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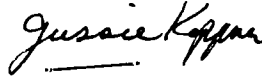
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Augusta Souza Kappner
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U.S. Department of Housing and
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WOMEN'S
CONSUMER
NETWORK

MELISSA MOSS
President

Aug. 15, 1997

Dear Cheri -

Here's the package on the childcare referral service I mentioned. I think they are very interesting and might be of interest for your upcoming conference. The women partner is great. Let's talk soon - XO

Melissa

"Honey, the Baby Is Wet!"

Tuan Dinh Nguyen

"Diaper change?" he asked agitatedly, with a slight chuckle. "Stop!"

This was how my college friend, who happened to be male and who also happened to apply for the same position, recalled his feeling about becoming an educator. I was more adventurous. I took the job. As it turned out, I'm the only male educator at the Foothill Family Learning Center (FFLC). Being something of an oddity, I was therefore asked to write about my experience at the center.

First of all, I'd like to say that I have only been at the center for two months and I am far from being a competent educator, but I have learned one very important lesson. I have learned that when it comes to caring for a child, it is simply not enough to interact with the child only on a play level; one must learn to take care of their needs as well. These needs include things such as changing diapers and giving naps. Perhaps the reason I have anything to write at all is because I was not able to perform these seemingly simple duties. I want to tell you why.

Before coming to the center, I believed that, as a male, it was not my place to change diapers and such things. Even though I have no children of my own, I have been around children and have gotten along with them just fine, or so I thought. As far as I was concerned, there was nothing missing in my relationship with children. When I played with them, they enjoyed my company and I enjoyed theirs. All this changed when I accepted my position at FFLC. Now, I could no longer delegate since it was now my obligation. It would be lying if I did not say that I was completely incompetent with these matters when I started, especially the diaper changing.

I can still remember my first diaper change. It was with Jacob, a crawler. I nearly panicked, but I stayed calm by trying to remember what I had learned from the brief orientation video and from watching other educators. Unfortunately, I was not able to apply what I had observed, at least not

right away. To begin with, I could not even take off his jeans properly. (Who makes these kids' clothes, anyway?) I had all kinds of trouble keeping Jacob down, and when I had the diaper on, I was confused as to which way the diaper went. I basically made a mess of everything. It was my first glimpse of what mothers have to go through, and I no longer viewed diaper changing as easy. I began to wonder if I was really all that good with children. Sure, I gave them respect and listened to their needs when I observed them, but when they really needed my help, I was not able to perform. It was a matter of trust, a trust that when needed, I would be there. It was about bonding, genuine bonding. I began to see what I was missing, what was wrong.

In addition to my diaper difficulty, there was also the difficult task of putting babies to sleep. The first baby I tried to put down was Lorena. Earlier, I had seen her rub her eyes, act fussy and yawn. She was obviously sleepy. Yet, when I put her down in her crib, she screamed and cried. I did everything I could to calm her down, such as patting her on her back, rocking her in my arms and singing "Rock-a-Bye-Baby." Nothing worked. I finally had to leave her alone in her crib for five minutes, but still, she would not calm down. I felt completely helpless. It was only much later, after working with Lorena for some time, that I learned that she was quite an active child who was not so easy to put to bed. I learned to give her room and to only put her in her when she was really tired. If I put her down and she did not try to roll over or sit up, then I knew she was really ready. At that point, even if she cried, she would eventually go to sleep. I was much relieved to discover this. I am still perfecting the art, since there are so many children at the center with so many different characteristics. I still have a long way to go. At least, I am content to know that I have made much progress from the days of putting a baby down, picking up a baby and not recognizing the subtle signals that they send out.

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I guess it must be clear now why I could not perform the care duties at the beginning. It was because I did not believe it was my duty and so I had never practiced. But it is everyone's duty, male or female. Our ultimate goal, even as we adults struggle with it, is for our babies to grow up self-assured and independent. They can only do that when they know that when they have needs, they will be provided for. With each diaper change and nap, the trust is reinforced and the bond slowly grows. I believe this is the foundation of healthy children and, eventually, healthy adults. It all begins with them knowing that they are cared for and that they are loved—something that all educarers must have, lots of love and the willingness to extend it.

I write this paper keeping in the back of my mind the changing times and attitudes about the role males play in children's lives. I see a lot of fathers performing the same care duties as the mother, and socially it is becoming accepted. I believe that men, if they so choose, can become competent caregivers. Child rearing is a challenge. It has little to do with genetics or tradition (though these things often stand in the way). I am by no means a perfect model, but I stand as proof that men can perform these tasks. Maybe one day, when men are asked to change diapers, they will not shout, "Stop!" But rather, they will ask instinctively, "Did you wet yourself again?" It is a critical step in fostering genuine relationships and carrying on with one of life's greatest and most enduring traditions, raising and caring for our children.

My name is Tuan Dinh Nguyen. I am 25 years old. I graduated in 1992 from the University of California, Davis, with a Bachelor of Science in Biology. I have finished two years of medical training at New York Medical College (NYMC). At the moment, I am on a leave of absence from NYMC to pursue other interests that I have been putting aside because of my continuous schooling. I am now working at Cherrywood Elementary School as a Primary Language Assistant and I also work at the Foothill High School Family Learning Center as an Instructional Aide. In both of these jobs, I deal with children, ranging from a couple of weeks old to six-years-old. I chose these jobs because I am interested in becoming a pediatrician, and I hope that working near children will allow me to know for sure if I am meant to be in this field. So far, I have enjoyed my jobs very much, and when I go back to New York in June, 1995, I will work hard to become a good pediatrician. I believe that this year off has given me back the drive I need to finish my education, because I have recaptured the reason I wanted to be a doctor in the first place, not for science but for people.

Is Faster Better?

Carol Pinto

The *Winter 1994 Bulletin* of the Sensory/Awareness Foundation is dedicated to the work of Dr. Emmi Pikler, 1902-1984. This volume, edited by Mary Alice Roche, introduces English-speaking readers to her first book for parents, which was published in Hungarian in 1940. Its title, translated here from the German edition, is *Peaceful Babies, Contented Mothers*.

Over the last twenty-five years, I have benefitted from the work of Dr. Pikler, first as a parent in a class with Magda Gerber, then as an educator working with parents and infants and, finally, in my own practice of somatic education. This review is my attempt to integrate various threads of my learning and experience.

I was fortunate to have met Dr. Pikler several times when she was invited to the United States by Magda Gerber to speak at RIE conferences—and pleased to have helped edit some of Dr. Pikler's speeches in English. It was during this time that I came to appreciate the deep friendship between two women whose work profoundly affects the lives of many children. One of the children was my daughter.

I didn't know what to expect when I first met Magda Gerber in 1969, when my daughter, Rachel, was six months old. We had just enrolled in Magda's first parent/infant class in the United States. This class was unusual at that time, for existing at all, and also for combining "normal" children with children who were at risk. Magda asked us to observe the babies to see what they chose to do on their own. This wasn't easy for me. Rachel was the youngest infant in the group and the only one who couldn't yet move about.

It was difficult to watch Rachel lying on her back while the others, Melanie in particular, would crawl over her and take toys out of her hand. It was not just that Melanie would crawl over her, but that she would lie on top of her, uninfluenced by Rachel's discomfort. Melanie

was the only girl in a family of boys and big dogs and could fend for herself easily. Rachel, on the other hand, was a first child whose mother answered every whimper or imagined need. Toys were placed in Rachel's hand; bottle or breast offered at the least scowl; I could not sit back and allow Rachel the least frustration or difficulty. I was too anxious to sit quietly and allow Rachel to cry and struggle. When she cried, I felt uneasy and wanted to do anything to stop the crying. Magda asked if I could make myself wait before I intervened. As I was waiting to see if Rachel could handle things on her own, I realized that inside of my grown-up self there was a restless, helpless child who did not know what to do. I still wonder about the source of this restlessness. Had anyone allowed me to figure things for myself when I was a baby?

In class a few days later, Rachel was lying on her back in the infant room, her two favorite toys, a shiny copper bowl and some beads, on the floor at her side. She looked at these objects with interest, reached toward them, and when she could not reach them, whimpered a little and looked toward me. I wanted to help her as I always had, but I remembered what Magda had said, "Wait." Many times Rachel reached for an object and became increasingly frustrated when she could not retrieve it, and she started to cry. It was painful for me to watch how she would turn toward an object, reach tentatively toward it, whimper or cry, then return to her back. It was difficult to acknowledge that she had learned to give up so easily because of my unnecessary help. Although she had the motor ability to reach an object, she didn't have the will to get it by herself. I had taught her helplessness.

Gradually through months of patient observation, guided by Magda, I was able to quiet myself enough to sit back and allow Rachel the op-

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"Is Faster Better?" continued from page 4

portunity to struggle. I began to respect her for her courage, patience and persistence, and she found joy in her own self-directed activity. As I learned to trust her, I learned to trust myself. Magda offered me an opportunity as an adult to relearn what I hadn't learned well as a child, and I began to wonder how close an adult could come to experiencing life with the attention and awareness of an infant.

This rediscovery of experience ("sensory awareness") has been the life work of Charlotte Selver, who studied with pioneer somatic educator Elsa Gindler in Germany in the 1930's. She coined the term "sensory awareness" to describe a process originated by Gindler and developed by Selver. In her foreword to the *Winter 1994 Sensory Awareness Foundation Bulletin*, Charlotte Selver remarks that when she studied with Gindler and Heinrich Jacoby in the thirties, they showed their students photographs of infants who were patients in Emmi Pikler's pediatric practice. Charlotte Selver writes that Gindler used the photos to demonstrate that "the seed of natural development is in every living being...it does not need to be 'helped' to develop."

In 1980, my search to relearn natural development led me to a four-year training given by Dr. Moshe Feldenkrais, a physicist who had developed his own way of finding original movement. I found myself rolling on the floor, imitating the many RIE infants I had seen. I was trying to find in myself what I see in them and in the babies I had seen in many films from Loczy. Selver, Gindler, and Jacoby were frequent touchstones for many of us who were reaching for spontaneity. My private touchstones were Gerber and Pikler.

Pikler's original Hungarian title for *Peaceful Babies, Contented Mothers* was *Mit Tud Már a Baba?* (*What Can Your Baby Do Already?*). Mary Alice Roche points out in her Introduction, that this is not Dr. Pikler's question, but represents the hope of most parents that their children will do

things as quickly as possible. Dr. Pikler, on the other hand, was steadfast in her belief that children should be allowed to develop in their own way and in their own time.

Dr. Pikler regarded even the youngest child as competent for her stage of development. Pikler doesn't speak about teaching a child, but about trusting that children are competent self-learners. Learning how to learn is more important than achieving developmental milestones. It is more important for an adult to observe and cultivate an environment where the child can explore freely "and develop amazing patience...and find joy and satisfaction which characterizes the learning process."

Joy, satisfaction and certainly "amazing patience" eluded me as I lay on the gym floor with the other Feldenkrais students, trying to discover what babies know. Perhaps the most difficult hurdle for all of us to overcome was an inner restlessness and the need to hurry. It seems that somewhere along the road to adulthood, we had lost the capacity to be patient with ourselves and find joy in our learning. As we students were relearning how to learn, relearning how to move and relearning how to sense, it became clear that each of us has an inner critic who tells us that we're not achieving fast enough or well enough. This critic always gets in the way of our learning, a process so personal that there should be no external judge. Instead we all need time, space and quiet to go inside and sense what it is we need to learn. Mary Alice Roche summarizes Pikler's philosophy:

Pikler...shows us what can happen when children's development is not pushed, but happens naturally as they learn to move on their own, in their own time...she shows how supporting and enjoying the child's natural development, rather than interfering with it, gives the child peacefulness as well as competence.

Editor Roche has compiled a sensitive and efficient synthesis of Pikler's book into 44 pages. This brief volume is so rich with the essence of

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"Is Faster Better?" Continued from page 5

Emmi Pikler's thought, so crowded with examples of her work, that it was difficult to extract the highlights.

Most of the excerpts Roche uses are from the book's first chapter on motor development, which was a principal focus of Pikler's work and which she regarded as important for all other areas of development. Pikler writes:

What is most important...is not the result, but the way to it. This learning process will play a major role in the whole later life of the human being. Through this kind of development, the infant learns his ability to do something independently, through patience and persistent effort.

While learning during motor development...he is not only learning movements, but also how to learn. He learns to do something on his own, to be interested, to try out, to experiment. He learns to overcome difficulties. He comes to know the joy and satisfaction which is derived from this success, the result of his patience and persistence.

Pikler outlines the natural stages of gross motor development during the first two years of life. Although this book was written over fifty years ago, Pikler's work is as valid today as it was when she wrote it. American researchers are just now beginning to study the natural, unaided development of motor skills.

Pikler describes the conditions under which gross motor development can unfold, discusses the kinds of environments that are helpful and what attitude the adult should have. She also discusses how we may unknowingly hinder children. Above all, Pikler asks us to be sensitive observers in order to develop the appropriate spirit in which to bring up a child.

If the appropriate spirit is behind the upbringing on the whole, the mistakes made here and there will not be of great importance. What is important is that we learn what is essential. *What is essential is to observe! Get to know your child. If you really recognize what your child needs, if you feel what is causing him grief, feel what she wants, then you will respond in the right way. You will guide and bring up your child well.*

The second section of the Bulletin contains

photographs selected by Dr. Pikler to show what she called the "inner emotional content"...the quietness, attentive, deep concentration which notices nothing else, and the *joy and satisfaction* which characterizes the learning process. All but one of these photographs were the work of the late Marian Reismann who photographed children at Lóczy and in families for more than sixty years. The babies in these photographs look almost like Zen masters in their ability to be present and in their calm focused attention. What they show is what many adults seem to be searching for—a natural, harmonious way of being.

In the final section of the Bulletin, Judit Falk, MD, Director of Lóczy from 1979 to 1991 contributes a fascinating account of the history and current importance of Lóczy, now called the Emmi Pikler Institute. She traces the evolution of Dr. Pikler's ideas, beginning with her days as a medical student in Vienna.

The biographical information on Dr. Pikler, reading her own words and seeing the photographs which she herself selected, give all of us a clearer understanding of her life and work. I hope for continued translations of her writings into English, and I thank the Sensory Awareness Foundation for this beginning.

