

Pikler's Trust in the Wise Infant

by Jane Swain

Dr. Emmi Pikler (1902-1984) founded the Pikler Institute—often called Loczy (pronounced Loh-tsee) after the street where it was located in Budapest, Hungary. It was originally established in 1946 as an orphanage for children ages birth to three whose parents were killed in WWII or were in tuberculosis asylums. Over time, the Pikler Institute served a variety of populations of children from birth to six including children with histories of abandonment, abuse and neglect, and children with special needs.

At the core of the Pikler 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 into secure, confident and fulfilled human beings. Pikler's work rather quickly became known and respected throughout the world. Pikler associations were founded in Europe, Asia, and North and South America. They continue today to serve as training centers for the practical application of Pikler's principles, and to transform the care of infants and children throughout the world.

Gradually Hungary shifted from a system employing orphanages to one using foster care, and the residential nursery on Loczy Street ceased to operate in 2011. The manifestations of the Pikler work then shifted accordingly. Today its organization is known as the Pikler House, and it offers parent child classes, child care, and professional education classes for adults working with infants and young children.

In June 2007, I travelled to Budapest and took a two-week professional course, and also had the opportunity to observe in the then operating 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 the second week, we studied the attentive, caring activity of the adult.

Before my trip, I had read about Emmi Pikler's remarkable contributions, and had worked with colleagues who had repeatedly visited Loczy; I thought I was well-informed. But in Budapest, there was so much more to learn. My purpose in writing this article is first to explain the basic philosophy of what I witnessed at the Pikler Institute and then to share some of my insights and relate them to my experiences as a pediatric physical therapist.

Pikler's theories grew out of observation

Emmi Pikler 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. At Loczy, each child had one of his nurses, as the caregivers were called, designated as his primary nurse. The primary nurse knew the child very well, took responsibility for consideration of his welfare and development, and recorded 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 Loczy, if an infant was experiencing challenges with movement, the first consideration was the relationship with his primary nurse.

Similarly, within the current Pikler House's groups for parents with their infants and toddlers, great sensitivity is shown by the staff to the needs and feelings of the parents. 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, bathing and diapering were viewed as opportunities for building this relationship. The infant was not viewed as an object to be acted upon—to be fed, for example. Rather, the infant was seen as a capable human being and was invited to participate at her own level in the feeding, which was viewed as a cooperative activity. The adult's responsibility was to make the child feel welcome, to read her cues and to take into account her 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 Loczy became exceedingly capable in their self-care at an early age. However, the goal of the caregiver was not to promote independence, but rather to share in the joy of the child's developing self-mastery. The caregiver did not praise the child, but if the child looked at the caregiver, then she would warmly acknowledge that she saw the child's accomplishment, or struggle.

As a result of the intimacy experienced during the caregiving encounter, the child was "filled up," so that when he was placed in the playpen or other play space, he was 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 Loczy, directing the orphanage for 39 years. Following Pikler's death in 1984, her daughter, Anna Tardos, directed Loczy.

A different rate of motor development at Loczy

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 and pediatricians are taught in school.

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

For more than 60 years, caregivers at Loczy made detailed observations, took photographs, made videos and conducted scientific studies. I will quote one study which 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 Pikler 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 she did not take her first steps until 15 months, the average age at Loczy. Many of us would be proud if our child walked at an earlier age, thinking that she 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, for they possess an inner knowing of 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 and more nuances in their movements in the horizontal positions than did the infants who moved into verticality more quickly. 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 in the horizontal positions, and Pikler sought to create an environment whereby the infant would be free and unhindered to do this work.

Quality of movement

I was in awe of the grace, beauty and efficiency of the infants' and toddlers' movements at Loczy. Their balance, coordination and posture were extraordinary. Their movement possibilities were vast; they were very active and well-acquainted with transitional movements—that is, they did not remain in a few static positions, but instead moved in and out of positions easily. I did not see nearly the degree of drooling, low-tone in the trunk, wide-sprawling bases of support, compensatory high shoulders and stiffness, and other movement challenges that I so often see in “typically developing” children in the U.S.

