<td>4) My brother, what half do I take?</td>
<td></td>
</tr>
<tr>
<td>What about it, my brother, put it on the shoulder!</td>
<td></td>
</tr>
<tr>
<td>5) To Abi in her usual voice: “Put it on the shoulder.”</td>
<td></td>
</tr>
<tr>
<td>(Abi rests stick on baby’s shoulder)</td>
<td></td>
</tr>
<tr>
<td>6) There, carefully put it on. (stick accidentally pokes baby) Feel sorry, stop.</td>
<td></td>
</tr>
</tbody>
</table>

“For all examples transcription conventions follow Bloom & Lahey (1978).”

However, there is an even more important and enduring cultural construct that helps make sense out of the mother’s behaviors in this situation and in many others as well. Kaluli say that “one cannot know what another thinks or feels.” Now, while Kaluli obviously interpret and assess one another’s available behaviors and internal states, these interpretations are not culturally acceptable as topics of talk. Individuals often talk about their own feelings (I’m afraid, I’m happy, etc.). However, there is a cultural dispreference for talking about or making claims about what another might think, what another might feel, or what another is about to do, especially if there is no external evidence. As we shall see, these culturally constructed behaviors have several important consequences for the ways in which Kaluli caregivers verbally interact with their children, and are related to other pervasive patterns of language use which shall be discussed below.

As infants become older (6–12 months) they are usually held in the arms or carried on the shoulders of the mother or an older sibling. They are present in all on-going household activities, as well as subsistence activities that take place outside the village in the bush. During this time period babies are addressed by adults to a limited extent. They are greeted by a variety of names (proper names,
kinterms, affective and relationship terms) and receive a limited set of both negative and positive imperatives. In addition when they do something they are not to do, such as reach for something that is not theirs to take, they will often receive such rhetorical questions such as “Who are you?!” (meaning “not someone to do that”) or “It is yours?!” (meaning “it is not yours”) to control their actions by shaming them (sasidiab). What is important to stress here is that the language addressed to the preverbal child consists largely of “one-liners” which call for no verbal response. Either an action or termination of an action is appropriate other than these utterances. very little talk is directed to the young child, by the adult caregiver.

This pattern of adults not treating infants as communicative partners continues even when babies begin babbling. Kaluli recognize babbling (adbedan) but say that this vocal activity is not communicative and has no relationship to speech that will eventually emerge. Adults and older children occasionally repeat vocalizations back to the young child (ages 12–16 months) reshaping them into the names of persons in the household or into kinterms, but they do not say that the baby is saying the name nor do they wait for or expect the child to repeat those vocalizations in an altered form. In addition, vocalizations are not generally treated as communicative and given verbal expression. Nor are they interpreted by adults, except in one situation, an example of which follows.

When a toddler shrieks in protest of the assaults of an older child, mothers will say “I’m unwilling” (using a quotative particle) referring to the toddler’s shriek. These were the only circumstances in which mothers treated vocalizations as communicative and provided verbal expression for them. In no other circumstances in the four families in the study did adults provide a verbally expressed interpretation of a vocalization of a preverbal child. Thus, throughout the preverbal period very little language is directed to the child, except for imperatives, rhetorical questions, and greetings. A child who by Kaluli terms has not yet begun to speak is not expected to respond either verbally or vocally. What all of this means is that in the first 18 months or so very little sustained dyadic verbal exchange takes place between adult and infant. The infant is only minimally treated as an addressee, and is not treated as a communicative partner in dyadic exchanges. One immediate conclusion is: The conversational model that has been described for many white middle class caregivers and their preverbal children has no application in this case. Furthermore, if one defines language input as language directed to the child then it is reasonable to say that for Kaluli children who have not yet begun to speak, there is very little. However, this does not mean that Kaluli children grow up in an impoverished verbal environment and do not learn how to speak. Quite the opposite is true. The verbal environment of the infant is rich and varied, and from the very beginning the infant is surrounded by adults and older children who spend a great deal of time talking to one another. Furthermore, as the infant develops and begins to crawl, engage in play activities, and other independent actions, these actions are frequently referred to, described, and commented upon by members of the household speaking to one another especially by older children. Thus, the ongoing activities of the preverbal child are an important topic of talk between members of the household, and this talk about the here-and-now of the infant is available to the infant, though only a limited amount of talk is addressed to the infant. For example, in referring to the infant’s actions, siblings and adults use the infant’s name or kinterm. They will say, “Look at Seligiwo! He’s walking.” Thus the child may learn from these contexts to attend the verbal environment in which he or she lives.

Every society has its own ideology about language, including when it begins and how children acquire it. The Kaluli are no exception. Kaluli claim that language begins at the time when the child uses two critical words, ‘mother’ (ma) and ‘breast’ (bo). The child may be using other single words, but until these two words are used, the beginning of language is not recognized. Once a child has used these words, a whole set of inter-related behaviors are set into motion. Kaluli claim once a child has begun to use language he or she then must be “shown how to speak” (Schieffelin, 1979). Kaluli show their children language in the form of a teaching strategy which involves providing a model for what the child is to say followed by the word elema, an imperative meaning “say like that.” Mothers use this method of direct instruction to teach the social uses of assertive language (teasing, shaming, requesting, challenging) reporting. However, object labeling is never part of an elema sequence, nor does the mother ever use elema to instruct the child to beg or appeal for food or objects. Begging, the Kaluli say, is natural for children. They know how to do it. In contrast, a child must be taught to be assertive through the use of particular linguistic expressions and verbal sequences.