Carol Pinto is President of the RIE Board of Directors, a RIE Fellow and a teacher of the Feldenkrais Method.

A CALL FOR ARTICLES

Articles are needed for future issues of *Educaring*. Please submit ideas, articles, or concerns you would like to see addressed or printed in the future to Becky Hopkins, Editor, 1550 Murray Circle, Los Angeles, CA 90026.

PACIFIC OAKS OCCASIONAL PAPERS

RESPECTING INFANTS

Magda Gerber

Resources for Infant Educarers
Pacific Oaks Adjunct Faculty

and

Janet Gonzales-Mena

Napa College Faculty
Pacific Oaks M.A. 1977

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Supporting the Growth of Infants, Toddlers and Parents

E. Jones, ed., Pacific Oaks, 1979

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RESPECTING INFANTS: THE LOCZY MODEL OF INFANT CARE

Magda Gerber

The theoretical debate about whether or not infants should have substitute or supplemental group care available outside of the family setting has abated, as the requirements of our society have determined the issue. Now, of necessity, the quest is for improving the quality of infant care (Caldwell, 1974; Dittman, 1973; Kagan, 1976; Provence, 1977; Ricciuti, 1976). Infant programs in this country have often been infant stimulation programs. The appeal of infant teaching and stimulation now appears to be undergoing reconsideration, however, with concern being expressed about the hazards of overstimulation. We are moving into a period where "the term infant stimulation is misleading and should not be used in identifying educational programs appropriate for young infants and their parents." (Bromwich, 1977, p. 81)

Professional group care of infants is itself in its infancy. Except for a few model programs led by pioneers in group infant care, most centers and day care homes operate with very little preparation or experience. Historically, group care brings to mind the dreary conditions in orphanages where, in spite of proper nutrition and hygiene, mortality was high, and most of the children who did survive failed to thrive. In his well-known article on the subject, Spitz (1945) called public attention to the phenomenon that he termed "hospitalism," the devastating effect which institutional care had on infants. The deviant development of these institutionalized children was attributed to lack of sensory stimulation and/or the lack of a close, nurturing relationship.

As a result, most subsequent research on infancy has explored cognitive and/or emotional aspects of development. Existing infant programs have been influenced by these two emphases. Professionals attempting to meet the infant's need for a nurturing environment are likely to be concerned with a high adult-child ratio, body contact between the caregiver and child, and the availability of rocking chairs. Those following the cognitive model often make use of learning "kits" and develop curriculum aimed at teaching and stimulating the infant.

The purpose of this paper is to describe an institution which offers an alternative model contrasting with much that is currently being done in group care: the National Methodological Institute for Residential Nurseries, in Budapest, Hungary.¹ The Institute is known as "Loczy" for the street upon which it is located. For thirty years, Loczy has been guided by the same unifying philosophy and well-defined methodology, with the daily life of each infant in its care being scientifically observed and studied. Research findings have provided feedback for continuous improvement of conditions at the Institute.

The basic philosophy of Loczy could be represented by Bruner:

There is inherent in the description given of the growth of infant skill an emphasis on self-initiated, intentional behavior. Surely the chief practical recommendation one would have to make... is that the infant should be encouraged to venture, rewarded for venturing his own acts, and sustained against distraction or premature interferences in carrying them out. It is a point of view very alien from such ideas as preventing "deprivation" or providing enrichment, both of which are highly passive conceptions... (Bruner, 1973, p. 8)

History

Loczy is a residence for normal infants from birth to three years of age, with a capacity to serve seventy infants. It was founded in 1946, after World War II had left many infants in Hungary without parents and in need of full-time care. Located in a former private home on a hillside surrounded by large gardens, the Institute has served nearly 2,000 infants who have spent their first three years there. The Institute operates with seventy full-time staff: five medical doctors, six psychologists, twenty-three carers,² plus researchers, aides, registered nurses, librarians, administrators, and support staff. Each staff member has a specifically defined role to perform in the actual care of the infants or in areas of supervision and research. In addition to their pro-

¹Previously called the National Methodological Institute for Infant Care and Education.

²Called "infant-nurse" by the Institute. "Carer" is preferred by the author, rather than caregiver or caretaker, because of the emphasis on caring, not on giving or taking.

professional education, staff members are trained in the philosophy of Loczy.

The Institute has been under the continuous direction of its founder, Emmi Pikler, M.D. Fully aware of the potential harmful effects of institutional care on infants, Dr. Pikler began Loczy while acknowledging that an average family is a far better environment for an infant than even a good institution. Since an institutional setting, by its very nature, is an artificial place in which to raise infants, she exercised great effort to create a meaningful life for the children. Her goal was not only to prevent "hospitalism," but to foster a special relationship with a consistent carer. She determined to achieve genuine involvement in the environment and a growing feeling of individuality in each child.

Dr. Pikler is well-known in Europe for her original ideas on infant rearing. After receiving her medical degree in Vienna, she developed what was to become a life-long interest in the physiology of gross motor development. Her interests concerned the differences in gross motor development of normal children under two different conditions: 1) when motor development is influenced by adult intervention (positioning, exercising, restricting) and 2) when motor development naturally occurs without adult intervention. Dr. Pikler became an advocate of "non-interference"--of letting the infant develop at his own rate. She suggested that by allowing the child freedom of movement, parents would develop respect for their baby's individual tempo and style in other areas of development as well.

Emmi Pikler first applied her hypothesis when raising her own daughter, and, as a family pediatrician, she became influential in the way her families raised their infants. Making weekly visits to the homes of these families, she would spend hours observing and facilitating the mutual adaptation of the infant and the family. The children of these first one hundred families became the prototypes for the thousands of children who would spend their first years at the Institute. Known as "Loczy babies," these children were described by authorities to be alert, exploratory, autonomous--terms rarely applied to institutionally-raised infants of the 1940's. These initial results prompted greater investigation of conditions at the Institute.

Two respected French authorities on infants, Dr. Myriam David, a child psychiatrist, and Genevieve Appell, psychologist, reported after their first visit to the Institute:

From the first step into the house, one is fascinated by the looks of the children: flourishing babies...with tanned complexion, harmonious proportions and movements, involved for the most part of the day in various activities, in good contact with adults, without being too dependent on them. The groups are peaceful: among the children there are astoundingly few conflicts, although interactions begin as early as four to five months. (Hermann, 1972, p. 92)

Intrigued by their brief first visit, Dr. David and Ms. Appell returned to Loczy for an extensive observation. They published their findings in a book, Loczy, ou le Maternage Insolite³ (1973), which describes the organization and its methodology of infant care.

Philosophy

The following outline gives the essence of the principles and philosophy of Loczy:

1. An infant living in an institution derives security from a predictable environment and the opportunity for anticipation and making choices.
2. An infant needs an intimate, stable relationship with one constant person (mother figure).
3. This relationship can best be developed during individualized caregiving activities.
4. Respect is shown by treating the infant as an active participant rather than as a passive recipient in all interactions.
5. The infant does not need direct teaching or help to achieve natural stages of gross motor and sensorimotor development.

An expansion of these five principles follows.

³Loczy, An Unusual Way of Caring. Translation by Gerber.

Predictable Environment

The environment that is carefully planned and structured takes into account that infants who are not living in their own homes derive security from permanency, constancy, and anticipation (Tardos, 1964). At Loczy, these qualities are provided through the careful organization of space, time, and interpersonal relations.

Indoor space is at a premium at Loczy. The children of all ages spend the larger part of their days out-of-doors; each group has its own fully equipped area. There are a wading pool and several large sandboxes with sand piled as high as four to five feet. There are duplicate cribs (both in and out-of-doors) for each child, plus changing tables for each group, located on the terraces and in the large gardens. Within a predictable rhythm of daily life (regular times for sleeping, eating, staying outside and inside, etc.) the infants have time for long periods of uninterrupted exploratory play in a safe environment. The stability of the environment and the time structuring of routine provide predictability on a long-range basis.

On an interpersonal level, the infant is encouraged to anticipate what will happen next by telling him⁴ about it before it occurs. This provides an opportunity for his active participation and involvement. For example, anticipation within daily routine activities is aided by telling and showing the infant what is going to be done ("I'm going to pick you up now..."), giving the child time to respond (e.g., reaching out, crying, or showing disinterest), and then respecting the child's reactions whenever possible. The carer differentiates between situations where the child has a real choice and where he does not. If there is a real choice ("Do you want to be picked up now?") and the child responds negatively or with disinterest, he is left alone. If no choice is involved, the carer does not ask, but states the intended action ("I'm going to pick you up now. It is time to go."). The child is picked up.

Mutual understanding, acceptance, and respect are promoted when both carer and child learn to anticipate each other's reactions.

Intimate Stable Relationships — "primary caregiver"

The Loczy staff supports the belief that each infant needs to develop an intimate, stable relationship with one constant person. This is one of the most difficult objectives to put into practice in an institutional setting. To achieve this, nine children form a group and they are cared for by the same three carers throughout their entire stay at Loczy, living together as a unit in their own area. Although each carer is fully responsible for the nine infants during her shift, a special attachment is fostered and soon develops between each carer and her "own" three infants in the group. Thus, each carer becomes a mother figure of three children.

By maintaining ongoing records using a Loczy-designed scale and keeping diaries, the carer becomes intimately involved with "her" children, and the children respond by showing a differentiated reaction to their own carers as early as three or four months of age.

Individualized Care Activities "continuity of care"

Trust and intimacy between carer and infant can best be developed during routine caregiving activities, and these most consistently repeated experiences have a cumulative effect on both infant and carer. If the carer gives total, unhurried attention each time she cares for the infant, he gets "refueled" with human contact and individual attention and is willing to autonomously explore. "As his motility, skills, and interests grow, his curiosity and the pleasure in discovery help him to leave the need-fulfilling object"—the carer (Gerber, 1971, p. 170). These same care activities also offer excellent opportunities for developing cooperation, speech, body image, and mutuality in task-oriented experiences. The child is encouraged to be an active participant rather than a passive recipient in these activities.

The interchange between carer and infant during caregiving activities at Loczy is represented by the following schema:

⁴Him or her. For simplicity's sake, the infant is always referred to as him, the carer as she.

Carer

Infant

Obtains attention of infant by greeting him.	→	Notices carer.
Verbalizes and indicates what is about to happen.	↔	Pays attention to carer.
Waits for infant's reaction.	↔	Responds to initiations of carer.
Asks for cooperation, accepts playfulness.	↔	Cooperates, participates, teases. ⁵
Encourages mastery.	↔	Achieves mastery.
Enjoys process.	↔	Enjoys process.

Respect

The guiding spirit in all human interactions is respect. In order to comprehend the application of such an abstract, but often-used word, it is helpful to review the behaviors practiced at Loczy which are guided by respect.

1. Regardless of age, the infant is never talked about in the third person, but is directly addressed. When adults need to discuss an infant, it is not done in his presence.
2. A "dialogue" between carer and infant begins at the earliest age as the carer observes and acknowledges the baby's every response.
3. Infants are rarely forced to do anything. During feedings, for example, the baby is shown the spoon containing food and only when the infant indicates acceptance by opening his mouth is the food put in.
4. The infant is allowed to anticipate every step of what is about to happen to him. He is never picked up or put down without being told of the impending action. If he is asked to make a choice between actions, the infant's choice must be respected.

Respect is the guiding principle in situations other than routine care. It can best be defined as selective intervention and is based upon sensitive observation. Knowing when not to interfere is often more important and generally more difficult than indiscriminate intervention.

Whenever possible, the carer trusts the infant to solve problems as they occur in his daily existence. When observing a seven-month-old trying to get a ball which is stuck, the carer may just wait or may comment, "It's difficult to get that ball out, isn't it?" (Compare this approach with giving the child the ball or physically helping him.) In another situation, two fourteen-month-old children are pulling on the same toy. The carer might reflect, "Ann, you want that bear and you, John, want the bear, too." Often the calm tone of the voice of such impartial reflection is enough for the children to solve the conflict in their own way. (Compare this reflective, non-directive attitude with one where the adult becomes the problem-solver: "Ann had it first." "If you fight, I will take the toy away." "John, take another toy.")

At Loczy, the role of the carer is to facilitate the development of an active child who is challenged by problems, enjoys his autonomy, and trusts adults.

No Teaching

Loczy emphasizes that gross motor and sensorimotor development are best learned while the infant is freely exploring and manipulating in a safe, carefully designed environment. Spontaneous, self-initiated activities by the infant have an essential value for his physical and mental development in that the pleasure evolving from exploration and mastery is self-reinforcing. Subsequently, the infant becomes intrinsically motivated to learn. The Institute ensures this development with the following conditions: 1) non-restrictive clothing (the children, including the very young babies, are not tucked in or wrapped in blankets, but they are put into large sleeping bags which allow move-

⁵ Playful teasing (doing the opposite of what is asked or expected) indicates developing trust.

ment); 2) ample space which is expanded with the infant's ability to move. When several infants share a common large playpen, an area of 1,550 square inches is allotted each child. The Institute has large room-size playpens, both in and out-of-doors, which allow the children to locomote by rolling, crawling, or creeping; 3) appropriate simple toys. Toys are never put into the infant's hand, but are placed at a reachable distance so that the child has to make an effort to obtain the toy. Once it is gained, he manipulates the toy as he chooses; 4) to quote Pikler: "The Institute withholds 'teaching' in any form. Under 'teaching' we understand systematic practice of certain motor skills by holding or keeping the child in a certain position, whether by adult or by equipment, or in any way helping him to make movements that he is not yet able to execute by himself in his daily life." (Pikler, 1971, p. 57)

The Loczy child is never placed in restrictive equipment such as an infant seat, car seat, swing, bouncer, or walker. High chairs are not used; each child is fed on the carer's lap until the child can independently use a chair or bench and table of appropriate size.

No extra stimulation is given to develop other areas such as perceptual, spatial, and fine motor skills. Since the child is not restricted, he uses several sense modalities simultaneously (e.g., moving, looking, reaching, touching, listening, and mouthing) and develops cognitive functioning by integrating information gained. In addition, the child develops a lengthy attention span because he is not interrupted in his explorations.

