

Alice Sterling Honig

- Born in Brooklyn, New York
- B.A. (Experimental Psychology) Barnard College, M.S. (Experimental Psychology) Columbia University, Ph.D. (Developmental Psychology) Syracuse University

Major Areas of Work

- Child development, parenting, cross-cultural study of children and families, language and cognitive development, care-giving, pro-social and moral development



SRCD Affiliation

- Member since 1960

SRCD ORAL HISTORY INTERVIEW

Alice Sterling Honig
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Interviewed by Arthur B. Komar
February 19, 1994

Komar: Please tell us who you are.

Honig: I'm Dr. Alice Sterling Honig, Professor of Child Development in the College for Human Development at Syracuse University in Syracuse, NY.

Komar: The first few questions will deal with general intellectual history. I will ask you to describe your family background, childhood and adolescent experiences that might be of interest. First tell us something about your parents, their educational/occupational basics, etc.

Honig: My parents were Jewish immigrants from Russia and Poland. My mother has a baccalaureate degree from Hunter College. She was the only child of four sisters and three brothers, the only sister in her family who actually fought through to get a college degree. My father had several years of college and never was able to get an engineering degree because of anti-Semitism in the industry at that time. But they were both highly well-read people and valued learning as a precious birth-right of our family and of our culture.

Komar: Can you tell us a little bit about what their occupations were?

Honig: My mother was a school teacher until she was 70 years of age. She taught junior high school students. She particularly taught English literature. My father worked as a labor mediator in the garment industry in New York City. He would set prices with people for different parts of coats and suits and try to make peace when there was difficulty between those workshops where the garments were being made and the bosses who commissioned the materials for the garments.

Komar: Were your parents from this country or overseas?

Honig: My parents were born in Poland and Russia along the border, so that I'm a first-generation American. My mother can even remember Czarist pogroms in Russia as a little girl and the fear that they engendered. So I am a first-generation American.

Komar: Where were you born?

Honig: I was born and brought up in Brooklyn, NY.

Komar: What was your schooling like?

Honig: I went to public school, elementary school in Brooklyn, NY. Then I went to Erasmus Hall High School, which at that time gave a superb education for young people. I even had a poem published in the old *Herald Tribune*, because the English teacher we had did such marvelous work with us—had us write plays and poetry all the time. We got a lot of experience in terms of production of plays, in terms of writing poetry, in terms of studying authors from different cultures translated into English. It was a really excellent high school education.

Komar: Could you describe any work experience that you had?

Honig: During the summer times I often worked doing secretarial work in Wall Street or downtown in offices where I would type and then go off to lunch and write poetry dreamily on a park bench while eating a sandwich. Those were early work experiences.

When I went to college, my first college experiences for the first two years were at Cornell University, where I had three scholarships for the first two years. During the summers I worked as a camp counselor which made it possible to work with and learn about young children, and also to save all of my salary toward the rest of my college career. I was married after my freshman year in college and then transferred for my junior and senior years to Barnard College, right opposite from Columbia University. Barnard College is a woman's college in New York City. I then went on to get my Master's Degree at Columbia University in experimental psychology.

I had very much the intention of finishing my doctorate at Columbia University, but then I was married and my husband finished his doctorate. While I was in the middle of my first dissertation, having finished all of the doctoral work and the qualifying examinations, we moved 3,000 miles away to Paris. So that was the end of my first attempt to finish the doctorate, which I then finished 25 years later at Syracuse University in developmental psychology.

Komar: Could you describe any early adult experiences which think were important to your intellectual development?

Honig: I think that because reading was so valued in my home, I read omnivorously as a child. My mother taught me to read at her knee when I was four-years-old. I can remember reading, "Hop, hop, hop," for a bunny rabbit while my two-year-old sister hopped around the living room. My mother sometimes on a Sabbath afternoon would sit in bed resting from having been a teacher and working all week very hard with her students in an inner city school. She would read poetry to us, such as the "The Tintinnabulation of the Bells;" And from hearing these marvelous poems that she would read and from listening to operas on Saturday afternoons, the whole atmosphere of the home gave a boost to intellectual passion, which I think was a very deep experience leading me to go for doctoral work and for further research in writing for my whole life.

Komar: What are the origins of your interest in child development?

Honig: I think that the origins of my interest in child development really started when I had my own children. Yes, I had been a camp counselor, but I had actually been studying at Columbia University with Otto Klineberg in social psychology. I had studied experimental psychology with Frances Graham at Barnard College, but then I became a mother and had my own three children and nursed each of them for about a year. So the marvelous variability of child sensitivities and child responsivity and the great difference in gifts that each child has--one plays chess marvelously, another is a fine pianist, another is wonderful at writing poetry from a very early age, I became passionately interested in this enormously complex, sensitive, wonderful world of the young child.

Komar: What individuals are important to your intellectual development?

Honig: Frances Graham at Barnard College was very important to my intellectual development. Actually my very first article was published in the late 1940s with Dr. Graham as the senior author. She did a very meticulous study in which I collaborated with her with Wanda Bronson and with Frances Schachter on how little children felt about

the objects of their aggression and how strongly they would aggress against people of different status characteristics. So that she was a very great model for me for becoming early interested in child development research. Later mentors that I had were particularly Bettye Caldwell, when I moved to Syracuse, NY, who gave me my first opportunities, after I had become a parent to get back into the world of psychology by becoming a research associate with her on a longitudinal project at Upstate Medical Center in Syracuse, NY to look systematically at the downward drift in IQ that happens with perfectly normally born babies who are brought up in low educational, low income households. So those are two of the strong mentors that I had.

In terms of other mentors, intellectually, I would say that reading Ira Gordon's pioneer work from Gainesville, FL in his attempts to use outreach, home visitation with paraprofessional cadres to help mothers from very poor milieu to learn more skills and more understanding in rearing children had a profound effect on me. I felt very touched many years later when, after Ira Gordon died suddenly, I was called long distance and asked to deliver a keynote address that he was supposed to have delivered (two weeks after his death). I felt very grateful for that because he had been such a mentor in making parent involvement such an important part of my intellectual awareness as a researcher and as a clinician.

Komar: What political and social events have influenced your research and your writing and your teaching?

Honig: I think the holocaust is perhaps the predominant force in my life. I think about it daily. I'm such a lucky person. Hundreds of people from my grandfathers' family were tortured and killed by the Nazis. When I see films of all those young children who went to their deaths, young children who were brought up to be good human beings, caring human beings, who studied hard, who lived in families who appreciated the importance of family, sharing and cherishing, then the holocaust made an enormous impression on me as almost a force for wanting me to help to help families survive and flourish in gentler ways.