Integration of primitive reflexes

Among the children at Loczy I also did not see abnormal retention of the primitive reflexes, something which is very widespread in the U.S. Primitive reflexes are

involuntary stereotypical movements that are present in infants to help them survive in the early stages of life. By six to twelve months the primitive reflexes should to a large degree, become integrated, or fade away into the background of the child's movement repertoire. If they continue to manifest in the child's movements and aren't properly integrated, they are said to be abnormally retained and can negatively affect gross and fine motor coordination, speech, sensory perception, behavior and learning. It is very important for overall development that the primitive reflexes are integrated at the appropriate time.

When I inquired further of the staff about the lack of abnormal primitive reflex retention among the children at Loczy, I was told that this is not an issue for them! This was remarkable to me considering that the children in the orphanage at Loczy came from situations in which they had experienced trauma, to greater or lesser degrees—yet they were developing beautifully.

The caregivers handled the infants in ways that promote the integration of the primitive reflexes. The caregivers' hands were extraordinarily sensitive to the muscle tone of the infant. They routinely waited for subtle tone changes to occur before the child was picked up and moved, and therefore the startle reflex was not set off and perpetuated. The infant's body was not forcibly moved; for example, a stiff arm was not shoved through a sleeve, but rather the sleeve was moved around the arm. The child was given intermittent eye contact, not too much to make her nervous, but just enough to help her feel secure. The caregivers did not rush or multi-task during the caregiving, and time seemed to stand still. Even the youngest infant was told what would happen before a task was performed, and she was invited to participate in it. In this manner, she could come to employ a feed-forward neurological loop, rather than a feedback loop, which is more reactive in nature. During the caregiving, the infants were bathed in the beautiful Hungarian language which sounded almost like music to me, and I perceived it as a

soothing and calming sheathing for the child. All these practices helped to ensure that the child's central nervous system was not continually put into a "fight-or-flight" state. This more relaxed neurological state is conducive to promoting the process of reflex integration.

Development of balance as part of the gross motor sequence

The developmental progression of gross motor movements involves much more than is generally recognized and understood. When development is allowed to develop through self-initiated exploration, it typically includes: lying on the back and performing various activities-- such as looking at the hands, rolling from the back to each side, rolling from the back to the stomach, rolling across the room, belly creeping, crawling, sitting, kneeling, standing, squatting and all of the steps up to walking, jumping, skipping and beyond. In each position the child learns how to assume and maintain the position, how to move in and out of the position, and how to play with toys within the position. This development is not linear. The infant will try out new skills at a higher level (such as rocking in hands and knees) and then will go back down to a more familiar and less challenging position (such as back-lying) to play and rest. She is learning judgement and pacing.

Throughout this complex and individualized gross motor sequence, the development of balance goes hand-in-hand with the integration of primitive reflexes. At Loczy, because of the generous time allowed for self-initiated movement and the rich environments which invited exploration, the opportunities for the infants to balance were countless! Also, Pikler trained her nurses to move the infants slowly, *so that* the infants would not lose their balance while they were being moved. Pikler clearly understood the tremendous importance of balance in development, and how to support its development. In the infant, balance develops in two ways. It develops *within* each position primarily through subtle weight shifts. For example, the infant shifts his weight when reaching for

a toy while lying on his side, and he gradually learns to reach without falling out of the side-lying position onto his tummy or his back. In another example, the infant shifts his weight while reaching for his foot when lying on his back, and he gradually learns to reach for his foot without falling out of the back-lying position onto his side. Balance also develops during the dynamic transitions *between* positions, such as moving from hands and knees to side-sitting.

We cannot develop balance for the child. The child has to do this herself. She must be actively engaged in order to lay down new neural pathways in the brain. If a child is put into a position that is too advanced for her, she won't be able to be as active, because she won't be able to easily move within the position, or into and out of the position. What matters is not how fast a child can arrive at, or is hurried to achieve, a developmental milestone. Rather, it's the child's quality of movement as measured by the sophistication of balance reactions within and between milestones that matters most.