Training at Loczy

The care of the infants, training and supervision of staff, and research activities function as an interrelated whole. Because some of the developmental and behavioral goals at Loczy differ from the usual ones, a Developmental Chart (devised by Falk, 1968; 1971) is used for each child. This detailed program chart covers the following major areas of development:

1. Gross motor activity
2. Manipulation
3. Social relations (in particular, the infant's reactions during routine caregiving activities)
4. Eating habits
5. Speech.

The purposes of the chart are:

1. to keep reliable weekly records;
2. to provide data for supervision and research;
3. to evolve a "profile" for each child; and
4. to exert a desirable influence on the carer.

The one hundred items which the carer is required to fill out each week for each of her three children are based upon the Loczy principles of infant care. Ideals of cooperation as well as autonomy are built into the scale. The carer refers to a checklist to record the date of emergence of new behaviors as well as their duration. Since the child's reactions are considered to be reflective of each carer's competence, the carer will interact with the child in such a way as to facilitate the desired behavior. For example, in order to facilitate relaxation in a baby only a few weeks old, the carer will hold him securely, move slowly with him, and talk quietly to him. Since the carer must record when the baby is verbalizing, she will respond to his utterances, talk to him, and allow enough time for him to respond.

By contrast, gross motor activities are recorded only if they are at the infant's own initiation, with no help or prompting from the carer.

This unique form of charting provides feedback on the quality of the caregiving and, as a result, offers positive reinforcement to the attitudes of the carer. In addition, it provides reliable documentable data for research activities.

Research at Loczy

The fact that Loczy has operated under the same philosophy and methodology for three decades makes it a unique environment for conducting research (Hermann, 1972). Continuous observation and controlled studies have been carried out since 1960 in the areas of gross motor development (Pikler, 1968; 1971; 1972; Pikler and Tardos, 1969), manipulation (Barkoczi, 1963; Tardos, 1966), and infant interaction (Vincze, 1970). A longitudinal study funded by the World Health Organization (Falk and Pikler, 1972) documented the continued growth and adjustment to regular family life of "Loczy babies" following their adoption.

Research is naturalistic at Loczy; infants are observed and their behavior is recorded as they go about their daily routines rather than under artificial conditions. Investigators are interested in how the infant chooses to utilize his resources, not in what he can be made to do. This can best be exemplified by two research studies conducted at the Institute--one study on gross motor skills, the other on infant-infant interaction.

Gross Motor Development

Research on gross motor development has been conducted continuously at Loczy. These studies add another dimension to literature on the same subject. Loczy documents only self-initiated movements of the infant which occur as a result of neurophysiological maturation without any adult interference, help, or teaching. Reviewing the literature, Pikler (1971) found no research dealing exclusively with spontaneous occurrences of new motor skills. These skills are usually recorded in conjunction with those influenced by adult manipulation, e.g., pulling up, propping, positioning, and exercising. Similarly, infant tests (Bayley, Gesell, Illingsworth) that establish norms for the ages when new skills are achieved (sitting, standing, walking) do not clearly define the circumstances under which the child has learned them. This confusion may contribute to the creation of various beliefs, both cross-culturally and within our own culture, about what is necessary or helpful to promote healthy gross motor development.

In an account of 722 children raised at Loczy, the investigators described their movements as well-coordinated, economical, and cautious. "The children, without exception, attained the age-appropriate motor skills" (Pikler, 1971, p. 60), "...maintaining a stable high activity level during the whole period of learning new motor skills" (Pikler, 1971, p. 70), and "change their postures on average of at least once per minute" (Pikler, 1971, p. 75). This indicates that a child restricted from moving freely is deprived of the long hours of exercising in transitional postures before mastering the next developmental skill.

Infant-Infant Interaction

Except for some early studies by Buhler (1931), Bridges (1933), Freud and Dann (1951), the twin observation of Lichtenberger (1965), and the descriptive observations of Kibbutz-raised infants by Rabin (1955), the potential value of infant-infant interactions has been largely ignored by investigators of infant behavior. Apolloni and Cooke (1975) noted after reviewing existing literature on the subject that the interactions between infant and toddler peers familiar with one another have been a little recognized variable in infant development.

Conditions at Loczy are most favorable to conduct such studies of early peer interactions, since the infants grow up in a group and are allowed ample free play and interaction, with little adult intervention. This peer interaction of Loczy children was longitudinally studied over a two-year period by Vincze (1971). The group consisted of nine children, with the greatest age difference being six months. Social interactions were grouped into nine categories:

1. Contact by look, smile, sound
2. Initiation of contact by gesture or locomotion
3. Physical contact
4. Taking away an object
5. Offering or giving something
6. Imitation--acts performed together
7. Common activities--acts performed together
8. Verbal communications
9. Simulation of adult attitude towards peer/s.

In comparing these findings on children six to twelve months of age with those of Buhler and others, Vincze noted that although "taking objects from each other occurred quite frequently," the children reflected positive attitudes toward each other:

This age group is not characterized by a large number of conflicts; the social interrelation of the children seems to offer considerably more pleasure than discontent... We were able to record a substantially broader, more lively, and colorful range of social contacts than those recorded by Buhler in the experimental situation. Our data seem to be closer to the pattern of social contacts as recorded by Lichtenberger, based on his observations of his own twins.
(Vincze, 1971, p. 39)

Two areas of research have been elaborated upon here. Loczy publishes much of its own research work and, in addition, publishes textbooks, books for general readership

(especially for parents), monographs, and numerous articles. Loczy has produced eleven educational films on different subjects of infant care and development.

Conclusion

Some of the Loczy ideals, goals, and concepts relative to infant needs and caregiving may differ from those in this country. Acceptance of an ideal or goal does not require obedience to a methodology, however, and it is not suggested that the methods of Loczy should be, or even could be, duplicated in their entirety in the United States. Developed over thirty years in a controlled setting, the Loczy philosophy and principles do have implications for group infant care in this nation and do merit objective study and consideration.

In summary, the Loczy guidelines are:

1. Basic trust in the child as a self-learner and initiator.
2. An environment for the child that is physically safe, emotionally nurturing, and consistent.
3. Intimate human relation with one primary carer.
4. Concept-free observation of the child.
5. Minimal interruption of the child at play, with large amounts of time allotted to play.
6. Independence for the child in movement, choice, activities.
7. Involvement of the child in all activities with the carer.
8. Respect for all human beings, including infants.

These guidelines do not imply a permissive approach in which a child can do whatever he wants. Adults at Loczy give clear messages about their expectations for children's behavior and the limits which must be set to promote discipline. However, children are given choices whenever possible, especially in feeding and play situations. The child's ability to make decisions is fostered and respected.

Postscript

The work of the Loczy Institute and Janet Gonzales-Mena's article on the following pages, which is based on her experience in the Demonstration Infant Program in Palo Alto, California, are linked by a bridge. It is a bridge that spans space and time, stretching from Hungary to the United States over a period of three decades.

My personal awareness of the needs of infants began when my first daughter was born. I realized, with bewilderment, that none of my fine academic schooling had prepared me for the challenging new job of parenting. In order to learn how to cope, I began to read books and ask for advice, only to become more confused by the often conflicting suggestions. Three years later my second daughter was born. I had believed that my experiences with my first child would have ably prepared me for my second, but, alas, I found that she was a very different sort of child. I again became aware of how unsure I was of her needs and how to meet them.

It was three years later that, by chance, I met Dr. Emmi Pikler; she was substituting for our regular pediatrician. What an eye-opener that first visit was! It was a revelation for me to watch my unruly children listen, pay attention, and follow directions without any fuss or fear. Dr. Pikler usually began to work with new families only before or shortly after the birth of their child, but I managed to convince her to accept the care of my children, then three and six years old. It was at that point that my education in parenting began. Years later, when my son was born, I experienced the striking difference between my former feelings of doubt and anxiety and the new feelings of confidence in myself and empathy for my children. I decided to devote myself to the study of infants and their care in order to be able to help other parents.

In addition to my formal training, I became Dr. Pikler's apprentice. The main curriculum was observation. For years I observed hundreds of infants in homes, in parks, in institutions. After the war, in 1946, when Dr. Pikler founded the Loczy Institute for motherless infants, I participated with her in the training of people in a new profession: the "infant carer."

I arrived in the United States in 1957, hoping to continue working with infants and parents and training infant specialists. At the time, I was alone in seeing the need for such a program. I thus channeled my efforts in another direction, drawing upon my knowledge of infant behavior as an aid in my new occupation of therapist for emotionally disturbed children. Finally, in 1968, I was able to initiate the Pilot Infant Program at the Dubnoff Center in North Hollywood, California. This was a great opportunity and an enormous challenge, as there were no models to follow. I combined my training under Dr. Pikler with my newly-gained understanding of older children, and based the program, as had Dr. Pikler, on observation--the intensive observation of infant interaction with both adults and other infants.

This same design was again used and further refined at the Demonstration Infant Program in Palo Alto, which is described from the infant's point of view in the article which follows. From 1972 to 1977 the Demonstration Infant Program trained infant specialists. In 1978, building on the network of these infant professionals, Dr. Tom Forrest and I founded a non-profit organization, Resources for Infant Educators. Resources for Infant Educators continues to train people to improve the quality of infant care and to provide resources and support for parents and professionals. It is the last pillar of this bridge across time, space, and experience.

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QUALITY ADULT-CHILD RELATIONSHIPS:
A CHILD'S-EYE VIEW

Janet Gonzalez-Mena

Infancy is a time when life-long patterns of behavior are established. If the infant can receive appropriate unhurried and undivided attention from his mother or "carer" during his daily routines, he will feel trust and security to freely explore his safe environment without needing intervention or stimulation from others. Thus, he will acquire self-confidence in his growing capacity to solve his own problems.¹

You're moving down a long hall in your mother's arms. You come to an open door, pass through it at shoulder height, and find yourself in a familiar room. A quiet voice says your name and you look to the source. A short, white-haired woman with an energetic peacefulness about her looks you right in the eye and greets you.² You smile in return--you remember her from other visits.

You find yourself being carefully placed on a high, soft surface. Your mother's face appears above yours and says something like, "I'm going to take your shoes off." You look around the room until your mother brings your attention to your foot, which has the shoe untied and loosened. You pull at it a little and it topples off. You laugh at this. You hear something about "the other one" and turn to discover the other foot in the same condition. It's easy to pull this shoe off too.

You still have time to take things in while your mother talks a little to you and fiddles with your socks. Before you know it you find a sock ready to be removed by you--and then another. Done. You have a feeling of accomplishment!

Before long you realize that you have removed (or helped to remove) lots of restrictive things from your arms and legs. You feel air on your skin and lots of freedom. You're anxious to get off this high place and move. You wiggle around and find yourself carried down to the floor.

Now you're on a smooth, cool floor, sitting, staring into your mother's shins. Up you get on all fours and without giving much thought to where you are going, you take off. You quickly notice a change under your knees. The smooth hard feeling has become soft and spongy. You stop for a moment to stick your fingers into the nap of a thick rug, then keep right on going past the designs on the rug, past a brightly colored scarf. You're headed for a shelf of toys you can see ahead of you.

Whoops, what is that? A face comes into view--a very small face and a pair of hands. You stop for a moment to investigate. You regard this face quietly and at the same time feel a big presence come up close beside you. You ignore this adult and reach for the face. You touch the smooth skin, and the eyes come to rest on you. You feel good. You pat the soft hair, then have an urge to know what the hair will feel like on your lips. You reach down and touch your lips to the hair.

You feel some kind of pleasure coming from the adult sitting by you. You look up for a moment, but this big face isn't as appealing or as reachable as the small face on the floor by you. You move back to your examination of the face. Then you begin to get more energetic about your explorations and you feel a big hand stroking your small one, and you hear a voice saying, "Gently, gently." You go back to your original soft stroking. Suddenly a small hand comes up and attaches itself to your hair. You move back, startled.

This movement puts you in a new position, and from this new view you can see a big, bright ball. You move over to it. You reach out and touch it--it rolls away from you. You feel excited about this and crawl after it. You try to hold it, but it keeps getting away from you.

You stop for a moment and take your bearings. You're far from the rug now, and the toy shelf you were originally after has disappeared completely. You find instead that the ball has rolled to a small bed with a doll inside. You reach for the doll, pick it up by one foot, and drop it. You take the blankets off the bed one by one, comparing their soft textures. When you get down to the hard bare wood, you figure you've seen enough. You move on. As you pass by the doll you give a little attention

¹From a brochure on the Demonstration Infant Program, Children's Health Council, Palo Alto, CA, January 1975.

²Magda Gerber, Program Director.

to its face. You glance back to the small person on the rug and a fleeting glimpse of that face crosses your mind. It's different from this one. You compare the two.

Suddenly you remember your mother. You have a tight feeling inside. Where is she? You sit straight up and look around. Not far away is a familiar pair of shoes and feet and legs. You look up and up until you get to her face. Her familiar voice says, "Yes, I'm still here." You crawl over and touch her skirt. Then you take off again.

You are aware now and then that there are other voices in the room. They talk softly and infrequently. You notice too that there are other people in the room. As you are about to go in pursuit of new adventures, you hear a squabble coming from a far corner of the room. You give your attention to it for a moment, but it makes no sense to you. You move on. You see an open door and you move toward it. On the way you pass a mirror and catch a glimpse of a familiar face. It's you! You pause momentarily to reacquaint yourself with your features.

Then the open door beckons again. As you go out you feel a change of texture under your hands and knees. You find yourself faced with the choice of a gently sloping ramp or low steps. You choose the ramp. You feel a downward pull as you crawl forward. At the end you feel warm grass under your hands and knees. It tickles a little. You sit quietly for a few minutes taking in the new sensations. Then you crawl a short distance and find yourself sitting in warm sand. You enjoy running your fingers through this new material for awhile.

Someone else is in the sandbox and you are about to poke a fat, soft leg, when you suddenly remember your mother again. Up the ramp and through the door you go, and you find her close by. Beside her is the toy shelf you were originally aiming for. You turn to move toward the shelf when your mother says, "I'm going into the other room now." You sit up wondering. You watch as your mother's feet get up and start moving slowly away. A feeling of panic comes over you, but you remain stunned. You want to do something to stop her, but you can't. Her feet disappear out the door and you can't see them any more.