I also think that my work against the Vietnam War and the political role I took in Syracuse, going downtown and standing on picket lines and having people scream at you, "Go get washed," as if you were a dirty person because you were against the war. The Mai Lai Massacre pictures with little children and their moms and older people lying in ditches really profoundly influenced me to realize how much children suffer in this world. And then the Pol Pot Massacre in Cambodia of having children kill other children, and wholesale torture, profoundly influenced me to want work for better lives for young children.

Komar: The next section of questions will be related to your personal research contributions. What were your primary interests in child development at the beginning of your career?

Honig: As I said, the beginning of my career was really due to the fact that Dr. Bettye Caldwell enlisted me to work with her on her project on the downward drift in IQ of children raised in poor families. When she and Dr. Julie Richmond, who was then chair of the Pediatrics Department at Upstate Medical Center, founded the Children's Center in Syracuse, NY, which became the longest federally funded infant/toddler care center in the United States, I was very fortunate to be in on the groundwork of a movement which we now take for granted: education for the very, very young—that is for infants and toddlers. It might be remembered at the time that Bettye Caldwell and Julie Richmond founded the Children's Center, it was illegal in New York State to have infants, zero to three years old, in any kind of group experience, even though homes might be chaotic, parents might be totally unable to or unequipped or unknowing about how to rear young children well. When we started the Children's Center, as a matter of fact, Dr. Caldwell was so careful that children were only admitted at six months of age and only for a half day for their first year of being in the Children's Center. So careful was she and were we about the fact that we might do what psychoanalysts were accusing infant-care people of, of perhaps breaking into the bonding between mothers and children.

Komar: What continuities in your work do you regard as most significant?

Honig: Actually I see more continuity in my research, although my research has been so eclectic, if we will look at that a little later, than discontinuity. The major thrust continues to be what can research do to help us learn more ways to help parents rear children more lovingly, more effectively, so that children can become good learners and kinder human beings. That fundamentally has been the thrust of decades of my work. I see much more continuity than discontinuity.

Komar: Do you see any shifts that have occurred over the years or not?

Honig: Shifts occurred because I lived abroad for part of my life. I lived with my first-born child in a cold-water flat with my husband in Paris for several years. That living abroad under conditions that were quite difficult for an American-bred person such as myself, made me very aware of how children are brought up in different cultures. For instance, we had no refrigerator, no hot water, no steam heat. I didn't know as an innocent young American mom that when diapers do not have steam heat in the house, they don't dry after three days and you have to iron them dry. I had experiences such as not being able to get a baby to go to sleep on a straw mattress on the floor because of the bitter cold in the apartment, and having to cuddle that baby and rock it against my breast till it fell asleep before I could put the baby gently down on the straw mattress. Those experiences of living abroad made me very interested in differences in cross-cultural rearing styles of parents.

One of my large researches has been asking people in France and in the United States, from low income families in India, in Korea, and in Sweden how they reared their infants, toddlers, and preschoolers. Actually there isn't so much a shift as a broadening, a flowering, perhaps, further into cross-cultural interests in child rearing.

Another one of my interests that did diverge from my initial intervention and prevention interest was in iron deficits in young children. That I owe to Dr. Frank Oski who was then chair of the Pediatric Department at Upstate Medical Center in Syracuse, NY. He had a hypothesis that iron deficits in infants could be detrimental to their intellectual development. He had studied iron deficits in teenagers, particularly teenage girls, who often lose a great deal of blood during menstruation and therefore have iron deficits, and do worse perhaps in schooling or in motivation for schooling work.

Here we were focusing on infants within the first year or two of life and in several researches which we carried out, where I as the examiner using the Bayley Infant Scales of Development, and totally blind as to the iron status of infants, found to our great surprise that when you give not a placebo but intramuscular iron, within one week you can raise IQ points of young infants who have been depleted in terms of erythrocyte porphyrin levels or ferritin levels or hematocrit levels. You can raise the IQ levels of children who have had actual hemoglobin deficiency and have iron deficiency anemia.

That series of researches had very far flung implications when I was doing some visiting and lecturing in Jerusalem. I was told by the public health department there that because of the articles that Frank Oski and I had written on the importance of iron deficit, they had made a great deal of effort to inform moms who came to their well-baby clinics in Jerusalem about diets where there would be iron-fortified formula, iron-fortified cereal as some of the first foods for young babies. Therefore they had found in one year's time of doing that intervention that they had raised IQS on their own version of the Bayley because of the attention to iron deficits in young children and the potential effects on intellectual development as well as crankiness and motivation for learning. Actually if you think about the iron deficiency work, it also fits into this rubric of prevention and intervention work with which I've been concerned my entire professional life.

Komar: Could you tell us something about what you regard as the strengths or weakness of your research and your theoretical contributions?

Honig: Some of the strengths of my contributions lie in the fact of having worked with the Children's Center (from its foundation by Dr. Caldwell) and then continued on as program director when Dr. J. Ronald Lally took over the project directorship of the Children's Center, and added the family outreach component which was called the Family Development Research Program in Syracuse, NY, because of all that we learned about outreach work with poverty families, (about the burdens and stresses on them, about the needs for auxiliary health care, social services), the needs for them to feel self actualized in their own lives. All of the women in our project, the FDRP project, were teenage high school dropouts at their birth of their infant. The work that we did in this research project, showed that when these kids grow up to be teenagers, if we would work with them and their families from prior to birth until they were five years of age, then the teenage delinquency rates for children from our project were much lower and costs to the community—legal costs, police costs, and detention costs—were much lower in comparison with the control youngsters.

This learning was applied in my life through my ability to train parents and train care givers to be more effective and more insightful, more subtle in their interactions with young children. The impact of the research was to help me become much more efficacious as a person who could take those research findings, translate them, so that care givers, poverty parents could understand them, both in my writings, such as in my *Playtime Learning Games* book which is written at fifth grade reading level, so that any parent could understand how to use homey activities, such as laundry time, or grocery shopping time as a learning, loving, experiential time with young children. The impact of my work was to help me become more effective in the training of care givers.

My cross-cultural work sensitized me so that I became more effective as an editor in my many editorial capacities. For example, I'm North American editor for the British journal *Early Child Development and Care*. I've been an American editor of *Early Childhood Research Quarterly*. I'm currently an editor of *Day Care and Early Education*, and also I've been an editor of *Young Children*, which is the journal of the National Association for the Education of Young Children. I was their research and review editor for six years. All of this editorial work in combination with my cross-cultural experiences sensitized me to apply that knowledge to help people from other lands to get their work published in English; which means that I have helped turn Taiwanese or Hebrew or Danish or Turkish or Greek labored manuscripts into the kind of standard English that would permit people from other lands to add their expertise and wisdom in child development to our American literature.

