

Pikler's Trust in the Wise Infant

by Jane Swain

This article is an excerpt from a longer piece recently published in the new book, A Warm and Gentle Welcome: Nurturing Children from Birth to Age Three – a compilation of articles from the Waldorf Early Childhood Association of North America's RIE/PIKLER Working Group.

The Pikler Institute – often called Lóczy (pronounced Loh-tsee) after the street where it is located in Budapest, Hungary – was originally built in 1946 as an orphanage for children ages birth to three whose parents were killed in WWII or were in tuberculosis asylums. In continuous operation since it was founded by pediatrician Emmi Pikler, Lóczy today cares for children up to six-years-old, most of whom have been abused, neglected or abandoned, and a few of whom have special needs. More recently, the institute began offering parent-child classes and a day-care program. It also serves as a training and observation center that draws participants from around the world who wish to learn more about Lóczy renowned practices that support the healthy development of children. At the core of the institute's philosophy is an understanding of the need to provide an environment in which children are nurtured, respected and allowed freedom of movement so that they may grow and develop in security, relationship to others, and self-mastery.

In June 2007, I took a two-week course for professionals who work with young children, and also had the opportunity to observe in the orphanage. During the first week of the course we studied gross motor and fine motor development, along with their relationship to cognitive development and attention. During week two we studied the attentive, caring activity of the adult.

PIKLER'S THEORIES GREW OUT OF OBSERVATION

Emmi Pikler (1902-1984) was a pediatrician with exceptional observational abilities. Early in her career, she and her husband lived in Trieste, Italy for a year, and there she spent time on the beach, observing parents with their infants. Her observations showed her the tremendous importance of the parents' love for their child. Pikler also witnessed parents "teaching" their infants to sit, stand and walk before they were able to do so on their own, causing the infants to do something different than they would have if left to their own initiative.

Pikler saw this gesture of the adult as a distrust of the child's abilities. Instead, she believed that children have an innate capacity to direct the unfolding of their motor capacities through self-initiated movement, if given the time and space to do so, and she based her practices on this idea. Pikler believed that each child was qualified for this task – in fact, infinitely more qualified than any adult. It follows, then, that infants should not be taught motor skills, but instead should be allowed gradually to come into the vertical positions of sitting and standing entirely through their own efforts.

THE RELATIONSHIP BETWEEN THE INFANT AND PRIMARY ADULT

Pikler saw the infant's ability to self-initiate movement as a function of the security of the relationship with the primary adult. This is a concept generally lacking in therapeutic practices in this country. At Lóczy, each child has one of his nurses, as the caregivers are called, designated as his primary nurse. The primary nurse knows the child very well, takes responsibility for consideration of his welfare and development, and records in-depth observations of the child on a regular basis. I found this practice to have elements of both mainstream documentation and Waldorf child studies. At Lóczy, if an infant is experiencing difficulty in movement, the first consideration is the relationship with his primary nurse.

Similarly, within Lóczy's newly offered groups for parents with their infants and toddlers, great sensitivity is shown by the staff to the needs and feelings of the mothers. In the course, we were cautioned to employ common sense and careful consideration in our approach with parents, so that they would not be made to feel inadequate in any way. The goal, true to the Pikler model, is to safeguard the relationship between the

parent and the child, for it is out of this tender and sacred relationship that healthy self-initiated movement can emerge.

Caregiving activities of feeding, dressing and bathing are viewed as opportunities for building this relationship. The infant is not viewed as an object to be acted upon – to be fed, for example. Rather, the infant is seen as a capable human being and is invited to participate at his own level in the feeding, which is viewed as a cooperative activity. The adult's responsibility is to make the child feel welcome, to read his cues and to take into account his individual preferences; for example, does this child prefer the cereal lumpy or smooth? The consideration of the child's preferences and the focus on self-initiated activity are similar to occupational therapist Jean Ayers' principle of activating the child's "inner drive" during sensory integration therapy.