You feel a tenseness in your face and a pounding in your ears. You hear a loud noise and feel something come out of your throat. You're all alone in the world. You have just enough time to fully react to this feeling when a hand touches you and says, "Your mother's right in the other room." You stop for a moment to consider what that means. But your mother doesn't come, so you get the same feeling back and your cries come pouring forth. The warm voice says, "You can go see your mother if you want."

You stop crying, but then you start again because you're still stuck here without your mother, even though this other voice and hand are comforting. Then you see a big person, the one with the white hair, crawling in front of you, beckoning you to come. You begin to crawl and once you begin, you have a strong feeling. You can get to your mother! She isn't gone--she's reachable! You move with energy--out the door into the other room. There are those wonderful familiar feet! You crawl over to them, hugging the shins. Your mother comes down to you. She touches you gently and says quietly, "Here I am. You were upset because you couldn't find me."

You sit down together on the floor and you bask in her presence. But very shortly you get the urge to go back into the room with the toys and the white-haired woman. You move away from your mother and start back. You watch her from time to time, but she doesn't move. You move out of sight of her but have the feeling that you can get to her again.

As you pass back through the door you see a big, soft, floppy ball. You reach out for it and grab it in your hand. Just as you are about to enjoy it, you find it yanked from your grasp. You sit back in astonishment. You look up to find YOUR ball in the hands of another young person. You are surprised and disappointed at the same time. You reach for it--but the person moves away. You follow and reach again. You just get your finger tips on it when it suddenly is yanked away again. You sit back in tears. It feels as if you are going to cry for a very long time. You have just settled back to do that when a hand touches you and a voice says, "You don't like it when Kevin takes the ball." Such understanding is conveyed by that voice that your feeling about having a long cry changes. Now that you have shared your feeling you don't have to hang onto it. You cry a few more sobs, look at the face, and let go of the feeling.

You move away toward a low table. As you come up to the table you see the underside first. The paint is missing here and there and the textures are interesting. You wonder what is on top. You pull yourself up to have a look. There is a puzzle. Kevin is just removing two pieces. You push the puzzle with your hand and it falls on the floor with a great big delightful noise. Kevin looks at the puzzle, then at you. You take the piece he has in his hand. He looks surprised. You pick up a piece on the floor and begin to bang the two together. You feel Kevin wants to take the piece back, but he makes no move to do so. He leaves you in peace and you shove the puzzle under the table and then follow it. You turn on your back and contemplate the textures of the unpainted side of the table. A feeling of real peace comes over you and you spend a

long time here.

When you're ready you crawl out and look around. You spy Kevin again. He is climbing on a low platform. You find that interesting and start over in his direction. By the time you get there the platform is empty. You want very much to get up on it, but you don't know how. You make several attempts to crawl up, but it is just a little bit too high. You are just about to give up when a voice says, "Maybe a cushion will make it easier for you." A flat, firm cushion appears in front of you--between you and the platform. You sit back to think this over--but only for a minute. You climb up on the cushion and from there you can easily get onto the platform.

What a great feeling to be up there! You take only a moment to let it sink in and then crawl back down. You want to try to get up there again. You manage the climb again and get the same feeling. You repeat this sequence a number of times until the pleasure of it all begins to wear off.

You're just beginning to wonder whether you should stop or not when you become aware of some fussing noises in another part of the room. You stop to take in what is happening there. An adult is talking to a fussy baby. You hear the word "juice." That reminds you of a little feeling that you've been having down inside. You look over to where you remember the snack cupboard is. Sure enough, there is the white-haired woman helping a small person wheel the snack cupboard over to the table you were lying under earlier.

You get very excited and you start for the table. But you forgot you were on the little platform. You miss the cushion completely and find yourself sprawled on the floor. You're surprised and upset. You let out a loud series of cries. You have your eyes closed so you don't see an adult come to your side. Instead you feel a calming presence. You open your eyes and hear a voice say, "You fell down." You lie there a moment, gathering together your scattered feelings before you attempt to pick up your scattered body. The adult waits. You wait. The adult says, "Do you need some help?" You take a quick inventory, move an arm, shake your leg, and discover all your parts still work. You pull yourself together, rejecting the offer of help.

An image of your mother flashes across your mind and you think for a moment you might need her very much right in the next instant. But the table and juice come to your mind and you remember what is to come. You continue on your way, vaguely aware of a little sensation in your leg that wasn't there before, as well as a slight throbbing in one cheek. As you get to the table you feel (or perhaps hear) a welcome. You get into a waiting chair by yourself and sit back to see what will happen next...

This child is experiencing an infant-toddler-parent program³ which is notable for several reasons. The pace is an infant one, not an adult one. Things happen slowly, giving the child plenty of time to grasp not only what is happening but what is going to happen. The sounds are primarily child sounds rather than continual adult chatter. The adult talk is quality talk and is usually in response to the child. Talk does not interfere with concentration or direct experience. The child is able to get really involved in something without being interrupted.

The child is encouraged to do things for herself, rather than just having things done to her. When shoes, socks, and clothes are removed, the adult involves the child in the process rather than just getting the job done.

The child is given a variety of choices and encouraged to play and explore using his senses. He is never entertained.

Recognition is given for feelings. Instead of trying to "make the feeling go away," the adult expresses in words the discomfort felt, such as when the child felt abandoned and when she fell and got hurt. This encourages the child to recognize feelings instead of deny them. It also tells the child that she was heard, which is comforting. The child is encouraged to tune in on her emotions and to learn problem-solving skills. (Compare this to teaching a child to deny his feelings by distracting him. The implications for denying feelings in adulthood are complex. Better to develop awareness rather than denial from the beginning.)

The adult role in infant problem-solving was illustrated in this scene. Children are left alone to solve their own problems. However, when the adult perceives that the child needs just the smallest bit of help to move forward, that help is provided. The child climbing up on the platform needed more than was available; she would have given up if the cushion hadn't been supplied.

The scene just described shows mostly child-directed time (free play). Not all

³The Demonstration Infant Program, Magda Gerber and Tom Forrest, M.D., Directors. The program was based on the principles developed at Loczy. It was designed to meet children's and families' needs and to train professionals to work with infants.

time in the program is child-directed. The following scene shows an adult-directed time--snack time. The children are not free to do whatever they want at the snack table. Choices are available, but there are restrictions too. Eating is done only at the table, not while playing. Food is available to be explored with the senses, but eating time is not play time. If a child prefers to play, he is directed away from the table or actually put down.

Three toddlers are sitting at a low table, intently involved in watching a man⁴ who has several plastic cups in his hand. Across from the man is a woman with an infant in her arms.

Tom: (To the child on his right.) Susan, do you want this cup (holds out a small blue cup without a handle) or this one (offers a slightly larger green one with a handle)?

Susan: (Regards both carefully.) Uh... (Reaches for the blue one.) Now, everyone has a cup. We're ready for the juice. (Brings out a can of apple juice.) See the can of juice. (Takes his time so each child has plenty of chance to realize what is happening. Notices one child is getting particularly excited.) Ricky, you're ready for your juice.

Ricky: (Pounds his cup on the table.) Me! (Reaches cup out to Tom.)

Tom: Yes, you want your juice. We have to open the can first! (Gets out the can opener, taps the top of the can, punctures the lid. Then, still moving slowly, aware that all eyes are on him, he pours a little juice into a small pitcher and hands it to Ricky.)

Ricky grabs the pitcher and pours with great excitement, missing his cup.

Tom: (Hands him a small sponge.) Here's a sponge for the spill.

Ricky: (Pays little attention to the sponge, which finds its way to the spill and lies there sopping up the liquid. Pours again--this time more carefully--the small amount of juice left in the pitcher.) Umm. Me. (Abandons the pitcher and concentrates on the cup.)

Tom: Kim, you're ready for your juice. (Fills the pitcher again and passes it to her.)

Kim: (Takes pitcher, pours some, then shoves it toward the mother and baby at the table.) Baby want juice too.

Tom: You want Andrea to have some juice. (Watches as the mother pours a small amount of juice into the waiting glass, and holds it to her child's lips. An interruption causes everyone's attention to shift to the child at the table who has not yet been served.) Greg, you want to tell us something.

Greg: (Bangs cup shouting) Me! Me!

Tom: You want your juice.

Greg: No! Me no juice.

Tom: Maybe you're ready for some fruit. (Gets a small basket with an apple and a banana in it.)

Greg: No!

Tom: You don't want fruit and you don't want juice.

Greg: Me! (Points beyond Tom to the low cupboard containing the food and eating equipment.)

Tom: You want something in the cupboard.

Greg: My...ummm.

Tom: (Notices a jar of raisins in view.) You want some raisins?

Greg: UMMM. UMMM!

Tom gets the raisins, puts them in a small plastic dish, and offers them to Greg.

Greg grabs two handfuls and looks delighted.

Susan: Nanana. Nanana.

Tom: You are ready for some banana. (Brings out the banana for closer inspection by the children.) We have to take off the peel. (Lets each child feel the peel.) The banana is inside. (Slowly, and with the full attention of each child, he pulls off the peel.)

Susan squeals with delight.

Tom: Are you ready for a piece, Susan? (Offers her a piece of banana.)

Susan takes the banana and squishes it in her fingers, and then with obvious enjoyment licks each finger.

Ricky: Me! (Takes the bite offered him, stuffs it all in his mouth, and holds out his hand for more.)

⁴Tom Forrest, Program Director.

Notice that the caregiver is dedicated to the idea that a child learns a good deal from examining and exploring the food he eats. He encourages each child to touch, smell, notice the food--the form it comes in, the way it changes, the parts of which it is made.

In a program designed especially for babies, slow pace, encouragement of independence, and recognition of feelings can be built in on an ongoing basis. Homes and families, on the other hand, are not designed just for babies. But many parent-child interactions will be more mutually satisfying if carried out with this sort of respect for the child.

Diapering, for example, is often a brisk process that does not involve the child's attention. The mother decides that the baby needs changing. She walks up behind the baby without saying anything, reaches down and picks him up, and carries him to the diapering table. He objects a bit, so she reaches up and turns on a music box mobile hanging above the table. Then, just for extra insurance, she gives him a squeaky rubber dog to hold in his hand. She quickly and efficiently removes the wet diaper, disposes of it, rubs on some powder, puts on a clean diaper, and puts the child back down on the floor, saying, "There we go--all done."

But diapering, like other routines, can be used as an opportunity for respectful, synchronous interaction. A synchronous relationship is one that is built on sensitive give-and-take; it is responsive and reciprocal.

In this scene a very contented but very wet infant is playing on the floor alone. A step is heard and the baby's eyes travel in the direction of the sound. The door opens and the mother enters.

Mother: Hello, Jennifer. I'm wondering how you're getting along.

Jennifer smiles and makes a cooing noise. Mother responds, then notices the dampness of her clothing.

Mother: Oh, Jennifer. You need a change.

Jennifer smiles and coos.

Mother: I'm going to pick you up now. (Reaches out.)

Jennifer responds ever so slightly, continuing to smile and coo.

Mother carries her to a changing table in the corner of the room.

Jennifer reaches for a toy as she goes by the dresser.

Mother: Yes, you can play with that in a minute. First I'm going to change your diaper.

Jennifer lies on the changing table, but looks elsewhere.

Mother: (Removes the pins in the diaper.) Look, Jennifer, I'm taking the pins out.

(Shows them to Jennifer.)

Jennifer starts to squirm and fuss a bit.

Mother: Now I'm taking off the wet diaper. See how wet it is, Jennifer. I'll put it in the bucket. (Disposes of diaper.)

Jennifer squirms to watch.

Mother: Now the powder. See the powder box, Jen.

Jennifer gets distracted, then comes back to touch the powder box.

Mother: Now I'm going to put the powder on.

Jennifer gets distracted by an obvious noise in the hall.

Mother: (Waits, touches her.) Open your legs, Jennifer.

Jennifer brings her attention back to mother.

Mother: (Puts the powder on.) Now, here's the clean diaper. Feel the clean one, Jennifer. (Hands it to her.)

Jennifer reaches for the diaper just as a voice calls from the hall.

Voice: Mommy! I finished the puzzle. Come look at it.

Mother: I can't right now, Jeff. I'm changing Jennifer. I'll be with you when I'm finished. (Turns back to Jennifer and gives her the diaper.)

Jennifer puts the diaper on her face, pulls it off, laughs.

Mother responds, enjoying Jennifer's pleasure.

Jennifer begins to squirm and tries to roll over.

Mother: We're not finished yet. Here's where the diaper goes--right on your bottom. (Pats her bottom and brings her back to the task.) Now for the pins.

Jennifer twists to watch mother put the pins in.

Mother: (Smiles at her efforts.) That's right, Jennifer. We pin the pins in like this.

Jennifer starts to squirm again.

Mother: Almost finished. Just the snaps left.

Jennifer twists again to watch mother fasten the snaps.

Mother: That's it--we're finished. (Reaches to pick her up.) Want to come up?

Jennifer reaches out and sticks her fingers in her mother's mouth.

Mother: (Blows on her fingers.) Brrrrrrrrr. (Smiles.)

Jennifer smiles back.

Mother picks Jennifer up in her arms and gives her a hug. (Gonzalez-Mena, 1979, pp. 47-48)

Synchronous interactions are not always happy and peaceful. There comes a time in every baby's life when she resists diapering fiercely. Resistance shows the child is developing autonomy--seeing herself as an independent person, not to be told what to do.

In a small home, the corner of one room is set up for the baby who is occupying it right now. He is playing contentedly with an empty can and a wooden spoon. The baby sees a pair of feet and legs approach. He looks up as his mother's voice reaches him.