At Loczy, the children did what they were capable of doing. They were not expected to do what was yet too difficult for them. As a result, the infants did not strain while moving, but rather their movements were extraordinarily fluid, and enjoyable, and they moved a lot. As I watched the infants at Loczy, I wondered if they had a better than average chance of avoiding obesity and "the couch potato syndrome" later in life.

At Loczy, infants were not propped up in sitting positions, they were not stood with their hands held and encouraged to walk, and "container" baby equipment was not used. Instead, interesting, developmentally appropriate environments with "exploration" equipment such as wooden crawling and climbing structures were provided.

Infants were even "allowed" to move during caregiving activities. For example, the Pikler changing tables are larger than standard changing tables and have a railing around three sides, so the child can move onto his hands and knees or can kneel or stand during a diaper change if he chooses. With this set up the child has freedom of movement, stays

actively engaged, and there is no need to restrain him in order to change the diaper. The caregiver stays in contact with the child and works *with* the child throughout the process. When the infant pushes down against the floor, she comes up against gravity, and is learning to orient herself in relation to the supporting surface. This is a crucial component of balance. Another practice that I observed at Loczy that supports the development of balance was that the infants were placed on firm surfaces rather than on softer ones. The firm surfaces increased proprioceptive feedback (that is, information from the muscles and joints that helps the child to unconsciously understand her body position in space), while softer surfaces decrease proprioceptive feedback. So many of the children that I see with “gravitational insecurity,” as it is known in sensory integration—that is, an exaggerated fear of and emotional response to movements that require losing contact with the ground, such as swinging and climbing—do not have this basic skill of knowing how to push down to orient themselves into the supporting surface. Developing this inner sense of gravity’s reliability-- this inner knowing of where down is-- through experiential interaction with one’s outer surroundings is a key concept that I learned in my Spacial Dynamics® training, a movement training founded by Jaimen McMillan. Coming into a secure relationship with gravity is essential for learning to move without strain, and is foundational for essentially all development. Jean Ayres, founder of sensory integration therapy, states that, “Our relationship to gravity is our most important source of security.”*

Development of focused attention

The children at Loczy were very active, although not in a hyperactive way. In fact, I did not observe symptoms of ADHD or sensory processing disorders in the infants and toddlers at the orphanage. Instead, I observed a remarkable degree of focused attention in the children. I did not expect this, considering the children’s histories—for example, some of the children were born to mothers with drug addictions. I did not observe the

children being “entertained” or taught abstract concepts. Instead, they were exploring their world with joy and interest.

When I inquired about this remarkable degree of focused attention, I was told that the children were modulating their attention levels through unrestricted self-initiated movement. This concept is in alignment with basic principles of sensory integration, but I have never seen it carried out with such understanding. Therapists were not needed to prescribe sensory diets of specially designed, scheduled activities meant to provide adequate sensory input for the child’s nervous system to become more self-regulated. Rather, at Loczy, the infants created and carried out their own sensory diets in the moment. This is possible through the carefully sculpted play environments provided for the children and through the generous time allowed for unhindered motor exploration.

At Loczy, the development of attention was observed, studied and documented in depth. They found that, in approximately the first three years of life, periods of focused attention happen very frequently, although the periods themselves are short. The child will quiet his body and play with a toy for up to two minutes, and then he will need to move! The focused attention during fine motor exploration and the active large motor movements reinforce each other, and are necessary for one another. Perhaps the avalanche of ADHD diagnoses in the U.S. today is due in part to children simply reacting to a profound lack of possibility for freedom of movement from infancy onward.

Crawling

I also asked about the frequency of crawling in the children at Loczy. I learned that typical infants who had been at Loczy from early infancy did not always roll or creep on their bellies as a means of locomotion, but they always crawled on hands and knees! I explained that in the U.S. many children skip crawling and use a side hitching pattern instead, in which they sit upright with both legs to the side and, by pulling with one arm

and pushing with the legs, slide their buttocks across the floor. Anna Tardos replied that once they had two or three children use the hitching pattern exclusively. After trying to understand why, they realized that the floor was too slippery! Three coats of varnish had recently been applied to the wooden floor, and the infants' hitching made sense in relationship to their environment. (After that, the floors got only one coat of varnish.)

