

HOW WE DEVELOP OUR NATURAL CHILD:

by Pam Levin Landheer

Our Natural Child ego state begins to function at birth, and our primary developmental energies are occupied with developing only that part of our personality for the first six months of life. We learn to feel, to be, to exist through our first transactions with the world.

We are too young to sit up, to crawl, walk, talk, think. We cannot watch television to satisfy our need for stimulation. We can't get up and walk to the refrigerator for a glass of milk when hungry, nor even say the word milk. Instead we rely on motivating others to do things for us. Luckily, nature provides us with a system of life-supporting reflexes which serve the purpose. When our fuel tank is low, when we need to be patted, fed, burped, or changed, our discomfort activates our cry reflex. "Waaaaaaaaa!" is the only word for everything. After that, it's up to our caretakers to listen, figure it out, and fix it. The fact that we can borrow these capacities from others is made possible by a special relationship known as symbiosis. We can make our personality complete by borrowing from others. In the first six months of life we only have our Natural Child available, so we borrow little Professor, Adult, Supernatural Child, and Parent functions from others.

There are two basic needs which are crucial to the development of our Natural Child. One is our need for feeding, the other, for stroking. Feeding, in addition to supplying our body with nutrients necessary to maintain life, provides stimulation of our gut, thus defining our innermost boundary or core self. Stroking touches stimulate our external boundary and let us feel our outermost boundary.

Both feeding and stroking transactions stimulate our skin. We may be unaccustomed to thinking of our gut as part of our skin, but both skin and gut are one anatomical organ with a couple of "pucker's" which we call the mouth and the anus. When we're stimulated on our inside or our outside skin, we stimulate our sustaining systems to function.

The sustaining systems of the body are those without which life cannot continue. They are the digestive, respiratory, eliminative, immunologic, and circulatory systems. When we receive a touch stroke, for example, our skin says, "Mmmmm, nice." In turn our skin sends energy to all our sustaining systems, and through a series of chemical changes, tells our other organs to "keep on truckin." So we breathe deeper, send more oxygen through our blood, manufacture white blood cells to clean up debris, and send the debris out our eliminative pathways. In this way, feeding and stroking transactions keep us alive and feeling good.

Babies do not differentiate between the need for food or for touching. They simply experience discomfort, signal to someone, and stop crying when the discomfort is relieved. If they're stroke hungry and food is offered, they don't "know" that a touch is what's needed. They just experience that when touching is offered, the discomfort disappears. Another way of saying this is that needs are generalized into the experience of discomfort or pain. When needs are met, generalized body pleasure — that feeling-good-all-over-feeling — supplants the pain.

This situation does not change as we grow older. We still experience our primal needs for food or of affectionate contact as a generalized physical discomfort. However, as adults, we have a large store of memories against which to screen our need and determine

that in all probability we need food or we need stroking.

The ways in which these needs are attended to—indeed if they are attended to—gives us a feel for who we are and for what existence will be like. It is from these need-meeting or need-thwarting experiences that we reach our first conclusions about life: “Life is hard,” “Life is easy,” “You have to fight for every ounce.” We decide, “It’s OK for me to be here,” “It’s dangerous to let the world know that I need anything,” “There’s not enough,” “Pleasure is dangerous and to be avoided at all costs.” These early experiences and the conclusions we make from them are stored in the sustaining systems of our bodies where they continue to maintain health or havoc.

During this first stage of development we begin our need for physical affection—a need that will grow and change, but never stop as long as we’re alive. We’ll always need body pleasure, and will continue to be recharged by loving, playful, sensual contact with others. Later, when we’re older, we may learn all sorts of rules about when, how, and with whom such contact is OK, but the need remains the same.

Whenever these oral needs are heightened, we may experience an increase in the sensations in our mouth, gut and skin. We don’t want to think or to do things. Our skin may itch, our mouth tingle.

Our brain selects these stimuli in preference to any other messages from inside or outside our bodies, so we may become preoccupied, absent-mindedly drifting off, unwilling to concentrate, chewing a pencil or gum, smoking, eating, rubbing and scratching our skin.

We may want to crawl in a friend’s lap, or spend the day in bed drinking warm liquids and reading a novel. We may sleep a lot. “I can’t keep my hand from going to my mouth!” is a common complaint. It’s fantastic to just *be* instead of *do*, to be nourished and nurtured. Recognition for doing misses the mark. What fills us up, refuels us, is touching and being touched, feeling sensualized, and being taken care of.

Many of us were taught that needing to be taken care of is for babies. While this may serve to make us adaptive workers by isolating ourselves from each other, it doesn’t hold up scientifically or practically. So important are these needs, that if we don’t get them met through pleasurable contact, we’ll seek painful contact in order to survive. “Negative strokes are better than none” is the succinct slogan which summarizes this fact of human nature.

While we continue to grow and develop our primary oral needs, we become more sophisticated about expressing them and meeting them: a handshake is indeed a far cry from needing to be held. However, all through life, nothing satisfies so quickly and completely as being held, whether we’re eight months, eighteen, or eighty.

However, there are certain times in life when oral needs are heightened. The first six months of life is the first time. On a small scale, we re-experience oral needs every six months. In addition, we recycle through an older oral stage in our early teens, usually at age thirteen. Ages which are multiples of thirteen appear to have major significance for oral needs. Age nineteen, and multiples of nineteen are also oral times (although somewhat less significant than multiples of thirteen). Why this is so is not understood by me, but I did not invent it, I only observed it.

Life experiences can trigger an outburst of orality. When we’re tired, hurt, under stress, or vulnerable, we need to be taken care of. Parents taking care of oral infants recycle through their oral stage and need taking care of.

So how can we meet these needs? Well, the *creme de la creme* way is to be held, touched, fed, and taken care of by an affectionate friend. Other ways include lying in a warm pool of water, wrapping up in blankets, rocking, lying in a hammock, having a massage, having a friend cook a meal for us, or being fed from another's hand or spoon.

In addition, there are particular messages which can soothe like a balm. We can ask others to say them to us, and we can say them to ourselves. They help make smooth sailing on what can otherwise be turbulent seas:

You have a right to be here!

I like to hold you, to be near you, to touch you

You don't have to hurry; you can take your time.

Your needs are OK with me.

I'm glad you're a (boy, girl).

To summarize, "It's O.K. for you to be here, to be fed and touched and taken care of."