Mother: How are you doing, LeRoy? (Sniffs.) Hmmm. Do I smell something?
LeRoy: (Turns his back.) NO!
Mother: LeRoy, I think you have a dirty diaper.
LeRoy: NO!
Mother: Oh, LeRoy, I know you don't want to be changed--but look, you're making a mess on the floor. I'm sorry, but I have to change you now. I'm going to pick you up. (Holds out her hands.)
LeRoy puts up a fuss.
Mother picks him up, firmly but calmly.
LeRoy continues to resist.
Mother: You really don't want me to change you.
LeRoy squirms and tries to get away.
Mother: (Holds him firmly.) I'm sorry, but you just have to put up with this. Let's get these dirty pants off. (Waits for the smallest hint of cooperation, which LeRoy reluctantly gives.) There--see the pants are dirty--they go here. (Indicates bucket.)
LeRoy looks momentarily at the bucket below and begins to squirm around in the other direction.
Mother: Now the pins, LeRoy.
LeRoy pays no attention, squirms and tries to stand up.
Mother: I know you want to stand up, but you have to wait just a minute. See, I'm putting the diaper in the bucket now.
LeRoy ignores her.
Mother: Some nice water to clean you, LeRoy. (Shows him a pitcher and pours water into a bowl standing at the end of the changing table.)
LeRoy shows a spark of interest.
Mother: Want to touch the water?
LeRoy: NO! (Squirms away, but looks back as a wet washcloth is presented to him.)
Mother: This is the wet washcloth.
LeRoy grabs it, examines it briefly, and puts it in his other hand, getting ready to fling it back at his mother.
Mother: (Takes it gently.) I'm going to clean your bottom.
LeRoy struggles and gives his mother a bad time.
Mother: (Puts diaper and pins in as quickly as she can, under the circumstances.) There we go, LeRoy.
LeRoy sees that he is finished and holds up his arms to be taken down.
Mother: Are you ready to get down? (Puts him on the floor.)
LeRoy, relaxed and happy now, goes back to playing with the can and wooden spoon, as if nothing had happened.

LeRoy's mother, like Jennifer's, involved the child in the process. First she told him what was going to happen and gave him time to respond. Parent and child both were totally involved in the process--fully present. Neither was distracted by other things. The talk was about the process; it was not intended to distract the child. The child was treated with respect as a human being, not as something to be manipulated.

Feeding is another frequent routine in which a synchronous relationship can be built. This time, the example is a very young baby. Try putting yourself in this baby's body to get the most out of the scene.

Feel yourself held lovingly in warm arms in an upright position. Hear a familiar voice say to you, "Here's some applesauce for you." Look around and see a spoon, a hand, and beyond it a small dish of applesauce. Take time to really perceive all this. Feel the comfort and warmth as well as the anticipation. Hear the same voice say, "Are you ready?" See the spoon come up to your face. There is plenty of time for you to open your mouth for the bite.

You feel the applesauce in your mouth. You taste it. You notice the texture and the temperature. You thoroughly explore this bite. You swallow. Some goes down your throat, some runs down your chin.

You look up to find the familiar face. Seeing the face adds to your pleasure. You

open your mouth again. You feel a scraping on your chin. The next bite comes into your mouth. You explore it. You compare it to the first bite. You take your time and get the most out of this bite before you swallow it. When you swallow you get an excited feeling--an anticipation of the next bite.

You look at the face again. You reach out and touch--your fingers close around something soft and smooth. All of these feelings are present as you open your mouth for the next bite.

This scene contrasts with one in which the same baby is fed hurriedly, without synchrony. Imagine the difference if you suddenly feel a spoon between your lips, forcing them open with no warning of what is going to happen. You barely have time to taste the applesauce, let alone wiggle it around in your mouth, when the next bite comes--spoon between your lips, forcing them open. While you're still trying to enjoy what is in your mouth, you feel scrape, scrape on your chin, and more applesauce comes into your mouth. You swallow a little of the big load and get ready to swallow more, but before you can, the spoon finds its way in again. You sense a bit of urgency to get this down before the next load. You try to hurry, which slows you down. More applesauce squishes out and runs down your chin...

Feeding should often involve choices--for example, offering a choice of an apple or an orange to a child old enough to indicate and eat fresh fruit. Then it's a matter of respecting his choice of fruit or his wish to decline. For the younger infant, it's a matter of paying attention to how he responds to what you put in his mouth, avoiding forcing, games, or coaxing. When a baby occasionally refuses to eat his squash or goes overboard on cereal, he knows what he is doing. He doesn't need to be forced to do otherwise.

Many times, of course, children are too tired to make choices, or adults are too tired or pressured to offer them, or a choice is inappropriate in the situation. This approach is the approximation of an ideal, not an unvarying prescription for consistency.

Quality Time

Quality time is the kind of time that lovers give to each other or that people buy from a psychotherapist. The term means that each person is fully present with the other, giving full attention, responding. Giving of one's time in this way is giving of one's self--which is the ultimate gift.

Each baby needs quality time with another person. When the baby's needs for that kind of time are met, she will not give parents the problems that babies can give when they continually demand attention. The amount of quality time each person needs varies. Perhaps the amount isn't as important as the consistency--knowing that one will continue to get periods of undivided attention from someone. Quality time can be planned to happen during the essential routines of diaper-changing and feeding. Or, a working parent can plan an hour of quality time with a baby in the evening before bedtime. This kind of quality time can be child-directed play time, rather than adult-directed caregiving tasks.

An interesting aspect of quality time is that a little goes a long way. No one needs, or could stand, quality time most of the time. Just as each baby needs quality time, so each baby needs private time--time and space alone. (Mother's needs for private time are well known; baby's are not so publicized.) When parent and baby are never separated, they create private time by drifting off--by not paying attention, by being elsewhere mentally, if not physically. This attitude becomes a habit, so that constant time together tends to become time in which one is only "half there." However, a great deal of "half-there" time doesn't equal even a small amount of "all-there" time.

Problem-Solving

There has been much talk recently about infant education and infant stimulation. Many parents must wonder if these are things they can do themselves, or if they have to send their infants off to "school." I have been describing an approach to infant education which focuses on problem-solving, not stimulation. Stimulation means something that comes from the outside, something that is done to the baby. The baby may have no choice in the matter except to withdraw or tune out. What is needed, rather, is for the baby to see that he has power to influence the people and things around him.

Think of the number and kinds of problems a baby is faced with every day. The variety is enormous. She faces physical problems like hunger or discomfort, manipulative ones like how to get a toy from one hand to the other, emotional ones like getting someone to pay attention to her, and many more. She needs to learn to deal with a wide range of problems, developing patterns of attack and withdrawal, and eventually coming to see herself as a competent solver of problems. Problems may come from inside oneself,

or they may result from interactions with the environment, which includes both objects and people.

Take a look at an example of a toddler who has a problem, and how his father responds to him in ways that help him deal with his problem (as well as educate him).

Jason toddles in, crying loudly, holding his fingers out in front of him. His father says, "Oh, Jason, something happened to you." Jason continues to cry and holds his fingers up for inspection. His father touches his fingers gently, saying, "It looks like you hurt your fingers." There is no upset in his voice. His tone is soothing and calm.

Jason reaches with his other hand, grabs his father's pants and starts tugging. "You want me to come with you," says his father. Dad is led into the other room to a cupboard with the door standing ajar. Jason's cries have changed from pain and sorrow to anger now. "Did you pinch your fingers in the door?" asks his father.

Jason is very angry now, and he picks up a toy hammer and gets ready to throw it at the cupboard door. His father holds his arm firmly and says calmly, "I know you're mad, but I won't let you throw the hammer. You might hurt something."

Reconsidering, Jason puts down the hammer and goes to the cupboard. Still crying, he closes the door and opens it again. He is very careful in his actions. "Yes," says his father, "now you can do it without pinching." Jason ignores him and continues to open and close the door. The angry cries subside and a pained whimpering takes their place. He sits down by the cupboard and remains there crying. Bending over his son, arms outstretched, Jason's father says, "Let's go put some cold water on your fingers."

In this scene, Jason had a problem--a door that pinches fingers, plus the pain of learning that. He went to his father, who provided understanding, acceptance of his feelings, and support. Although his father did not teach him, Jason "learned his lesson." He not only discovered that skill is needed to keep fingers out of doors, but he also went back to the scene of the lesson and did some practicing. When he had finished dealing with the feelings and skills involved in this problem-solving situation (which he attacked head-on), he was ready for some comfort for his pain. Think about how different this scene would have been in terms of problem-solving skills if father had reached down, picked up his crying son, kissed his fingers, and carted him off to the bathroom, telling him not to cry.

Another example of learning problem-solving behavior comes up in the following situation.

Twin girls are tugging at a rag doll. The doll's arms are stretched almost to the point of tearing, when one child reaches out and slaps the other. A wail goes up and mother arrives quickly on the scene. She kneels down beside the two babies. Her face is calm, her movements are slow and careful. She reaches out and touches the child who did the hitting, saying, "Gently, Kim, gently." She rubs Kim's arm in the same spot where the other child was hit. Kim looks angry but remains silent.

Then mother turns to the other child and touches her gently on the same spot. "You got hit, didn't you, Karen? That hurt!" Karen stops crying in response to the touch and soothing voice. Mother remains quietly waiting to see what will happen next, saying, "You both want the same doll."

Karen clutches the doll and starts away with it. Kim reaches out and grabs the doll. Instead of interfering at this point, mother waits. When Kim reaches out to hit again, her mother stops her arm mid-air, saying, "Gently, gently, Kim." Touching her softly, she adds, "I can't let you hurt Karen."

Kim jerks the doll and Karen lets go unexpectedly. Taking the doll in triumph, Kim starts off across the room. Karen looks sad but remains in the same spot. Mother stays near but doesn't do or say anything.

Kim sees a ball on the other side of the room. She drops the doll and goes after the ball. Karen comes up quietly and takes the doll, holds her in her arms, and coos at her. The scene ends with both children playing contentedly, and mother is no longer needed immediately on the spot.

Teaching children to share is an ultimate goal of most parents. However, these two toddlers are not old enough to grasp the concept. The reality for them is that each wants the same toy very badly and the problem is how to get it. Their mother, arriving on the scene and helping them work through the slap, then helped them work on this problem by staying near and keeping the experience safe for both. Only because both aggressor's and victim's fears about losing control were taken care of could this become a positive problem-solving situation. Both children needed the assurance that mother would

stand by and not let things get out of hand.

Notice how the mother modeled the behavior she wished to teach the girls. How often does an adult arrive on the scene of aggression and treat the children with even more aggression than they have been displaying themselves? ("I'll teach you to hit," says the adult. SPANK, SPANK, SPANK.) (Gonzales-Mena, 1979, pp. 51-52)

Only by trying to go inside a child's head can we know the extent to which he is problem-solving. From the outside we can only guess at the problems he is dealing with; however, our guesses become more informed as we pay close attention and become alert to subtle cues. As long as we remind ourselves that our interpretations of a child's experience can never be more than approximations, then I believe this process of "going inside" can sharpen our imaginations and our understanding of a child's world.

As a final exercise, take one more look inside the heads of two babies. Notice how different are the problems each chooses to deal with, the style of approach of each, and the similarities as well.

Focus first on Bruce, a healthy-looking boy with a medium build. He has padded cheeks and tummy, and is about ten months old. He is sitting right now quietly in the living room of a small apartment. The door is open and a gentle breeze comes in through the screen. Although there are toys around him, Bruce is involved with a piece of paper that keeps lifting gently off the rug and settling back down. Here is the monologue that might be running through his head if he could talk.

There goes that paper again. First the corner near me goes up in the air, then the one on the other side. Each time that happens I feel a puff of air on my arm, leg, and cheek, but only on one side. How interesting! There it goes again. I wonder what will happen if I turn the paper around. There!

Oh--it moves differently now. I still feel the same puff on me, but the paper doesn't act the same. That's interesting!

Oh yes--another interesting thing is that shadow moving on the wall. I don't know what it is or what makes it, but I see that its movements are something like the ones of the paper. It doesn't look like the paper at all, but I feel some kind of sameness about it. I like to look at it. It keeps changing. I like to look at the shadow, then at the paper and feel the air on my skin at the same time.

I'm also noticing some nice smells--one is coming in on the air. The others are coming from the kitchen. I feel good about those smells. When I think about it, I realize I am also hearing several noises. There is a faint flapping sound that goes along with the air. And best of all, there is a sound I love--my mother's voice talking in the kitchen. She isn't talking to me, but I like to hear that sound anyway. In fact, I think I'll go watch her awhile.

Bruce moves slowly on his hands and knees to the door of the kitchen, where he settles back into a comfortable sitting position. He is so unobtrusive that no one notices he is there. The scene ends with Bruce contentedly watching the action in the kitchen with much interest and emotional involvement.

The next scene starts in another living room. It is empty of people, though some toys are scattered here and there. A sound comes from beyond a doorway. Bump, bump, bump. Into view comes Bret, sturdy and strong, crawling at a fast pace. Dragging along behind him, upside-down, is a little wagon caught by its string to one of his legs. Bret pauses for a moment, shoves at the wagon, kicks his leg free, and continues forward. Here is the monologue going on inside him.

That's better. It was hard to move with that thing on my leg. Now I need something to put in that thing. Let's see what's here! Oh, there's a ball right over there--I'll just whip over and get it. Here we are! I wonder if I can get it in the wagon from here. Might as well try.

Ooops--missed! I'll just crawl over and get it. These other toys are right in my way--I'll just shove them over so I can get through. Here's the ball now. I'll just crawl back to the wagon and put it in. It's a little harder to crawl with the ball in my hand.

Nevermind--skip the crawling--I'd rather get up on that chair. Oh, it's really hard to pull myself up with this ball in my hand--but that's okay. I'll put it down when I get on top--no, I won't, I'll throw it when I get on top. There, I'm up. That's it--might as well get down.

Hey, where's my mommy? I'd like to crawl up on her right now. I'll listen a minute and see if I can figure out where she is. Oh, nevermind--I'll just go look. I can use the exercise anyway. Oh, it's hard to get down--might as well get rid of this ball. Look how it bounces when I drop it. There it goes--goodbye, ball!

Well, I'm down--now all I have to do is find Mommy. There's that wagon again-- might as well shove it out of the way.

Bret goes out of the living room into the kitchen, where he goes straight to his mother, who is sitting on a stool. He grabs her leg and makes his way up like a monkey, almost before she can offer to help. She puts her arms around him and starts to settle him on her lap. Before she can finish, he is already on his way back down to the floor. As we leave the scene Bret is heading out another door, off for more adventures.