Komar: Could you describe the current status of your work?

Honig: I'd like to divide this into several sections. One is the status in terms of publications. I have over two hundred and twenty articles and chapters and over a dozen books, including *Parent Involvement in Early Childhood Education*, which has been continuously published by the National Association for the Education of Young Children since the first edition in 1972, and since this is February, 1996, I feel that's quite a useful book for people to use in working in outreach programs to help parents rear children better. I've also done my large prosocial book (with Dr. Donna Wittmer) which annotates hundreds and hundreds of prosocial researches, both pure researches and applied researches, so that people who want to start programs to help children decrease aggressive and violent responses, increase their prosocial classroom and outside of the classroom and in family interactions, can have resources in one place. I've done manuscripts such as a lot of edited monographs for Gordon and Breach Science Publishers: *varieties of Early Child Care Research: Perspectives on Korean Early Child Care, Development and Education; Optimizing Early Child Care and Education: Early Parenting and later Child Achievement; Cross-Cultural Aspects of Parenting with Normal and At-Risk Children; and Enhancing Young Children's Lives*, which is a monograph that just came out recently. Those represent some of my book efforts. Two of my books in 1996 are: "Talking with your baby; Family as the first School", and "Behavioral guidance for infants and toddlers".

Now I'd like to talk about ten areas, where I have published research, which give some idea of the varieties of research that I've published. One is the area of the findings from the FDRP. What we found was that our program children had much less delinquency as teenagers. We also found that we could raise IQ among the low education infants and toddlers and preschoolers who were in our program until they graduated to elementary school compared with the control youngsters.

The second area that I worked in was a look at the effects of full-time versus part-time infancy care on teacher ratings of aggression and cognitive competence when children were in later preschool years. This work was carried out with Dr. Kyung Ja who is currently an assistant professor at Yonsei University in Korea. The finds from that study were bimodal. That is, full-time infancy care in the first year of life seemed to lead to slightly more teacher rated and observed aggression by preschoolers and also slightly higher teacher rated cognitive and abstract thinking competence on the part of the children. This leads me to be a person who doesn't like to take an either-or position about "working women" or employment and infancy care. I feel that we must have very high quality infant care, and help parents keep that special aura of intimacy and attachment to infants, in the light of which infants will flourish. We must increase the training money in the United States for infant care givers, whom I think should be more highly paid even than high school teachers because of degree that intimacy as well as intellectual qualities have to be part of your repertoire as an infant teacher. Then I think these data show us clearly that we can have excellent cognitive results from high quality infant care and that we can mitigate some of the potential for increased aggression by strict attention to training care givers and to working with parents to help them keep that special relationship which some parents find so painful because they leave very young babies too early in infant care for long hours in order to return to employment, given the conditions of employment in their places of work. I do

believe politically we should be changing these conditions, so that a greater measure of learning to know one another can occur between the parent and the infant during the first year of life. I've always said that the *Bible* said it really well: When you got married in ancient Israel, you were allowed to take off that first year and not go to war so that you and your wife could learn to know one another and fall deeply in love with one another. If it could be so for our ancient forebears, why not for parents and infants in that first year of life? So that's the second area in which I've done research.

The third area that's important to me is a look at teacher questions to toddlers and teacher questions to three-year-olds in low-income, Title 20 day cares. This work was done with Dr. Donna Wittmer, who is currently at the University of Denver in Colorado. We found that teachers overwhelmingly ask convergent questions of young children, like "Do you need to go potty?" "What color is this?" "What do we call the house a birdie lives in?" These are questions that can be answered with one-word answers or yes/no answers. Teachers very rarely apparently in these centers used divergent or Socratic questions, like "Suppose the baby was crying, how could we comfort him?" or "Suppose you were wearing new shoes and had to cross a stream in a part of the woods you were walking in with your daddy, and you knew he didn't want you to get your new shoes wet, what could you do?" These are questions that require a child to use memory, former experiences, logical sequencing of thinking skills, and we found that very few teachers used Socratic questions, either with toddlers or with preschoolers. I think our research helped us to promote, again with this applied emphasis, a way of working with teachers to help them focus more on the delivery and development of ways in which to ask more Socratic questions. Indeed, I have a doctoral student right now who's researching that particular problem through an intervention process, whereby she's teaching preschool teachers how to ask more Socratic questions of young children in the classroom.

The fourth area of research that I'd like to talk about is my prosocial research. One of the prosocial researches focused on a program called Jowonie School which integrates atypical children with typical children. A lot of people have thought that integration per se would solve some of the problems of children being reared in special education environments. Our work showed that there was no prejudice of normal or typical children in their delivery of caring or sharing or nurturing or helpful responses or empathic responses, whether toward typical peers or atypical peers. The level of delivery of prosocial responses by atypical peers whether toward typical or atypical peers was extremely low, which means that if we want children to learn how to be good friends together, more cooperative, more sharing in the classroom, it's not enough to put together children who are different for inclusion. We have to learn specific teaching skills in order to increase the repertoire of prosocial skills of children with disabilities.

The fifth area I've mentioned already, work on iron deficiency anemia and work on iron deficits with Dr. Frank Oski, and the great importance we found of intramuscular repletion of iron on cognitive outcomes for the youngsters.

The sixth area has been with Dr. Wittmer on "negative re-creations" in child care centers. That is, many children have such difficult experiences at home that they will misbehave with the teacher until they get her to behave in very unpopular ways with them and very inappropriate ways till they feel scolded or punished the way they are used to at home. This article helped sensitize us to how careful we have to be as teachers in order not to recreate the negative interactions these youngsters have learned in their early years of life. We've talked about negative re-creations among youngsters who have been used to being punished or having inappropriate parental responses and how careful teachers have to be with those responses in the research I did with Dr. Wittmer.