The children at Lóczy become exceedingly capable in their self-care at an early age. However, the goal of the nurse is not to promote independence, but rather to share in the joy of the child's developing self-mastery. The nurse does not praise the child, but if the child looks at the nurse, then she will warmly acknowledge that she sees the child's accomplishment, or struggle.

As a result of the intimacy experienced during the caregiving encounter, the child is "filled up," so that when he is placed in the playpen, he is happy to be on his own to move and play.

Pikler tried out these practices initially with her own first-born, and then used and developed them further in her private practice as a pediatrician over a ten-year period. Finally, Pikler employed them on a larger scale when she started Lóczy, directing the orphanage for 39 years.

A DIFFERENT RATE OF MOTOR DEVELOPMENT AT LÓCZY

In the U.S., the vast majority of infants do not achieve verticality through their own efforts; they do not negotiate the gross motor sequence that leads to sitting or standing through self-initiated movement. Children are routinely put into positions they cannot achieve through their own efforts. This is the usual mainstream cultural practice upon which our expectations for quality and timing of motor development arise, and is also the model pediatric therapists study in school.

Lóczy is the only place in the world I know of where gross, fine and oral motor development have been studied through the lens of unhurried, self-initiated motor exploration. The unhurried pace was beautifully expressed by Anna Tardos, current director of the Pikler Institute: "What's the rush? We have our whole lives to be vertical!"

For more than 60 years, caregivers at Lóczy have made detailed observations, taken photographs, made videos and conducted scientific studies. I will quote one study that I found particularly fascinating. In this study, which involved 591 normal infants with birth weights over 5.5 pounds, it was observed that the infants, on average:

...turned onto the side at 17 weeks, onto the belly at 24 weeks, and from belly-to-back-to-belly at 29 weeks. They began creeping on the belly at 39 weeks, and then crawled on hands and knees at 44 weeks. They sat [sitting is defined as sitting simultaneously on both sitz bones with hands free] and stood up in the same week at 49 weeks. At 66 weeks (15 months), they took the first steps. At 72 weeks (17 months), they walked with ease.

These data have been averaged, so there is a substantial deviation surrounding each value, and the deviation becomes more pronounced as development proceeds.

In other words, in the Lóczy model, there are tremendous differences between the children, and motor milestones are reached significantly later than we would expect from our experience in the U.S. For example, many of us in the U.S. would worry and try to teach our child if he did not take his first steps until 15 months, the average age at Lóczy. Many of us would be proud if our child walked at an earlier age, thinking

that he may be more advanced than other children. However, it may be that the timing is more a function of environment.

Faster development is not necessarily better. Activity that takes place in the horizontal plane, before verticality is achieved, lays an incredibly important foundation for later life. Some of the work of the remedial therapist is essentially a recapitulation of what an infant would do unassisted if placed on the floor to explore the wonders and possibilities for movement of his own body, and his relationship to the outer world. Why not give infants time and space to do their work? They know far better than we do as therapists and parents what they need!

An astute observation made by Emmi Pikler illustrates this point beautifully. In this model of self-initiated motor exploration, Pikler observed that infants whose parents had previous histories of back pain spent longer in the horizontal activities of rolling, belly creeping, and crawling on hands and knees before coming into the vertical positions of sitting and standing than did infants whose parents did not have histories of back pain. The infants who were genetically predisposed to back pain and who stayed in the horizontal longer, had more variety in their movements in the horizontal positions than did the infants who became vertical faster. Movement in the horizontal plane provides opportunities to strengthen and elongate the muscles and ligaments of the spine—opportunities not possible in the vertical position. It was as if the infants were working to prevent future back pain! Clearly, Pikler recognized the genius of the infant in his very individualized work on the floor, and Pikler sought to create an environment whereby the infant would be free and unhindered to do this work.

© Sophia's Hearth Family Center, Keene, NH 2008