Summary

People who care for children, both at home and in other settings, can learn most from them and teach them most effectively by looking on them with the same kind of respect that they would give another adult. Infant education, in this view, comes from the quality of relationships and daily caregiving routines, rather than from "stimulation," teaching sessions, or "educational" toys. The speed with which an infant masters each developmental task is of secondary concern. The primary concern is how well the child can do what he is doing, not how fast he can move on to the next milestone.

These principles sum up this approach:

Ten Principles for a Synchronous Relationship With a Young Child

1. Involve the child in things that concern him/her.
Don't work around or distract the child to get the job done faster.
2. Invest in quality time, when you are totally available to the infant.
Don't settle for constant time together when you are only "half there."
3. Learn the baby's system of communication and teach him/her yours.
Don't underestimate his/her ability to communicate.
4. Invest in time and energy to build a total person.
Don't strive just to "make the baby smart."
5. Respect the baby as an individual.
Don't treat him/her as a cute, empty-headed doll to be manipulated.
6. Be honest about your feelings.
Don't pretend to feel something that you don't.
7. Model the behavior you want to teach.
Don't preach.
8. Let the baby learn to solve his/her own problems.
Don't take away valuable learning opportunities.
9. Build security by being trustworthy.
Don't teach distrust by being undependable.
10. Strive for quality development in each stage.
Don't rush the baby to reach developmental milestones. (Gonzalez-Mena, 1979, p. 53)

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**April 14, 1996 • quotes from Child Development-30, INFANCY STUDIES
LOS ANGELES CITY COLLEGE • Elizabeth Memel, Instructor**

ON PLAY:

Yong M. ("Patty") Chon

"Uninterrupted play time is a new concept that I first learned in this class and learned in detail by observing and experimenting by myself. I observed a toddler twenty months of age. I watched him all afternoon one day. I gave him play time by himself but was near him. He brought out the soft basketball and came near me. I let him ask me to play with him and just reflected his actions for him. I did not disturb or interrupt him with any praise or by any motions while he played by himself. He enjoyed himself very much and I learned to respect his actions and opinions and gained his trust."

"Using these (RIE) guidelines (for infant or toddler play) is not a very easy task because we are so used to interfering with infants and toddlers activities. But if all these guidelines are followed, I believe my job will be easier. I know then they trust me as I show my respect for their actions. I show my support and recognition by simply being there. I could enjoy them and they could enjoy the environment."

"I have changed dramatically since the beginning of the CD-30 class. I was very overprotective of any young children near me because I did not respect and recognize their opinions and their skills. But listening, discussing with other classmates and by my own observation and experiences I changed that attitude and now I believe I do respect young children as people. I know for a fact that they do have their own point of view in every situation."

When in a group play setting, I usually will not interfere with children's play unless they ask me to. I try to control myself not to say "No" too much to them. My guidelines for their play are (1) don't hurt yourself (2) don't hurt others, and (3) don't hurt property. I'll stop them and interrupt them when safety issues come up. I usually ask them what would happen if they continued in a certain unsafe situation and try to reason with them, then let them decide and conclude we can't do this because.... When they communicate to each other, sharing toys without being forced to share, expressing their own feelings to others when they are not satisfied, showing compassion to others when others are unhappy and helping each other correct mistakes are the points I look for to determine the quality of their play time."

Yanira Duran-Cruz

"I have just learned about uninterrupted play time....and I feel it is one of the best things I have learned because I used to interrupt children's play for transition times when they were so involved without much warning and it used to be a battle! Now when transition times are getting closer (lunch, group, diapering, etc.) I will give them a warning that it's coming and if I observe that they are really involved, I'm flexible and can change the routine, waiting until they are ready. I have learned so much about play that my behavior is different. I wait, observe and communicate before jumping in to intervene when a situation comes up. I let them do as much problem solving on their own without my "help." I show respect and appreciation of what they are doing.

"I even went to work one day and sat in the director's office and I said, "Oh my god, there are so many things that I have been doing wrong," and we talked for two hours, but she helped me understand that it wasn't wrong but there were more effective ways to care for children. RIE has found out these more effective ways."

Wendy Alvarez

"Since I've been in CD-30 class, my view of Infants is different, I have changed. I can see it with my 10 month old niece, and I let my sister know about this (RIE) approach. I can even see a little the difference in her caregiving toward her daughter. I used to be overprotective, I think, but this approach has shown the importance of not holding a baby too much and their uninterrupted play for learning so much (motor skills, etc.)."

Martina Monterroso

"I know uninterrupted play time is important because in the experience that I had with my own children I saw a lot of things. For example, when my mother-in-law was living with us she wanted to do everything for the baby. She was giving him the toys and telling him what to do. But the problem started when she left. When I put my baby on the floor with toys he started crying because we didn't want to touch the toys. And when he decided to get one he looked at me like he was asking if it is OK. It means he was insecure in what he was doing. Before my mother-in-law came he was doing things by himself. I can see the difference when an adult intervenes."

"When I do an observation I learn. In Saturday's class, Gabby was playing with her blanket. She was enjoying her time, but her mother moved her (for no reason). Then Gabby started crying and feeling uncomfortable, but I think it was because her mom intervened. It showed me not to interrupt them when they are playing and exploring the area."

"I have changed because now I remember that when I had my infants I never talked to them about when I would change their diaper or feed them. I just took them and did whatever I was going to do. But now this knowledge that I'm getting in CD-30 class is helping me a lot with my two-year old daughter. I'm trying to put into practice with her what I have learned and I see that she feels secure and has more confidence in me."

Patricia Kong

"I used to think differently than Magda Gerber's RIE philosophy of uninterrupted play time. I used to play with the baby until I got tired, and if the baby got tired I would think that the baby didn't like me. I can't actually say that my thinking was to interrupt the infant (even though I would do that); it was just a lack of knowledge....This has been a new concept that I learned basically from the RIE videos and some class discussions we had. One of the situations that really caught my eyes was when a baby got stuck under a table and Magda Gerber got under the table to show him the way out. It never came into my mind to do such a thing. She knew when and how to intervene."

"I used to play with infants by making them laugh. I would also expect a child to respond to me when I told him to do something that he has done before. I used to also judge how smart I thought the infant was."

"I have changed - absolutely yes!. My whole point of view has of how to take care of an infant has changed. I used to hold, carry and carry the infant until I got tired. I used to have him in my arms. I would not let the child play by himself and if the child fell, I would lift him up and put him in the right position. You might think who are these poor infants."

Luisa Gonzalez

"Uninterrupted play is a new concept for me that I have learned recently. In this class I learn by observing the infants in the Saturday class. Anthony (4 months) was playing uninterrupted. He stopped playing only when he was hungry and for a diaper change....Now I observe my neighbors' infants because I want to learn how to obtain beneficial results for the infants' and toddlers' development and how to detect problems to get solutions in time."

Myung Sil Lee

"Before this class I didn't really care about interruption during a child's play. But now I realize that this is a very important role for the child's development. Uninterrupted play time effects the child's interest for play, also their gross motor and fine motor development."

ON MOTOR DEVELOPMENT:**Rosa Arias**

"I always thought that children need help to learn how to sit, stand or walk, but these observations in CD-30 helped me a lot to understand that the infant is a human being and we need to respect their own way. I think parents need to be beside them to give them help when they need it, not when we think we need to. This way they will not lose any of the process to learn on their own."

"I can't say that a child experiences failure during play because he tests himself and does what he can do. If he feels insecure about something new, he just returns to an earlier position, but he is still working on what he wants to do when he wants to do it."

ON COMMUNICATION:**Maya Khanzatyán**

"At first I couldn't believe what the teacher was saying about the little infant understanding what we say to them or how you could talk to an infant if they can't even talk or express themselves. But I was wrong because the infants I observed in RIE classes (*at the Saturday college classes for the community*) had their own way of expression to show their emotions and thoughts. Now I can treat the infants with more respect and be careful about what I am doing in front of them."

ON BEING A STUDENT:**Venera Simonyan**

"As a student at LACC enrolled in Infancy class I was first so indifferent . I have got to be honest; I forgot all my other classes....beyond any doubt we were dealing with completely innocent people of our society. Although I raised four children, I became more knowledgeable after taking this class. In group work we had the opportunity to express our points of view and be respected anyway. During our observations it was impossible to be indifferent and we became aware of many things, for example, not to intervene quickly when a child fell down, giving him a chance to get up himself and show what help he needed. We learned to focus our attention on providing a safe environment."

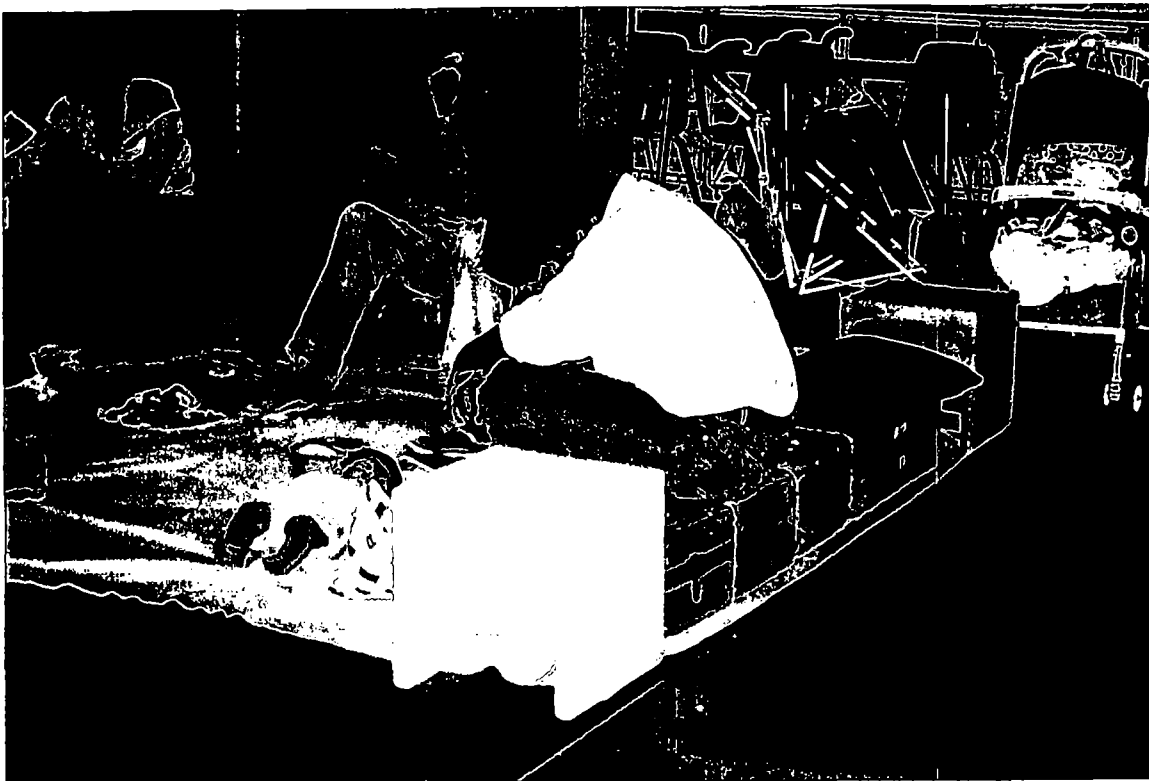
ON LEARNING THE TEACHER'S ROLE:**Patricia Vargas**

"I have become an observer. I try to do it attentively, looking for clues in children's behavior. I have also become more aware of the potential children (infants, toddlers and preschoolers) have to become competent, secure and focused human beings. And I have realized that as a teacher working with them I have a huge responsibility to help them achieve the goals of becoming interested, inner-directed, confident and exploring selves."

"I also feel that I have acquired more patience and can enjoy the slightest "achievements" (anything that they do) or feelings expressed by children while interacting with the objects and their environment."



A young father, Maykin Lopez, diapers his six-month old son at the Los Angeles City College Demonstration Parent/Infant Class. There are no toys distracting the baby. His father is responding to him, telling him what is happening as they pay attention to each other during the caregiving task. The baby is an active participant in his care, not a passive recipient. This communicative process has been modeled by a RIE facilitator of the group.



In the group play environment for infants and their parents, Maykin Lopez spends time during the free family support program at his community college observing his son making choices about how to move and how to express himself, becoming more sensitive to his child's cues and needs. The father has placed his baby in the most relaxed position for him, on his back; he can see and choose what he is ready to respond to on his own without interruption.



UNINTERRUPTED PLAY TIME



LOS ANGELES CITY COLLEGE
TWO SPECIAL FAMILY SUPPORT PROGRAMS

Parent/Infant and Parent/Toddler
Demonstration Classes



FREE!

**NO ENROLLMENT COST
FOR PARENTS AND
THEIR INFANTS OR
TODDLERS**

PARENTS:

- Learn to observe and understand your child's uniqueness
- Discuss your parenting concerns and early childhood development issues
- Gain skills in preventing and solving parenting and child development problems

INFANTS & TODDLERS:

- Explore play materials
- Make choices such as how to move and what to do
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- Express their self-reliance in a safe and challenging environment

SESSION I - TODDLERS 12 TO 20 MONTHS
3 SATURDAYS 12:30 TO 2:30 PM APRIL 12, 19, 26

SESSION II - INFANTS 4 TO 11 MONTHS
3 SATURDAYS 12:30 TO 2:30 PM MAY 3, 10, 17

●
**BOTH SESSIONS HELD AT LACC
855 N. VERMONT AVE.
ADMINISTRATION BUILDING ROOM 201**
●

PLEASE CALL INSTRUCTORS FOR INFORMATION & FREE ENROLLMENT
Patty Schmolze M.A. (213) 953-4234 OR Elizabeth Memel, M.A. (213) 651-0022

A SPECIAL THANKS TO HERBALIFE FAMILY FOUNDATION
FOR BEING THE GENEROUS SPONSORS OF THIS PROGRAM

DURING CLASS I REALIZED HOW IMPORTANT IT IS TO ALLOW RYAN TO BE IN DISCOVERY ABOUT HIS LIFE & HIS EXPERIENCE OF HIS LIFE. I INTERFERED TOO MUCH. A SIMPLE REALIZATION WHEN SAID IN RELATION TO A CHILD AT PLAY BUT I SEE IT EVERYWHERE. I'VE LEARNED A LOT ABOUT WHO I AM BY WATCHING MYSELF INTERACT WITH RYAN. I WANT HIM TO KNOW THAT HE IS MORE THAN CAPABLE TO HANDLE ANY & ALL OF LIFE'S SURPRISES, EVERYONE WANTS THAT FOR THEIR CHILDREN, BUT AS I WATCHED MYSELF I SAW THAT I WAS LETTING WHAT I WANTED FOR HIM OVERWHELM WHAT HE WANTS FOR HIMSELF.