The seventh area is the area of immigrants and their relationships in their families as a function of the stress on them as immigrants. I got particularly interested in this domain when I was on sabbatical in France and was working in the basement of a well-baby clinic, *Clinique a Nourisson* in the *Bilande Sante* pediatric clinic in the north of Paris at *Marie de Clichy*. This is a program that the French have whereby a baby at ten months and twenty-four months and forty-eight months can get a very, very meticulous, in-depth psychological as well as physical examination of every single part of the child's functioning for free as a part of the health care system. I started studying the dossiers of immigrant Arabic women from North African countries, such as Morocco and Algeria, and of black African women whose husbands were living in Paris, probably most of them working in the auto factories. I was interested in how many of these women lived in conditions that Americans would find rather difficult, perhaps a toilet on a stair landing below the apartment, perhaps only cold running water in the apartment, perhaps only one or two rooms for a numerous family. I started looking at the mothers' interviews with the psychologist in terms of the losses of

comforts in the home and how were these related to how the mother felt in terms of stress. The mothers would say in French that they felt "debordee", (overwhelmed by stress). Many of the mothers did not speak French, but many of them had someone who could come and translate from the Arabic for them. "Debordee" (overwhelmed) what was associated with feeling overwhelmed as a parent with a very young child. Surprisingly, it wasn't the loss of particular facilities, until you got up three or more facilities that were missing in an apartment. What did turn out to make mothers feel debordee, tremendously stressed, was if their relationships with their children were not going well, if the baby was not securely tender or cuddly with them, if there were lots of troubles in their relationships with a very oppositional toddler. These researches with immigrant parents taught me a great deal about the fact that when social workers tried to ameliorate an immigrant family's situation, they often looked for resources, such as associating the family with a good medical care facility, finding a new apartment for the family, when indeed many of these social workers should be learning more child development, so they could repair a difficult mother/infant or mother/toddler relationship, or father/infant or father/toddler relationship, in order to decrease stress in the family.

The eighth area of work that I looked at had to do with cross-cultural rearing across many areas of the world. What are the techniques that mothers say they use in low-income families to deal with a variety of very commonly disapproved of behaviors, such as whining and crying, demanding to be picked up or read to, hitting brothers and sisters, climbing out of bed after being put to sleep. I found a great deal of similarity and differences in the five cultures that we studied in Sweden, France, India, Korea, and low-income Syracuse families. That is, when children were fearful, mothers across the world tried to be more nurturant. When children were behaving in positive, loving ways with siblings or with parents, parents across the world overwhelmingly responded with nurturant, positive behaviors. When children were doing autonomous but disapproved of behaviors, like fooling with the knobs of a radio or a TV, or going near a hot stove, then the varieties of behaviors that parents tried to deal with behavior became enormous, as if parents were unsure how to deal with the disapproved behavior.

We found that certain cultures used certain techniques more frequently than other cultures did. French used reasoning with children, "soi sage" (be good); and also used "je l'habitue" (I train him); I put him on the potty every hour; I keep him there for a long time to toilet train him early. Habituating a child and early training was more typical of French mothers.

Swedish mothers were much more likely to consider that all such difficult behaviors were developmental and if ignored, would probably disappear in time. So we found to our fascination, that there were many similarities and many differences that were culturally determined and also determined by simply being a human parent across the world in our cross-cultural research. In other cross-cultural research, I and Asian graduate students have examined the varieties of ways Taiwanese and Korean parents promote resilience in young children in cooperation with the Civitan Resilience project headed by Dr. Edith Grafberg

In the research that I did with Kathy Winger, we looked at families with retarded children in New York State, where families received excellent social services in our community from the birth of that retarded or handicapped child. We found zero correlation between the degree of stress on the family and the degree of handicap and severity of the medical condition of that child, which is a proud finding. It means that when you have excellent social services for families from the time of birth for supporting families who are rearing children under difficult circumstances of retardation and physical disability than with such excellent support, parents will not have overwhelming stress on them. This research again has a very applied meaning for the findings.

The tenth area that I want to talk about is intergenerational research which I have done. What are the differences between the way your father or mother says they reared you and the way your grandparent, female or male, says they reared your father and mother? Looking for intergenerational similarities and differences I was moved to use the Sears, Maccoby, and Levin marvelous parenting interview from their classic book *Patterns of Child Rearing*, which still remains a classic from the 1950s. I have found this interview invaluable in getting grandparents and parents to reminisce about their childrearing ways. Currently we are studying Korean father and grandfather intergenerational similarities and differences in child rearing styles.

The major findings of this study were that in terms of being loving and close with children, firm and not allowing children to walk all over your furniture, or to come to the table with dirty hands, parents were much the same generation onto the next generation. But in terms of some of the modernities of not starting toilet training quite as early, being more sensitive to the fact that children might want to stay in diapers longer, and being more sensitive to

the sexuality needs of young children (such as to feel themselves up in their pants, early masturbation), I found there was more tolerance for children's sexuality in the preschool years, more tolerance for the later starting of toilet training among the parents than among the grandparent generation. Again, as with my cross-cultural research, I found similarities plus differences in intergenerational findings but with the very positive outcome that the findings showed more awareness of child development needs from generation to generation.

Another area we have studied are the differences in behavioral male or female stress (as measured by preschool teachers) in children in other vs. father custody in divorced Taiwanese families. Those are the researches which I would like discuss here. In addition we have studied social class differences in father interactions with African-American male and female preschoolers. Another area of research has focused on how teachers can increase prosocial interactions among children in early elementary school classes.

Komar: Could you tell us which of your studies seem most significant or best reflect your thinking about child development?

Honig: I think that perhaps the most powerful findings are the findings from the Family Development Research Program. Over the past 15 years there have been enormous cuts in funding for high quality programs that involved outreach to parents and teaching parenting skills (on the federal level, that is) and also high quality care for infants, so that families which have many stresses on them, such as drug abuse, family violence, teenage parents, have supports for their parenting and raising of children to succeed as citizens of the future. I'd say that the most important studies were the outcome of showing how useful such a program as the FDRP could be for decreasing delinquency and for increasing the achievement in junior high and high school of the teenagers who had been in our program from before birth to five years of age. That research is also important because of one the more somber findings of the research, namely that although males had lower delinquency having been in our program, their school achievement was at the same abysmal level, in terms of failing classes, being left back, and having to be in special ed classes, compared with control male, African American youngsters. These findings are very powerful because they make us aware that the loss of fathers in many teenage families is not just a new form of family configuration but actually has negative consequences for the academic careers of young black males. This is something that is so important for our future as a country, that I would single out this particular FDRP long-term, longitudinal research as one of the most important I've ever participated in.

Komar: Do you think any of your contributions were wrong headed?

Honig: We learn from every research we've done. I certainly feel that the findings of the ten researches I mentioned have extremely useful implications for those of us who want to apply research to young children. So wrong-headed, I don't think so.

Komar: Please reflect on your experiences with research funding apparatus over the years, both your success or lack of getting research and also your participation and influence in shaping research funding policy.

Honig: First of all I'll talk about participation in shaping. I've been on several panels for funding research in Washington. I was not always, but sometimes, fairly troubled by the fact that people who already had very established research reputations seemed to get more of the funding. Many times, if there seemed to be a very glamorous research methodology, such as the fact that the investigators said they would use, for example, a Lisrel model to look at their outcomes, these people would get a lot more attention from the panel than an applied research in a small community, let's say in New England, that was doing actual applied work with teenage moms trying to help them become better mothers over the first year of life. Such a research proposal might have been put in by people who didn't have a large laboratory and didn't say that they were going to use very sophisticated outcome statistical measures. I must say I was very puzzled and a little chagrined at the fact that perhaps the glamorous models with glamorous, large and sophisticated statistical techniques seemed to get preference over these smaller, more applied models which may have actually done a lot of good for the people being served in their communities.

