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Sense and Sensitivity: A Response to the Commentary by Keller et al. (2018)

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This reply to the commentary by Keller et al. (2018) on the article “Universality Without Uniformity: A Culturally Inclusive Approach to Sensitive Responsiveness in Infant Caregiving” (Mesman et al., 2017) highlights key points of agreement emphasizing the sense of investing in synergies across research traditions. These include the importance of distinguishing between different parenting constructs, the need for more studies to test the presented theoretical assumptions, and the value of examining multiple caregiver sensitivity in relation to infants’ developing membership of a community. The only point of disagreement reflects the rigidity versus flexibility of the sensitivity construct. This reply argues that it is exactly the versatility of the sensitivity construct that makes it a valuable building block for bridges between fields.

The commentary by Keller et al. (2018) on the article “Universality Without Uniformity: A Culturally Inclusive Approach to Sensitive Responsiveness in Infant Caregiving” (Mesman et al., 2017) raises several issues that I would like to address by highlighting key points of agreement that emphasize the sense of building bridges in this debate. I will discuss these issues in the order in which they were presented by Keller et al.

First, I agree that it would be important to evaluate all of the Ainsworth Maternal Care scales—and not just sensitive responsiveness—regarding their cross-cultural applicability. However, efforts to build bridges warrant looking for the potentially strongest building blocks, and discarding those that—although suitable for some purposes—appear to not be solid enough for a particular construction. Furthermore, the sensitivity construct is by far the most widely used construct to come out of Ainsworth’s Maternal Care scales, so that it makes most sense as a starting point of a cross-cultural analysis than the others.

Second, we are in agreement that the inclusion of warmth as a component of sensitivity “pollutes” the construct and removes it further from non-Western caregiver–infant interactions. My colleagues and I have raised this issue in the article in question as well

as in Mesman and Emmen (2013), and advocate a “cleaner” assessment of the sensitivity construct without references to affect or warmth. This makes particular sense when investigating infant caregiving in cultures that could be similar in one but different in another domain of parenting.

Third, I agree with the commentators that the case descriptions do not provide *evidence* that caregiver sensitive responsiveness might be universal. My coauthors and I never presented them as such but rather as *illustrations* of a theoretical point of view that requires and deserves further collaborative investigation, and could further our understanding of what sensitivity is and is not across cultural contexts.

Fourth, the commentators and I agree that sensitive responsiveness cannot be equated to good parenting, and I have never said or written that it could or should. Whether sensitive responsiveness is good parenting in terms of fostering adaptive child development in a particular cultural context is an empirical question that has unfortunately rarely

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been addressed in research. My team and I are currently working on studies in a variety of non-Western rural contexts to fill this gap.

Fifth, I certainly agree with the assertion that infant caregiving ideals and beliefs vary widely across cultures. Importantly, however, the “Universality Without Uniformity” article was explicitly about infant caregiving *behaviors* and not caregiving beliefs. It is part of the human condition that beliefs are only modestly translated into actual behaviors and that many of our social behaviors are governed by intuitive automatic processes rather than conscious planning (e.g., Zaki & Mitchell, 2013). This is no different for sensitive caregiving behaviors (Ekmekci et al., 2016; Mesman, 2010) that have been shown to be particularly difficult to consciously self-monitor (Voorthuis et al., 2013). From an evolutionary perspective, attending to an infant’s needs—the central premise of sensitive responsiveness—seems to make sense as a candidate for intuitive caregiving behavior that is not necessarily driven by cultural ideals.

Sixth, I agree that caregiving interactions teach infants a lot about themselves but certainly also about others, especially when sensitive responsiveness originates from multiple caregivers. I have addressed this issue extensively in an article on “received sensitivity” (Mesman, Minter, & Angnged, 2016) that describes infants’ experiences in the context of simultaneous multiple caregiver communities. In brief, my coauthors and I suggested that receiving sensitive care from multiple caregivers may foster trust in the entire caregiving community, which in turn is likely to result into beliefs of social responsibility in the developing child (as also illustrated nicely by the case description of the 3-year-old sensitive caregiver in Mesman et al., 2017). The article further explains that lowered maternal sensitive responsiveness can be compensated by sensitivity of other caregivers so that the infant’s overall experience is one of being sensitively responded to, regardless of who is doing the responding.

Seventh, we agree on the occurrence of parenting behaviors that can be seen as harsh and controlling in many cultural communities. I have certainly witnessed plenty of such behaviors in the video footage from several (rural) non-Western regions. However, such interactions do not exclude the occurrence of sensitive responsiveness in other interactions. I have never claimed that *all* caregiver–infant interactions in non-Western communities are sensitive in nature, just as it makes no sense to say that this is the case in Western families. There is significant within- and between-caregiver variation in the extent to which interactions with infants are

sensitive in any cultural context. I merely argue that sensitivity can be observed in many different contexts and in many different forms.

Eighth, I agree with the commentators that what is deemed appropriate responding in infant caregiving depends on the cultural context. That is precisely why Ainsworth’s emphasis on meeting the needs communicated by the infant rather than on caregivers’ needs and beliefs is potentially so powerful. The questions of interest are then whether the infant is soothed when crying, held when seeking contact, facilitated when physically or visually exploring, fed when hungry, and generally followed when signaling mismatches in tempo. Such child-centered responding in infancy does not have to coincide with child-centered beliefs about appropriate parenting, as it is likely to reflect a more intuitive caregiving patterns that serve the universal function of facilitating infant survival and fostering sociocultural development. I hypothesize that through sensitive caregiving, the infant is (unconsciously) awarded agency as a family and community member who—as he or she matures—will be able to contribute to the group in culturally appropriate ways.

Finally, our only real disagreement seems to be about the degree of flexibility with which the sensitivity construct can be interpreted for use across cultural contexts. Applying sensitivity to infant caregiving behaviors is certainly not a stretch or even a broadening of the construct, given that things like feeding and bathing can all be done sensitively or insensitively. There is evidence, for example, that even well-fed children can show stunted growth in the absence of sensitive care (Dobrova-Krol, van IJzendoorn, Bakermans-Kranenburg, Cyr, & Juffer, 2008). Thus, the interest is not in *whether* the children get fed but *how* they get fed (e.g., given the next bite when signaling readiness, not overfeeding when the infant signals satiety), which is clearly a quality question that can be asked across very different cultural contexts.

In conclusion, given the clear theoretical and empirical strengths of the two schools of thought represented in this discussion, it would make sense to invest in opportunities for collaboration and synergy that could advance the study of infant caregiving toward unprecedented heights. I, for one, am looking forward to it.

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