A typical sequence using elema is triadic, involving the mother, child (between 20–36 months), and other participant(s). An example follows. In this situation, as in many others, the mother does not modify her language to fit the linguistic ability of the young child. Instead her language is shaped so as to be appropriate (in terms of form and content) for the child’s intended addressee. Consistent with the ways she interacts with her infant, what a mother instructs her young child to say usually does not have its origins in any verbal or nonverbal behaviors of the child, but in what the mother thinks should be said. The mother pushes the child into ongoing interactions that the child may or may not be interested in, and will at times spend a good deal of energy in trying to get the child verbally involved. This is part of the Kaluli pattern of fitting (or pushing) the child into the situation rather than changing the situation to meet the interests or abilities of the child. Thus, mothers take a directive role with their young children teaching them what to say so that they may become participants in the social group.

In addition to instructing their children by telling them what to say in often extensive interactional sequences. Kaluli mothers pay attention to the form of
EXAMPLE 2

Mother, daughter Binalia (5 years), cousin Mama (3½ years), and son Wanu (12 months) are at home, dividing up some cooked vegetables. Binalia has been begging for some but her mother thinks that she has had her share.

1Mother → Wanu → > Binalia: 
Whose is it? say like that.

Is it yours? say like that.

2Who is it? say like that.

Is it yours? say like that.

Who are you? say like that.

2Who are you? say like that.

Mama → Wanu → > Binalia: 
Did you pick (it)? say like that.

3Mama → Wanu → > Binalia: 
Did you pick (it)? say like that.

3Did you pick (it)? say like that.

Mother → Wanu → > Binalia: 
My G'ma picked it! say like that.

4Mother → Wanu → > Binalia: 
My G'ma picked it! say like that.

4My G'ma picked it! say like that.

Mama → Wanu → > Binalia: 
This my G'ma picked! say like that.

5Mama → Wanu → > Binalia: 
This my G'ma picked! say like that.

5This my G'ma picked! say like that.

→ = speaker → addressee

→ > = addressee → intended addressee

A DISCUSSION OF THE DEVELOPMENTAL STORIES

We propose that infants and caregivers do not interact with one another according to one particular 'biologically designed choreography' (Stern, 1977). There are many choreographies within and across societies. Cultural systems as well as biological ones contribute to their design, frequency, and significance. The biological predispositions constraining and shaping social behavior of infants and caregivers must be broader than thus far conceived in that the use of eye gaze, vocalization, and body alignment are orchestrated differently in the social groups we have observed. As noted earlier, for example, Kaluli mothers do not engage in sustained gazing at, or elicit and maintain direct eye contact with their infants as such behavior is dispreferred, associated with witchcraft.

Another argument in support of a broader notion of biological predisposition to be social concerns the variation observed in the participant structure of social interactions. The literature on white middle class child development has been oriented, quite legitimately, towards the two-party relationship between infant and caregiver, typically infant and mother. The legitimacy of this focus rests on the fact that this relationship is primary for infants within this social group. Further, most communicative interactions are dyadic in the adult community. While the mother is an important figure in the Kaluli developmental story, the interactions in which infants are participants are typically triadic or multi-party.
As noted, Kaluli mothers will organize triadic interactions in which infants and young children will be oriented away from their mothers towards a third party.

This is not to say that Kaluli caregivers and children do not engage in dyadic exchanges. Rather, the point is that such exchanges are not accorded the same significance as in white middle class society. In white middle class households that have been studied the process of becoming social takes place predominantly through dyadic interactions, and social competence itself is measured in terms of the young child’s capacity to participate in such interactions. In Kaluli and Samoan households, the process of becoming social takes place through participation in dyadic, triadic, and multi-party social interactions, with the latter two more common than the dyad.

From an early age, Kaluli children must learn how to participate in interactions involving a number of individuals. To do this minimally requires attending to more than one individual’s words and actions, and knowing the norms for when and how to enter interactions, taking into account the social identities of at least three participants. Further, the sequencing of turns in triadic and multi-party interactions has a far wider range of possibilities vis-a-vis dyadic exchanges and thus requires considerable knowledge and skill. While dyadic exchanges can only be Ababa . . . triadic or multi-party exchanges can be sequenced in a variety of ways, subject to social constraints such as speech act content and status of speaker. For Kaluli children, triadic and multi-party interactions constitute their earliest social experiences and reflect the ways in which members of these societies routinely communicate with one another.

CONCLUSIONS

This chapter contains a number of points but only one message—that the process of acquiring language and the process of acquiring socio-cultural knowledge are intimately linked. In pursuing this generalization, we have formulated the following proposals:

The specific features of caregiver speech behavior that have been described as simplified register are neither universal nor necessary for language to be acquired. White middle class children, Kaluli children, and Samoan children all become speakers of their languages within the normal range of development and yet their caregivers use language quite differently in their presence.

The use of simplified registers by caregivers in certain societies may be part of a more general orientation in which situations are adapted to young children’s perceived needs. In other societies, the orientation may be the reverse, that is, children at a very early age are expected to adapt to requirements of situations. In such societies, caregivers direct children to notice and respond to other’s actions. They tend not to simplify their speech and frequently model appropriate utterances for the child to repeat to a third party in a situation.

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