Now I'll talk about my own experience with funding. I have not been very successful in getting funding. As a matter of fact, I have not really had a federal funding or state funding experience. I've had internal university funds over the years for some of the researches I've done, and I have had funds which Dr. Oski provided through Ross

Laboratories contributions to our work with iron deficiency, but as far as my own grant proposals, I haven't had much of an acceptance rate with them.

Perhaps it is that I have not kept resubmitting and resubmitting and resubmitting to the same agency over and over. I would get discouraged and that's something that perhaps someone could learn from that I was wrong about. I would perhaps put in a grant as an NSF start-up grant as a female researcher, and then, if it were turned down, would not go and resubmit it again. Perhaps younger women coming along could learn from that experience and be more persevering in terms of their attempts to get research funds for their researches.

But I must say that since I like to do a lot of observational research—see how children play with their peers, what is "aggression observed", for example, as a function of full-time versus part-time infancy care begun in the first or second or third year of life, as in the systematic researches I talked about with Dr. Park, then I don't think as much observation research as laboratory research is wanted. Perhaps that's another reason why some of my research proposals were turned down.

Komar: The next block of questions concern your institutional contributions. Please describe those institutions where you have worked and in which capacity.

Honig: From 1950 to 1952, I was a research assistant in the Department of Psychology at Barnard College. I helped in the courses in teaching and assessment of young children and helped set up the research laboratories in psychology.

From 1962 to 1964, I was a research associate at the Upstate Medical Center. The ten year gap represents my contribution to applied child development research by rearing and nursing children as well as I possibly could, which I notice is not something that's supported as well in this country, but I'll make a plug for it. From 1969 onward, I have also been a licensed clinician. I assess children for the New York State Department of Social Services to determine need for special services. I also specialize in therapy for families with parenting and dysfunctional problems.

From 1967 on I was an instructor at Syracuse University in the College for Human Development, Department of Child and Family Studies. In 1971 I became assistant professor and in 1975 I became associate professor. Since 1982 I have been full professor of child development in the Department of Child and Family Studies at Syracuse University.

Also from 1964 to 1977 I was program director of the Children's Center and Family Development Research Program in Syracuse, NY, first under Dr. Caldwell and then under Dr. Lally. I've also done a great deal of guest lecturing as a visiting professor at different universities, such as the University of British Columbia, the University of Victoria in Canada; worked for Nova University; worked at the Froebel Institute in England; lectured at the Normal University for Teacher Training in Shanghai; worked at the University of Aarhus in Denmark; and lectured at the University of Bristol, England; among others.

So I've done a lot of lecturing in different countries in the world as well as work for the United States Army for the past 15 years, training child care workers in Frankfurt, Germany, for work in centers with infants, toddlers, and preschoolers. This is very satisfying, this work of being a visiting professional in other countries and cultures, particularly the work for the United States Army was extremely satisfying. When I first came to do this work 15 years ago, I saw some very inappropriate work with infants in centers there. In my last visits to Frankfurt only within the last years I've seen some superb infant care-giving in centers. I feel that single-handed I got some of those walkers taken out of centers in Europe. Often adults tend to use swings or walkers as places where they can put an infant where the adults won't have to engage in intellectually or emotionally stimulating interactions with the baby. So not only have I had good professional institutional possibilities for lecturing all over the world, but I feel that some of my professional work, as with the United States Army in Germany, has been very fruitful for children.

Komar: Describe the courses you have taught in child development and some of your experiences as a teacher of child development research or a trainer of research workers.

Honig: One of the things I'm most proud of is something I call QIC—the national quality infant-toddler workshop that we give every single summer at Syracuse University for one solid week, eight hours a day for five days. The next one will be given in June in 1996. It will be the twentieth year that the Quality Infant Care-Giving Workshop has been given. People come from all over the world, from as far away as Saudi Arabia, Guam, and New Zealand to study infancy and be immersed in a whole week of infant-toddler training.

Other courses that I've particularly created and taught have been: infant-toddler development at the graduate and undergraduate levels; language and cognition in infants and young children; prosocial and moral development of infants and young children; working with parents in a parenting course for the therapists in our marriage and family therapy program; a course in cross-cultural study of parents and children and families of different cultures—historically and geographically; regular child development survey courses; an advanced symposium on Erik Erikson; an advanced doctoral capstone course on "Issues and problems in child and family development" to prepare doctoral students for their doctoral qualifying exam; a course on assessment, observation, and testing measures for testing intelligence, language abilities, cognitions in infants and young children which also includes some of the work that Dr. Caldwell and I did with the APPROACH system, a procedure for patterning observations of adults and children—the acronym is APPROACH—for which we published a large manual), where I teach recording of microanalytic chains of interactions between adult care-givers and children. So that's the assessment course. I've also taught research methods in the study of the child.

One of the courses I've taught for 26 years that is one of my favorites is called "Theories, Interpretations, and Applications in Child Development." It's a course where I teach as many theorists as we can possibly get through, including older theorists such as Heinz Werner, Kurt Levin, Piaget, Skinner, Jung, Adler, Karen Horney, Bondura, Sears, Mahler, Bowlby; information theorists, sociobiologists like Wilson, and also Bronfenbrenner, interaction theorists and Kohlberg. My feeling is that the more theorists students know, particularly as they work in applied fields, and many of our graduate students (—this is a graduate course—) who take that course will go out and be working in agencies where they have to help families and children in difficulties, the more theorists whose ideas they know something about, the more one theorist might click in ten years from now as somebody whose work explains and eliminates some of the difficulties a particular child is having in a particular family. Part of this course is also applications. I ask the students to choose an area that they're very interested in and find a way to bring researches, clinical experience, and the theorists that they think would be important to understand that domain into a term paper or term project. One semester, I have to say, I was very puzzled when I got six projects on death in the family! It turned out that a great many ministers locally were taking that advanced theories course because they wanted to learn more about theoretical approaches to helping families where they had to do counseling with a death in the family. That was a surprise for me. Other people have chosen areas that were particularly important to them personally. One of my students last year, who had a severely alcoholic father, did a whole project on looking at how research and theory could help children cope in black families with having an alcoholic father since this was his experience. He did a beautiful project on that.