I was impressed that the staff held true to their belief in the inherent capacity of the infant to direct her own motor development, and that they did not intervene with hands-on therapy or try in any way to teach these children to crawl. Instead, they collectively questioned, observed and reflected until, over time, the solution became clear.

A typical infant will self-initiate crawling if the environment supports this. There must be sufficient space and reason to crawl, i.e., in order to get something. If the toys are all within reach in a small space, there is no reason to crawl. Another interesting consideration is the type of footwear worn by the infant. If we had on skis, we would probably stand up in order to get somewhere rather than crawl. Similarly, if the infant wears a hard-soled shoe, she may proceed to pulling to stand more quickly. Another factor which decreases the incidence of crawling is simply that the child is not given ample time on the floor.

Pikler and Steiner

The principles of Pikler's work are in alignment with Rudolf Steiner's recommendations that the infant be allowed to come into the vertical through his own self-initiated motor activity, thereby strengthening his will and coming into relationship to the three planes of space. This is exactly what Emmi Pikler did, with tremendous depth of understanding and penetration of practical detail.

During my visit, I felt a kinship with the Loczy staff in our shared respect and love for the deep mystery of the infant's motor development. There was a palpable understanding

that the self-initiated unfolding of motor development provides something essential to the process of becoming a human being.

Pikler and Steiner also placed great importance on free play for the young child. At the Pikler Institute, in-depth research was performed regarding the various developmental stages of play, and how to best support those stages through appropriate toys, furnishings, and the attitudes and practices of the caregivers. Pikler also made sure that the children in her care were outside everyday in the fresh air and had ample opportunities to play in water, sand and to explore uneven terrain, appropriate to their developmental level.

Application of Pikler's Work

Since my visit to Budapest, we have employed the principles of Emmi Pikler, along with those of Rudolf Steiner at Sophia's Hearth in our parent child program, our child care program, and also in our teacher education program. Our staff at Sophia's Hearth and also the adult students in our teacher education programs have found Pikler's work to be invaluable and readily adaptable to a variety of settings.

We have perceived the underlying Pikler principles to be sound as the child increases in age, however the particular details of the practices may change over time. For example, an infant will benefit from orienting language during routine caregiving tasks. As the child grows and becomes increasingly familiar with the caregiving tasks, less orienting language is needed. However if an older child is faced with a potentially anxiety producing and unfamiliar situation, such as being in need of first aide or other medical care, then the fuller Pikler practice can again be helpful. We have especially found aspects of the Pikler caregiving practices to be very effective for older preschool and kindergarten aged children with challenges to their sense of life. The various Pikler indoor and outdoor climbing and crawling structures along with Pikler's recommendations for toys have been extremely helpful in supporting our infant and

toddler's gross motor, fine motor, and oral motor development. In addition we have found Pikler's ideas concerning infant and toddler social development-- especially toddler conflict-- to be full of wisdom.

Supporting the Child's Work

Steiner speaks of the first seven year period as the time whereby the individuality is working primarily in the realm of the will. Each time the infant self-initiates a movement-- each time she lies on her back and reaches for her knees, or transitions from side-sitting to ring-sitting, or pushes backwards on her tummy-- she is strengthening her will. We cannot do this will work for the child; she must do it for herself. Similarly, we cannot teach the child balance, and we cannot integrate her primitive reflexes. What we can do is provide the time and space in which the child can do her own unique work, and witness and appreciate the profound meaning and far-reaching effects of her work.

At birth, the infant is essentially bound to the face of the earth, but the child is far from helpless. The infants are warriors in an archetypal battle against the merciless and unyielding forces of gravity. If infants are allowed to engage in their own unique and gradual processes of coming up into verticality through their own efforts, they will emerge victorious and will be strengthened for life.

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*Sensory Integration and the Child by A. Jean Ayres, PhD, Western Psychological Services, 1995 p. 85