THERE IS TOO MUCH TO SAY & MY WORDS ARE CLUMSY, SIMPLY PUT, I'VE LEARNED TO TRUST THAT RYAN KNOWS WHAT HE WANTS, NEEDS, & LIKES ARE & THAT I AM HIS STUDENT. I TRUST THAT HE WILL TEACH ME WHAT I NEED TO KNOW ^{ABOUT} HIM & WHAT HE NEEDS.

THE BOOK IS A WONDERFUL GUIDE FOR ME & THE CLASS WAS AN EXCELLENT COMPLIMENT TO THE BOOK, & VICE VERSA.

RYAN & I ARE LEARNING ABOUT OURSELVES & EACH OTHER AT THE SAME TIME & ITS A LOT MORE FUN WHEN WE HAVE CONFIDENCE IN EACH OTHER.

written by a young father of a toddler after 2 classes offered free to the community at L.A. City College

Babies go to school

By Nora Cardec
Correspondent

FITCHBURG — At Fitchburg State College something different is happening. There's a new addition to the college campus. Every Tuesday from 9 to 10:20 in the morning, babies become part of the student population at FSC through the innovative Parent 'N' Me course developed by Dr. Diana L. Suskind.

Babies from two to eighteen months old are being given the opportunity to grow and develop within a college setting in "Parent 'N' Me", a six-week course offered for parents, care givers, and early childhood students.

The course's emphasis is on teaching adults how to observe infants practice new tasks and discover their world. The course also teaches parents how to begin relating to their children at an early age, and how to give children the

freedom of doing for themselves, rather than having things done for them.

According to Dr. Suskind, the infants get a lot of space and opportunity for moving, as well as lots of respect and self esteem. Dr. Suskind believes that parents should respect their children, and tell them what they [the parents] are going to do before they do it. For example, instead of abruptly picking up a child that is crying, the parent would first tell the child that she is about to pick him up.

The infants are also provided with the opportunity of being self-initiators. "This is an opportunity for a healthy head start in life, both for the infant as well as the parent," said Suskind.

A natural approach

This course is based on the Resources for Infant Educators' (RIE) philosophy, founded by Magda

Gerber and Dr. Tom Forrest in 1978. RIE is a natural approach to rearing children. The premise is to allow infants to develop, discover, and learn on their own, without the learning process being forced by parents or care givers.

A variety of topics is covered throughout the Parent 'N' Me course, including; trends and issues of infant and toddler care in educational/developmental programs; parent and infant interactions; processes and principles in working with infants/toddlers.

Participants also learn what parents can realistically expect of their babies at any given stage of development; how to establish healthy patterns of behavior from the beginning; how to set up infant oriented environments in the home; how to respond to difficult behavior such as crying; and how to observe, understand, respect and enjoy the individuality of each baby.

Parents and caregivers learning to cooperate with and respect their babies as part of the "Parent 'N' Me course, now being offered at Fitchburg State College. The course is being taught by



"College students need to know the normal growth and development of children," said Dr. Suskind. She believes that this course is important for all college students, but primarily for early childhood education students. "Their [college students'] behavior toward children changes after taking the course. It teaches them a way to handle all children — their own, as well as those that will be their students," said Suskind. "Parents and care givers benefit from the opportunity to see children as humans with capabilities," added Suskind.

"I thought the course was about how to take care of babies, how to change their diapers, and basic things like that," reported Gloria Rondon, an early childhood student and a parent who already took the course. "But it was more profound. You learned to let children express their needs and their feelings. You really learned to let them be children," affirmed Rondon. She said that the course has helped her a lot and that she has been able to put into practice what she learned with her own child. "Parent 'N' Me course is an excellent way of learning about children's behavior and development. Any student interested in working with children should take the course," recommended Rondon.



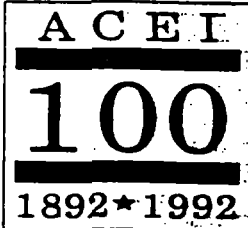
First time for caregivers

This is the fourth time the course is being offered at FSC. However, this is the first time the course is being opened to area caregivers. Currently the class has parents, college students, grandparents, and care givers from local agencies. "Parents come back once they've been in the program," said Suskind. "Most of the recruitment for the class is done through word-of-mouth," said Suskind.

The course receives no funding at the present time. The materials used in the classroom are provided by Dr. Suskind, the students, and parents. Most materials used for the babies are familiar things that you can find in your home.

The course also provides a selection of videos available for parents during the training sessions. The course is offered free of charge. Participants receive a certificate of completion at the end of the six week course. Care Givers also receive "Office for Children" approved training. For more information about this course, contact Dr. Suskind at 508-365-3371.

Dr. Suskind holds a doctorate in Early Childhood from the University of Illinois. She has been a practitioner and consultant for early childhood education at schools and communities in Thailand, Israel, Germany, and the United States. She has been an assistant professor of education at California State University in Los Angeles and at the University of Alaska in Anchorage. Dr. Suskind is currently an assistant professor of Early Childhood Education at FSC.



Focus On INFANCY

For the Members of the Division for Infancy

Enhancing Relationships with Babies in a Group Setting

Ruth Money, Director
South Bay Infant Center
Redondo Beach, CA

Even though the importance of relationships in the formative time of infancy has recently been articulated and highlighted (Pawl, 1990), almost no day care centers provide for development of deep and intimate relationships between baby and caregiver through the first two years of life.

To meet this need, I established the South Bay Infant Center. The Center follows the philosophy of Resources for Infant Educators (RIE) (Gerber, 1991). RIE emphasizes respect in relating to an infant and the importance of a steady relationship between carer and child. I began to visualize a different approach from what I had seen in infant day care: a different model where it seemed easier to give high quality individual care to an infant in a group setting.

The Center offers services to 12 families of infants before birth to about 2 1/2 years of age. Parent/infant observation classes begin when the infant is about 6 weeks old. These are followed by day care at the Center, with ongoing communication between parents and staff.

A small group of four young infants starts out with a team of two primary caregivers in two shifts. The same two primary caregivers stay with the children for two years. They move with the group through a baby room, a middle infant room and a young toddler room. The four toddlers leave together when they are over 2, and a new group of four babies is admitted to the center.

One of the team of primary caregivers comes to work early in the morning; the other arrives midday and stays until closing. No one works longer than 7 hours, with an hour off for lunch. It is difficult to remain alert and responsive to a group of children for longer periods of time. Each staff member makes a commitment to the Center of *at least* two years so that her group of babies will experience continuity of care.

The caregiver observes, interprets and responds to the cues of the children. For instance, when she sees Johnny squint, rub his eyes and start to fuss, she knows he is telling her that he is sleepy. She also recognizes the more subtle cues: when Jennifer is a little less attentive at play, that means she is sleepy. Thus, the caregiver comes to understand the needs of "her" four infants. The infants come to trust that their needs will be met in the context of an ongoing relationship with a caregiver who values their uniqueness.

Through this process, the infants settle into a predictable environment and relate to familiar persons at the Center as well as at home. They come to trust and be comfortable with their primary caregivers as well as with their small group of peers.

Families looking for continuity of care try to commit to two years at the Center. The Center offers parent meetings once a month, conferences with the director quarterly and informal communication with the staff on a day-to-day basis. There are also daily charts and a monthly newsletter. Today's working parents need a place that fulfills the function formerly filled by the extended family. Parents use the Center as a peaceful place to spend a few minutes relaxing or talking with other families when they leave or pick up their children.

As a demonstration center for Resources for Infant Educators, the South Bay Infant Center practices the RIE philosophy that emphasizes respectful, mutually reciprocal interactions between caregiver and child. This relationship is based on observation of the infant's cues by the caregiver. She acknowledges the baby's intrinsically motivated behavior, responds to it and integrates it into a cooperative model between adult and baby.

At the Center, diapering is one of the most important opportunities for fostering these mutual interactions. RIE sees these interactions as a dialogue between carer and infant. An example (Gerber, 1991) of RIE's guidelines follows:

Greets Child. "You seem to be having a good time with your rubber giraffe." **Tells and Shows What She Is Going To Do.** "But I want to pick you up and diaper you." **Waits for Infant's Reaction.** "You're not quite ready so I'll wait a little (one or two minutes later). Now you seem ready." **Asks for Cooperation or Follows Child's Lead.** "First we have to remove your overalls. You pull out your foot." **Encourages Mastery.** "You helped with this (touches foot), now pull out the other one." **Enters the Game but Eventually Gets Back to Task (smiling).** "This doesn't look like a foot, but more like a hand to me." **Enjoys the Process.**

During the interaction, the adult takes responsibility for setting limits for the infant so that her safety is assured and her needs met: feeding, diapering, bathing, playing, attention, acceptance, contact comfort, etc. Each interaction is relaxed and unhurried. Both infant and carer enjoy caregiving time as a special moment of one-on-one quality time together.

RIE also believes the infant needs freedom to do what he does best: be master of his own body. No adult can do this for him. The adult's role is to prepare the environment and enjoy what the child initiates in his motor behavior and play. Infants intrinsically enjoy looking at their own hands, rolling

to the side, reaching for toys *they* have selected. Help with these tasks is unnecessary and intrusive. The Center has no swings, bouncers or walkers, which limit freedom of movement as the child chooses how to use his body. We do not prop a baby up to "teach" him to sit, but wait until he can crawl and get into a sitting position by himself. We do not interrupt the infants at their play, although if we have time, the caregiver gives attention to a playing child and may reflect back to him in words what he is doing. We have simple toys, preferring an active child and a passive toy.

Infants are on individual self-selected schedules, sleeping when sleepy, waking when rested, eating when hungry, stopping when satiated. Using staggered schedules, we can give individual attention to each of the four children in the group. When one is hungry and being fed, the others are either sleeping or playing independently. Children may occasionally have to wait while a caregiver finishes feeding another child. The caregiver responds to the waiting child, saying that she will take care of her needs soon, and turns her attention back to the child she is with at the moment. By giving full attention to the infant she is with, she promotes a feeling of predictability and trust. Each infant in the group knows that when her special time comes, she will not be rushed, and her needs will indeed be taken care of.

Most of the time the Center is a peaceful place, but occasionally you can hear a child cry. If a child is unhappy, we do not try to keep him from crying or distract him, believing

that the crying is not the hurt but a release. We acknowledge a child's feelings and accept him whether he is happy or unhappy.

The relationship that develops between the child and the educator is based, from the earliest months, on respecting the infant as a human being. At South Bay Infant Center, we find that the infant's capacity for autonomy and for relationships can be fostered during the first two years even in a day care setting. In addition, parents learn more respectful ways to relate to their child at home.

References

Gerber, M., Ed. (7th Printing 1991). *The RIE manual for parents and professionals. Resources for Infant Educators*, 1550 Murray Circle, Los Angeles, CA 90026.

Pawi, J. H. (Feb. 1990). Infants in day care: Reflections on experiences, expectations and relationships. *Zero to Three*, X, 3, 1-7.



OBSERVATION:
Mothers and their infants at a RIE class with Magda Gerber at the RIE Center in Silverlake, CA



INTERACTION:
Infants exploring self-induced sensory-motor development at the RIE Center in Silverlake, CA

Corr.

cc Melanne
W. Cole
file

MEMO

To: David Hamburg
From: Deborah Phillips
Subject: White House Child Care Conference
Date: June 9, 1997

Given the First Lady's long history of highly regarded work on children, her capacity to re-invigorate and legitimize child care as an issue of widespread national significance is extraordinary. As a nation, we are finally coming to a social consensus that children must receive dependable, quality health care -- as a right and a social necessity. I hope we can begin to move in the same direction for child care. This conference affords the opportunity to educate the nation and to move the nation philosophically and strategically towards a greater commitment to providing children with supportive child care, regardless of their parents' economic and employment status.

To set the stage, I believe there are a few guiding themes worth mentioning:

1. It is critical to get beyond discussions of child care as a categorical service stream and to reframe the issue as one of protecting the health, safety and development of children. Child care, like the home, is a setting in which children grow and develop. It is not just "one thing", but takes many different forms. It is time that we begin to talk about child care just as we have always talked about mother care -- in terms of the essential ingredients for child development. Keep children at the center of discussion (not child care per se).
2. Families from all walks of life rely on child care. This is not just a poverty issue, even though today's debate about child care has focused on its link to welfare reform. As with health care, I believe it is essential that we disentangle child care policy from poverty policy. We now have a two-tiered child care system, with one set of options and subsidies (tax) for the non-poor and another set of options and subsidies for the poor, which leaves many working, low-income families in the breach. Can we begin to consider a more comprehensive approach to addressing the child care needs of our nation's families, recognizing that some families will need more assistance than others to obtain the child care that we believe all children need and deserve.
3. I always assume that parents want to do well by their children. We know that parents seek safe and trustworthy care for their children -- they value quality and stability. What stands between their aspirations for child care and their ability to avail themselves of quality care are: (1) costs and (2) work schedules that militate against access to quality programs. Thus, the challenge for child care policy is one of removing the barriers that now prevent parents from exercising their responsibilities (and preferences) as parents.

This cannot be done without considering the nature of the jobs that are available to young parents (hours, benefits, etc.). This latter issue is probably beyond the scope of a one-day meeting, but I hope the employer sector is represented.

4. As my remarks in April indicated (and as we did in Starting Points), I view the family leave discussion and the child care discussion as closely linked. The choice of when to start using child care is all too seldom a real choice, and the initiation of child care is agonizing for parents. I hope this can be woven into the conference.