In many of the course that I have just mentioned, I require that the students do a hands-on, experiential, in-the-community project. That project could perhaps be trying to improve language among infants in a child care setting, it could be working with parents who were waiting in a pediatric outpatient clinic. I've had a program like that for nearly 20 years, where you sit down next to parents and use transactional techniques to help them feel your concern and interest in them and their children, and where you can help them feel a little bit more comforted, more knowledgeable about how to understand or deal with something that's worrying them or that's riling them about living with their young child. A lot of the courses I've just mentioned do not just involve classroom work; they do involve applications in the real world. For example, in the infancy course just last year, two of my students went out and did home visitations with a local consortium that visits poverty, high-school-drop-out families of teen mothers who have several very, very young children. Through their home visitation journals, which were volumes thick, they showed how they tried to work with the young parents to increase their abilities to deal sensitively with the young children in their families. Actually, that classroom experience led to a research project which demonstrated the impressive effect of this home visitation project on reducing later child abuse/neglect.

Komar: Could you comment on the tensions between teaching and research in the field of child development?

Honig: I suppose the main tension is a time tension: if only there were more hours of the day, we could do both with more relish and with more zestful energy. Actually, however, I feel it's not so much a tension as a synergy between

research and teaching. Working with students helps energize one to want to work with them on projects that interest them that you can help also shape their interests in wanting to focus on prevention and intervention and more knowledge through sensitive observations of young children in many different situations.

For example, one of the students I was teaching two years ago wanted to see whether there was any sexism in teacher use of empathic, warm, caring interactions with children as a function of being a little boy or a little girl in a preschool classroom. We found no sexism, thank goodness, among preschool teachers. This was something that student wanted very much to research. Another student took an instrument that I had developed called the ABC scales, Adult Behaviors in Care-giving. There were three versions for care-givers for 0-15 month olds, 15-18 month olds (ABC2 is for care-givers of young toddlers and preschoolers from about a year-and-a-half to three years of age) and ABC3 is for assessing the behaviors and interaction style of teachers of older preschoolers from 3 to 6 years of age. This student used those scales to look at teachers in relationship to the number of years of their formal education, the number of child development workshops or early childhood training courses they had taken, and to the years of experience they'd had as child care workers. Low and behold, 60% of the variance in the hierarchical regression equation we used showed that the main impact on positive interactions with their children (using the ABC2 scale for teachers of preschoolers) was due not to years of formal education and not to total number of years in the field, but due to the number of workshops and training courses they had had in child development.

This research with Andrea Herallal I hope to be able to write up within the next year, because I feel it has powerful implications for those who say we don't have enough money to put into child care. It turns out it's not the money, it's not just formal education, and it's not how many years you've been at the work; it's how much we can perhaps find state and federal funding for training workshops in order to increase the positive interactions of care givers with young children. There is a synergy between research and teaching that I feel is marvelous, people should not denigrate teaching, that it interferes with research. On the contrary, it can increase the flow of ideas for what are important researches for us to be carrying out. It can also increase the pleasure and pride in helping and mentoring the next generation of researchers and of teachers to get their start.

Komar: Do you have any further comments to make on your experience in so-called applied child development research and your role in putting theory into practice?

Honig: I would like to state that I believe child development is based on a tripartite model: theory, research and clinical practical experience. I really consider the field to be a little bit like one of those old fashioned milking stools with three legs. You cut off any one leg and you'll fall right down on your behind. So to me we need to have theory, research and clinical experience very closely tied in as we mentor the younger generation in putting theory into practice. When I was brought up in my first Ph.D. program—I don't want to talk against anybody, but—a lot of what I was taught had to do with researches on how fast children could move marbles from locale to another locale, or how well rats ran down a maze in someone's university hallway late at night. I don't feel that many of those researches had anything to do with our ability to understand the stresses in children's lives and parent's lives in today's world, cross-culturally or in our own culture. I really feel that if those were supported by taxpayer funds—and we have so little taxpayer funds for research—we should not be supporting that kind of research. I feel very strongly that we should be supporting theoretically based researches that are in-depth, very profound about the workings of intelligence, for example, at the very earliest levels of infancy, but always with the idea in mind that these researches should be applicable to the world of helping parents and care givers rear children so that they can flourish better.

Komar: Are there any additional comments you'd like to make on your role of putting theory into practice?

Honig: Yes. I'm a licensed psychologist in New York State and, as such, I have a small private practice, particularly with families where there are custody decisions that are tearing apart very small children. I also assess children for the Department of Social Services to write reports whether the children's intellectual levels or language levels require that the state give moneys to support remediation for these children. In this capacity, I use every drop of research and theory knowledge that I've ever gained with my students or on my own work for the last several decades, in order to understand what's happening with the young children I see. For example, last week I saw a family with five children, all under five, each of the children born to a mom who was coke addicted and is still on the drug and is still without using contraception or protection, so I'd say that my work in research and theory cannot be separated from applied work. As I see children whose lives have been destroyed before one year of age, by

intrauterine insults, such as drugs, I become more and more aware that if we tried to separate out pure research areas, we will never solve some of the tragedies of today's world. This morning I saw a great-grandparent in her 70s caring for two babies, both of which were born as cocaine-addicted youngsters, so that these experiences that I've had as a clinician, aside from my research experiences, have convinced me we should not be separating research, clinical experience, and application and theory.

Komar: The next block of questions will deal with your experiences with SRCD. When did you join SRCD?

Honig: Probably in the late 1960s, I can't remember the exact year, but I do remember when my first SRCD presentation was, and it was in 1969.

Komar: That was the first meeting you attended?

Honig: That was the first meeting where I presented. I presented in Santa Monica in California at SRCD meeting, and I remember it so well because I was so thrilled to be doing a first presentation at a Society for Research in Child Development meeting, and I didn't have very much money, so I was at one of those small hotels that was very far from the center where the meetings were being held and as I walked that half hour, early in that gorgeous California morning, (I don't have to tell you that I live in Syracuse where the snow is always deep for half the year) I heard the most marvelous singing. It turned out to be a bird with white on its tail, and someone else walking toward the meeting said, "Ma'am, that's called a mocking bird. Are you going to the SRCD meetings?" I said, "Yes. Thank you for telling me the name of the bird." He said, "I'll show you where the meetings are. I've been here before." And we walked together, but I associate SRCD with my learning what a marvelous song the mocking bird has in 1969! At that meeting I presented a paper (with Dr. Caldwell and with Jordan Tannenbaum) on the use of the APPROACH coding system with infants, toddlers, and preschoolers in child care to see the increases or decreases in adult interactions, affectional interactions, language interactions as a function of child age. The APPROACH system proved very good in that research for teaching us that if you train teachers well, they didn't have to talk more to preschoolers than to babies, because teachers were equally language enriching with all children served in our initial research fundings for that SRCD presentation.

My next presentation was in April 1971 with Drs. Lally and Caldwell on training paraprofessionals for work with infants and young children. That was in Minneapolis, MN.

There's one that I did in 1975 with Dr. Lally on the effects of testing style on the language scores of four-year-old low-income control children, an intervention project. Many intervention projects seem to show a big gap in scores between the intervention youngsters and the control youngsters. Because we used a method that we called Optimal Testing Style, bringing a child back for several days, stopping and feeding a child in between assessment procedures, having a child being able to play with toys and rest and take a little walk around the block, so then you feel that this child is as rested, as secure, as comfortable as possible, we didn't find that our control African-American youngsters from very low income families where mom had been a high school drop-out at the time of birth were very low. I think the mean scores were 95. And so we wanted to look at the effects of this Optimal Testing Style on how much more you can get out of young children, even though they're in your so-called control group. Of course this will make a difference as to whether you find your intervention project has worked as well as you think or hope!

Next I remember in 1977 in New Orleans, I gave a paper with Dr. Oski on the developmental scores of iron deficient anemic infants as a function of intramuscular iron depletion therapy.

In March 1979 I gave a paper on child-rearing practices of urban poor mothers of infants and three-year-old children in five cultures. I think that was San Francisco.

In 1985 in Toronto, I gave a paper on overwhelmed mothers of toddlers in immigrant families, and on stress factors in their lives.

In April 1987 I gave a paper with Pat McCarron on prosocial behaviors of handicapped and typical preschoolers in an integrated preschool.

In April of 1989 in Kansas City with Donna Wittmer I gave a paper on convergent or divergent teacher questions to three-year-old children in day care.

In 1991 in Seattle I gave a paper on iron deficiency anemia in relation to respiratory disease in low-income, immigrant infant families in France. I found a very interesting positive correlation between respiratory diseases, (such as otitis media, influenza, and severe upper respiratory diseases, not just colds) and a relation with the iron deficiency levels that the children exhibited, whether they were French or immigrant families—low-income families in Paris.

In 1993 at March in New Orleans with Kim Jung Park I gave a paper on preschool aggression and cognition, and the effects of infant care time of initiation and degree of care.

And these are some of the highlights of SRCD meetings. I really am glad I have missed very few, except the year I was doing research in France and was nowhere near an SRCD meeting site.

Komar: Do you have any recollection of your earliest contacts with the Society?

Honig: I guess the giving of the paper in '69 is my earliest recollection.

Komar: I see. Could you comment on any other aspects of your work with the Society?

Honig: Well, I have made lots of collegial contacts in the Society, and count as precious friendships with Dr. Barry Brazelton, Dr. Leila Beckwith, and many, many other people, because those who really care about the best kinds of work on learning more about young children do belong to the Society for Research in Child Development. And therefore we are a small group and because we aren't an enormous group, we can learn to become not only colleagues with each other and interchange and learn from each other's research, but actually become friends with each other over many long years.

Komar: Have you had any experience or participation in the governance of the Society?

Honig: No, I have not.

Komar: Do you believe that important changes have occurred in SRCD over the course of your association with it?

Honig: I've seen more inclusiveness of many different professions being interested in researching young children. I feel very proud that SRCD makes pediatricians feel so much a part of the organization. I feel very proud that there are child development experts and psychologists and some social workers and parent outreach people, people interested in parenting work, all feel that the research they're interested in has a good home with SRCD. I think that feeling of inclusiveness should be kept going, because unless we work across disciplines without turf jealousies, we will not be able to solve some of the very deep problems of children in families in America today.

Komar: I would now like you to comment more broadly on the history of the field during the years you've participated in it, the major continuities, discontinuities, etc.

Honig: When I first came into the field of child development, I think everybody believed that children were born at elementary school age when they went to kindergarten at age five. Indeed when I first started research in this field and clinical work in this field, many states did not even require or have a free kindergarten for children. I can remember visiting and lecturing in southern states where many people were fighting hard for the rights of young children to have kindergarten, so that when I see now that not only are we interested in young children from the neck up from five years of age up, but also there's this tremendous increase in interest in infancy, toddler, and preschool years, I feel that there have been great changes, and that they're all to the good. Because if we wait until five years of age to start remediation with some of the problems that some children have in their lives with child abuse, with sexual abuse, with disturbances as a result of tremendous fights of custody, with the stresses of poverty in families that cannot cope with those stresses, single-parent families where there aren't supports enough for the

family, then I think we will not be able to do the kind of preventive work that actually we could make a big difference in.

I'm very impressed by my stepson who works with adolescent youngsters who have been convicted as juvenile delinquents and how over many years of work, how difficult it is to change the style of a young person who's earning money from burglary or drugs or illegal activities. If we start at the very earliest ages, which I see that SRCD is far more involved in than it certainly was in the late 1960s, then I think we have more of a chance to impact on the lives of children, if we start at earlier ages.

The other change that I would like to see is more SRCD focus on the prenatal situation of children. I'm seeing clinically so many more babies who have been affected by prenatal alcoholism and cocaine abuse, that I think that some of the more difficult ideas that the Society may have to tackle is how can we help preparenting conditions, so that we add choices of abortion, choices of good contraception to our ideas about what would be effective in helping children after they are born. More parenting courses and child development courses in schools should be championed by SRCD.

Komar: Have your views concerning the importance of various issues changed over the years?

Honig: I guess prevention has become even more important to me than intervention. My feelings in the early 1960s, when I started work at the Children's Center, were that somehow that if we were wonderful professionals and we were highly trained and highly dedicated, we could make up for profound difficulties in families, and now I feel that without working with families, many young children will not be able to reap the benefits of some of the excellent programs which we are involved with.

Komar: What are your hopes and/or fears for the future of the field?

Honig: My fears have to do with the enormous increase in children being abused in the womb, and that we have a Puritan streak in our culture that does not allow us to face the importance of topics such as contraception and abortion with young teen parents or parents who are drug abusers, substance abusers. My hopes are that we can apply part of our research programs so that we can convince the general public and, particularly, our congress persons and representatives in state government about the importance of child development.

For example, yesterday I answered a questionnaire from my local state's government person, and it was "Are you concerned about violent crime in America?" Indeed, I said "very concerned". "What do you think could be done about it?" I don't know what the answers will be that this person gets, but I bet most of them will have to do with gun control, building more prisons, better training for police persons. I wrote in "more programs for infants and young children, more attention to making facilities available for contraceptive counseling, free choice of abortion counseling, more drug programs for pregnant teen moms and their babies together, more programs for outreach when there's stress in a family, so that we meet young moms and dads in a hospital situation and have support persons going to the home on a regular basis for families in difficulty." Now I'm not sure that's what that state representative expected about how to deal with violent crime, but if we don't start with young infants and toddlers and prenatally, we will have so many damaged babies who will end up in lives of crime that whether you had a policy to pay for handguns by giving people tickets to the local state fair, which some communities are doing, you will not be able to stop the enormous amounts of teen violence in the schools and random, senseless violence on Long Island railroads, and the kinds of aggression in shopping centers, and the kinds of spousal abuse and child sexual abuse and child physical abuse that we are seeing grow by leaps and bounds in this country.