Structure of the conference

The structure of the April conference was so successful. Why not replicate it? Taking research as the point of departure lent the meeting a tone of seriousness, of excitement about new scientific discoveries, and of legitimacy. To follow the research panel with a panel of policymakers and practitioners who illustrated that "we know what to do and we can do it" was masterful. The only consideration maybe one for allowing more discussion with the audience.

What does the nation need to understand about child care (from research)? Here are some ideas:

1. High exposure: child care starts early and is extensive.
2. Home/parents remain by far the strongest influence on child development (reassuring).
3. Quality matters (= caregiver-child interactions) and link back to brain development -- what is at stake developmentally? Bad quality that we see is wasteful, not neglectful or abusive.
4. Family leave is not breaking the back of business (see report of the Commission on Leave), and it makes a difference to families.
5. Maybe something about "who" provides child care (they are far more educated than many believe), their compensation, and the significance of their work.
6. Maybe something about the disproportionate financial burden of child care for families in different income brackets.

What does the nation need to learn from experience?

1. The military experience (will get at salary/turnover link).
2. Accreditation (NAEYC).
3. Some effort focused on informal child care (linking and training home-based providers).
4. State experience (maybe Florida, North Carolina, or Ohio). Very important to link to Governor's efforts/initiatives -- maybe Governor Miller could "keynote".
5. Employer effort (ideally employer of low-wage workers).

David Hamburg

Page 3

June 9, 1997

My remaining question is how to lend some longevity to this conference. What could the First Lady announce? A Commission on Child Care Financing and Quality? An annual conference on child development? Maybe an executive order to develop a set of model federal child care standards with financial incentives to states to approach/adopt as called for in Starting Points?

June 24, 1997

Ms. Yasmina S. Vinci
Executive Director
National Association of Child Care
Resource and Referral Agencies
Suite 810
1319 F Street, N.W.
Washington, D.C. 20004-1106

Dear Yasmina:

Thank you for your supportive letter regarding my Administration's efforts to address the important issue of child care. As you may know, we have announced plans to sponsor a White House Conference on Child Care this fall. I appreciate knowing of your thoughts on the quality of the American child care system, and I have shared your letter with my staff in the Domestic Policy Council.

As my Administration works to address the important issues facing our nation's working families, I'm glad to know of NACCRRA's commitment to creating a quality child care system. I look forward to your continued efforts on behalf of our nation's children.

Sincerely,

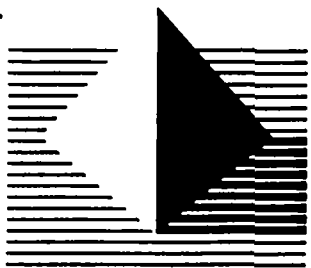
BILL CLINTON

BC/DIA/RSM/lynn-emu
(6.vinci.ys)

(Corres. #3549649)

cc: w/copy of incoming to Cynthia Rice, 212R
cc: w/copy of incoming to Jen Klein, 2FL/WW

219232



NACCRRA

National Association of Child Care
Resource and Referral Agencies

May 6, 1997

The President
The White House
1600 Pennsylvania Avenue
Washington, D.C.

Dear Mr. President:

Thank you for the interest and support of quality care for our youngest children and for the recognition that the quality of early care and education we provide for them is a critical national and local issue.

On behalf of NACCRRA's 550 community-based member organizations, who have worked long and hard to create a quality child care system with extremely restrained resources, I welcome your direction to the Secretary of Defense to use "lessons learned from the Military Child Development Programs to improve the quality of child care".

At the recent Brain Development Conference, the First Lady alluded to the fact that the child care community holds ubiquitous, yet varied views on the delivery of quality child care. There is consensus, however; among the child care community of experts, that quality results are achieved primarily by setting standards and providing the financial resources needed to meet the standards. This is precisely what delineates child care available to the military and that available to civilians. For a long time, the civilian child care community has labored valiantly to offer quality services, but without a fair and just level of support from federal, state and local communities. Instead, unfortunately, we have had to ask the parents of our youngest children to shoulder most of the responsibility for funding the child care system.

I firmly believe the military child care system offers valuable lessons appropriate to the community at large--and they are simple:

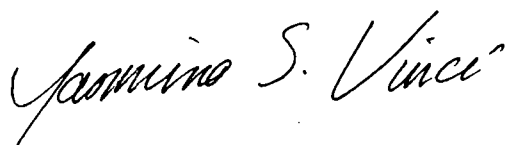
1. Identify federal funds to compensate child care workers at levels appropriate to their responsibility and training--as the military does.
2. Identify federal funds to provide subsidies for parents whose income does not allow for a quality care choice--as the military does.
3. Set high standards and provide the resources necessary to meet them, and enforce those standards--as the military does.
4. Maintain a child care infrastructure which will offer referral and subsidy to parents, training and resources to providers and data to inform planning for child care needs.

MAY 11 A

Although it is well known that all child care is local (to paraphrase the late Tip O'Neill), we agree that federal involvement is needed. Fortunately, the federal government already has the infrastructure for quality child care in all of American civilian communities. The Child Care Bureau in the Department of Health and Human Services interacts with the child care administrators in every state, and they in turn support local child care efforts with available state and federal funds. Adding the resources available to the military into this system will be a great help.

As a representative of a 550 community-based child care resource and referral program nationwide who support all the stakeholders in the child care system--- parents, providers, employers, funders, and planners-- I have requested Secretary Cohen to offer assistance and cooperation in carrying out your directive in communities across the nation. Lastly, it would be a tremendous help to these communities, who know firsthand the intricacies involved in the delivery quality child care, that we arrange a meeting to discuss cooperative efforts.

Sincerely,

A handwritten signature in cursive script that reads "Yasmina S. Vinci".

Yasmina S. Vinci
Executive Director

c: Hon. Ted Kennedy
Hon. Donna Shalala
Hon. William S. Cohen

encs.

Catalogue of Child Care Conference Information

Jennifer Klein

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Marriott International
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Washington, DC 20058
*letter

Rhea F. Starr
Child Care Advocate
YWCA of the USA
624 9th Street, NW
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*letter and packet

Sheryl Dicker
Executive Director
Permanent Judicial Commission on Justice for Children
c/o Pace University School of Law
78 North Broadway
White Plains, New York 10603
*letter and binder of info

Nancy Thompson
The Annenberg/ CPB Project
901 E Street, NW
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*letter

Joyce E. Butler
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Providence, Rhode Island 02906
*letter

Karen A. Cowles
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*letter and report

Kerby T. Alvy, Ph.D.
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*letter and packet

Ruby Takanishi
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*letter and packet

Tutti Sherlock
Board Chair, Child Care Aware
1319 F Street, NW, Suite 810
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*letter and packet

Giovanna Stark
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Child Development Policy Advisory Committee
915 Capitol Mall, Room 336
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*letter and report

Angela Crowley
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*letter

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*letter and packet

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*letter and packet

Janet L. Mascia
Senior Evaluator
U.S. General Accounting Office
441 G Street, NW
Washington, DC 20548
*letter and seven reports

Carrie Wofford
200 Constitution Ave, NW, Room S3002
Washington, DC 20210
*Senate Hearing Info: Congressional Caucus for Women's Issues 0-3 Child Care Hearing
7/10/97

Kathleen Christensen
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310 Prospect Street
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*letter

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National League of Citites
1301 Pennsylvania Avenue, NW
Washington, DC 20004
*letter, two newsletters, and one report

Jeanne Brooks-Gunn, Ph.D.
Center for Young Children and Families
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525 West 120th Street
New York, NY 10027
*letter

Nicole Rabner
Carey Fleming
Director of Corporate Alliances
Work Life Benefits
539 Fernwood Road
Murrells Inlet, SC 29576
*letter

Roger H. Brown
Chief Executive Officer
Bright Horizons Children's Centers
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Cambridge, MA 02139
*letter

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President
Children First Inc.
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Boston, MA 02110
*letter and packet

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The Travelers Foundation
388 Greenwich Street
New York, NY 10013
*letter

Claudia E. Wayne
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733 15th Street, NW, Suite 1037
Washington, DC 20005-2112
*letter and packet

Lynn L. White
Executive Director, NCCA
1016 Rosser Street
Conyers, GA 30207
*packet and letter

Charles R. Romeo
Director, Employee Benefits
Con Agra Refrigerated Foods Companies
2000 South Batavia Avenue
Geneva, IL 60134
*letter

Anna S. Wadia
Senior Program Officer
Ms. Foundation for Women
120 Wall Street, 33rd Floor
New York, NY 10005
*letter and packet

Ellen Clippinger
President
National School-Age Care Alliance
4720 North Park
Indianapolis, IN 46205
*letter and packet

Madeline Fried
Fried & Sher, Inc.
465 Carlisle Drive
Herndon, VA 20170
*letter and book

Stacie G. Goffin
Senior Program Officer
Youth Development
Ewing Marion Kauffman Foundation
4900 Oak
Kansas City, Missouri 64112-2776
*letter

Deborah Lowe Vandell
NICHD Study of Early Child Care
Wisconsin Center for Education Research
University of Wisconsin School of Education
1025 West Johnson Street
Madison, WI 53706
*letter and packet

Martha Farrell Erickson, Ph.D.
Director of Children, Youth, and Family Consortium
University of Minnesota
12 McNeal Hall
1985 Buford Avenue
St. Paul, MN 55108
*letter

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*letter and report

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Senior Program Officer and Director HHS Programs
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625 Liberty Avenue
Pittsburg, PA 15222-3115
*letter

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Executive Director, CCMC
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*letter and packet

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Director, Child Care Division
Children's Defense Fund
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Harriet Meyer
Executive Director
The Ounce of Prevention Fund
122 South Michigan Avenue, Suite 2050
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*letter

Caroline Zinsser
Rockefeller Brothers Fund
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New York, NY 10104-0233
*letter

Laurie Ollhoff
Educational Coordinator of the School-Age Care Programs
Concorcia College
275 Syndicate Street North
St. Paul, MN 55104-5494
*letter and packet

Other

Susan B. Kerr
Ronald Mc Donald House Charities
Kroc Drive
Oak Brook, IL 60523
*packet

Jeffrey H. Cohen
Director of Corporate Development
Sylvan Learning Systems, Inc.
1000 Lancaster Street
Baltimore, MD 21202
*letter and packet

Deborah Phillips
*letter and study on The Future of Child Care

reports:

Financing Child Care in the United States: An Illustrative Catalog of Current Strategies
by the Ewing Marion Kauffman Foundation and the Pew Charitable Trust
Making Work Pay in the Child Care Industry by the National Center for the Early
Childhood Work Force
The 1997 California Child Care Portfolio

articles:

The Impact of Child Care Policies and Practices on Infant/Toddler Identity
Formation by J. Ronald Lalley
Giving Children a Strong Start: Effective Early Childhood Education Policy in the
States by Louise Stoney
Building and Maintaining an Effective Child Care/Early Education System in Your
State

other:

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videotapes:

Resource for Infant Educators: See How They Move
The Child Care Group: ABC World News Tonight with Peter Jennings
"Solutions" segment: Relationship-Centered Child Care

Jennifer Klein

Donna M. Klein
Director
Work/Life Programs
Marriott International
Marriott Drive
Washington, DC 20058

letter

Rhea F. Starr
Child Care Advocate
YWCA of the USA
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Washington, DC 20001

packet from YWCA & letter

Sheryl Dicker
Executive Director
Permanent Judicial Commission on Justice for Children
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78 North Broadway
White Plains, New York 10603

*bundle + letter
w/ info*

Nancy Thompson
The Annenberg/ CPB Project
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Washington, DC 20004

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395 Rochambeau Avenue
Providence, Rhode Island 02906

letter

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Communications Consortium Media Center
1200 New York Avenue, NW
Suite 300
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letter + report

Kerby T. Alvy, Ph.D.

letter + packet

Executive Director
Center for the Improvement of Child Caring
11331 Ventura Blvd., Suite 103
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11

Ruby Takanishi
President
Foundation for Child Development
345 East 46 Street
New York, NY 10017-3562

letter

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Parents as Teachers National Center, Inc.
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St. Louis, Missouri 63132

letter

Yasmina Vinci
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letter + packet

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letter



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letter

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122 S. Michigan Ave, Suite 2050 (letter)
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Concordia College
275 Syndicate Street North (letter + packet)
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See How They Move

② The Child Care Group
ABC World News Tonight w/ Peter Jennings
"Solutions" segment
Relationship-Centered Child Care

THE WHITE HOUSE
WASHINGTON

August 12, 1997

Helen Blank
Director, Child Care Division
Children's Defense Fund
25 E Street, N.W.
Washington, DC 20001

Dear Ms. Blank:

Thank you very much for your letter and for sharing your invaluable advice on the White House Conference on Child Care. We greatly appreciate your guidance and expertise as we continue to develop the themes and the direction of the Conference.

We look forward to working with you in the coming months as we continue to plan the conference.

Sincerely yours,



Nicole Rabner
Associate Director for
Domestic Policy

*I look forward to getting together
again soon to get additional feedback
and advice.*

THE WHITE HOUSE
WASHINGTON

August 12, 1997

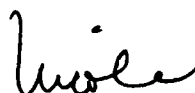
Kathy Bonk
Executive Director, CCMC
1200 New York Avenue, NW, Suite 300
Washington, DC 20005-1754

Dear Kathy:

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We look forward to working with you in the coming months as we continue to plan the conference.

Sincerely yours,



Nicole Rabner
Associate Director for
Domestic Policy

*Thanks for your letter ; I look
forward to meeting again soon .*

THE WHITE HOUSE

WASHINGTON

August 12, 1997

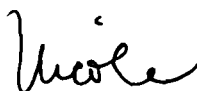
Matthew E. Melmed
Executive Director, Zero to Three
734 15th Street, NW, Suite 1000
Washington, DC 20005-1013

Dear Matthew:

Thank you very much for your letter and for sharing your invaluable advice on the White House Conference on Child Care. We greatly appreciate your guidance and expertise as we continue to develop the themes and the direction of the Conference.

We look forward to working with you in the coming months as we continue to plan the conference.

Sincerely yours,



Nicole Rabner
Associate Director for
Domestic Policy

I haven't forgotten about your generous offer of lunch and would love to do that sometime soon, as well as to get more advice on our upcoming Conference.