Komar: Please tell us something about your personal interests and your family, especially the ways in which they may have bearing on your scientific interests and contributions.

Honig: Well, I must say that my children have been great teachers. In other words, I had learned a lot of experimental psychology at Columbia. We learned all kinds of theories about color mixtures for vision. I learned about how the cochlea works in cats for a whole semester. I learned a great deal about social psychology from Dr. Otto Klineburg. But I wasn't really as professionally sensitive until I raised my own children and saw what amazing sensitive, responsive human beings they were, how different they were in their thresholds for distress, how they could be comforted in different ways, what their gifts were. Each child has a gift: some might be able to doodle in

cartoons, others be a teacher in the classroom, another child sings well, another can tinker with a dishwasher machine when he's a little kid and fix it when something's not working. Each child has gifts, and as I watched one of my children be excellent in chess, another play the piano very well, another child answer questions by a teen friend of hers who wanted to run away from home and who was having early unprotected sexuality without telling her parents. As I heard the wise, calm, gentle way she asked Socratic questions and supported and nurtured her peer, so that her peer did not run away from home and managed to finish high school, I began to learn things about the importance, the preciousness of each individual child, that I don't think I could have learned only from books. I must say I think I heard techniques like active listening, and I statements and win-win problem-solving from my teenage daughter who's now the mother of three children herself in her teen years as I eavesdropped while she was on the telephone with peers in difficulties. I learned more then from listening to her then until the PET book was published by Thomas Gordon in 1970, I had heard that before from the way my own daughter had been so wise in her counseling with others'. So that I must say my personal life has had an enormous impact on my interests and on my research and my clinical work in child development. It increased the intensity of my commitment with children to find ways to help them flourish and ways to help their care givers and their parents to keep helping them develop as kind, caring, curious, committed-to-learning young people. My life partner this last quarter century has also provided me with loving insight about the importance of intimate cherishing between older adults, and we learn from our grandparent experiences, too. I have 8+ grandchildren at present.

Komar: Are there any additional comments or observations which you care to make at this time?

Honig: I think we should be giving child development away. I think keeping it simply as a professional area will not teach ordinary folks in society. Example: this little kid whose parent is smacking it hard in a Burger King restaurant or those toddlers being threatened because they just spilled their juice, because they were asking you three times--"Daddy, daddy, daddy"--and you didn't pay attention, but this sure did get attention. If we can give away our knowledge of positive discipline techniques, of how the ages and stages of child development go, of what we know about Piagetian development, what we know theoretically about the development of prehension skills, what we know about attachment theory and the importance of building secure attachments in relationships, then 25 years later you don't have to have serial divorces but can have a deep, satisfying marital relationship yourself to start another family. I we can give our knowledge base of our researches away and our clinical experience, I think this world will be much better place. I would like to say, personally, I hope SRCD picks that path in the future of making more courses available to teachers of high school students, more work with the educational system, more work with insisting that perhaps we have more state laws that judges who work in family courts should have required child development courses before hearing some of the very difficult cases they have in custody cases or in child abuse cases. We should be giving our work to theirs, giving an opportunity for other fields, like social work, the legal fields, the nursing fields where many children are in long-term nursing care. We should be giving our child development information to other fields so that they can apply this deep body of knowledge to their own work with families and children, because they're often on the firing lines of some very distressful situations.

I would also say that I would like SRCD to make liaisons with the educational establishment. So often parents come to me for help because a teacher has been hard on children in the classroom or sarcastic to a young child who's not doing well in a classroom or very frightened or making silly mistakes, like saying there are 20 minutes to a half an hour when the teacher's been doing a time unit on time--teaching them there are 30 minutes to a half an hour for two weeks, and yet the sarcasm of the teacher toward that second grader can be grim. One mother told me, "The little kid peed right in her pants on the floor, Dr. Honig." If that teacher had not used sarcasm, but gentle techniques of work with the children because she'd had child development work as well as educational work, then perhaps we could see that the whole educational establishment is not just for teaching reading, writing, and computing, but also for helping children become the kinds of human beings, parents in the future, citizens that we really desperately need for the future of our country. SRCD should be in the vanguard of making those liaisons between different groups of professionals as well as those who are deeply, centrally involved in child development.

Komar: For the record, would you care to just tell briefly about your family, your children, grandchildren?

Honig: Yes, I'd love to. I have an oldest son who has a Ph.D. and an M.D. as a neurologist. He's the little boy who was brought up in a cold-water flat in Paris, which shows you that poverty is not the single most important factor in the educational and intellectual achievements. He's about to become a brand new papa again this year (1996) and he has a little daughter named Maija. She's my youngest of eight grandchildren that I have, and he and his Philippine-

born wife are simply thrilled with their eloquent charming toddler. My oldest son works at a medical school in Dallas as a neurologist.

My youngest son is a lawyer in New York City. He and his wife, who has a medical degree and a public health degree, have four children. Their children are Naphtali, Benjamin, Ofira, and Tamar. I notice right away when I go to visit, which is too rare but every few months, that these children are already passionately interested in books and being read to, so that I'm very glad the heritage of curiosity and the treasuring of book learning is going on in the family.

My daughter, Madeleine, is the mother of three children—eight, twelve, and fourteen years of age. Her husband is a Biology Professor in East Lansing, Michigan. My oldest grandson, Daniel, has already given grandma Alice Sterling Honig a "D" in computer, because I can "only do e-mail and WordPerfect" and he already plays around with creating programs in DOS! so I feel that the nurturing ways in which I've seen Daniel read to his baby sister when Natalie was born, the nurturing way in which he could turn a book toward the crib and read to her as a little baby, the nurturing way of which when his little seven-year-old friends on the block would say to him, "I hate girls, don't you Daniel?" and he'd say, "Mmmaybe, maybe yes, but all except for Natalie," because of this very prosocial way he had, the nurturing ways that they learned from their mom and papa to be toward each other in the family makes me feel that I'm a very, very lucky grandma, as well as a mother in terms of the empathic, loving child development rearing techniques that my children and their spouses are using with the next generation. May it always be so that we can say not only that we did good things in research but that we applied that research in our own families so that our children help their children to flourish.

Komar: Thank you very much.