

What Can an Orphanage Teach Us?

Lessons from Budapest

Janet Gonzalez-Mena

The adult leans over the baby on the diapering counter. The two are face-to-face and the adult has the baby's full attention as she talks to him about changing his diaper. What's unusual to me is that the baby isn't lying sideways so he has to turn his head to see the adult's face; the counter is built so that he lies with his feet at her belly.

She waits now for the tension to leave his muscles before she begins. She is gently directive as well as responsive. She tells him to do something and waits for a body response before continuing. She talks to him each step of the way, always keeping him focused on the task itself and their interaction around it. The way she is doing the diapering is building the relationship between them.

When she's finished, she holds out her arms and says something I can't understand, because it's in Hungarian. The baby responds with a slight forward thrusting of his head and body in anticipation and comes willingly into her arms with a little smile on his face.

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Photos courtesy of Anne Tardos at the Pikler Institute.

This is what I saw in November 2003 when I visited the Pikler Institute, a residential nursery in Budapest. The closeness of the baby and nurse (which is what the Pikler Institute calls caregivers) during the diapering sessions surprised me a little, but I already knew about that approach. I studied with Magda Gerber, Los Angeles infant expert and founder of Resources for Infant Educators (RIE), who is originally from Hungary.

Magda was a friend and student of Dr. Emmi Pikler, founder of the Pikler Institute; since 1976 I have been teaching what I learned from Magda. Now that I've been to Budapest, I see that I still have more to learn.

A worldwide challenge to rearing infants and toddlers in institutions is to come up with methods that create whole, healthy, functioning children who can operate inside and outside institutional settings. The Pikler Institute has met that challenge by working out a carefully planned and tested approach over the last 58 years.

The Pikler Institute's methods

The approach used at the Pikler Institute results in positive outcomes that are worthy of the attention of child care and other child welfare leaders in the United States. What is the approach? One important part of it is the primary caregiver system designed to promote attachment in addition to enhancing individual identity formation.

In this approach, although each nurse has responsibility for the whole group during her shift, she has two or three children that are her own special children. She keeps extensive records on these children and, along with the support staff, follows their progress closely.

The relationship between child and nurse is considered a vital part of creating a sense of security and a feeling of

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belonging, yet it is *not* a copy of a parent-child relationship. Instead, the caregiver consciously tries to create a particular kind of relationship with her children that prepares them to eventually move into a permanent relationship when they either reconnect to their own families or move on to a foster or adoptive family.

The nurse is not a substitute parent, but a professional. She is trained to maintain enough distance that when the final separation comes it doesn't devastate either nurse or child (David & Appell [1973, 1996] 2001).

The institute takes a comprehensive, consistent, holistic approach that results in a united effort by all staff. Describing the whole approach is beyond the scope of this article, but a core piece



relates to the nurse's role in caregiving and free-play periods.

The nurse's role in caregiving

As shown in the earlier vignette, caregiving times are those essential activities of a baby's daily living, such as feeding, grooming, diapering,

bathing, when the focus is on close, one-on-one interactions with individual children. Learning about this adult role was different from seeing it. I didn't realize what it meant to focus so fully on just one child. The amount of verbal exchange that went on during these routines was incredible. Nothing is ever done silently.

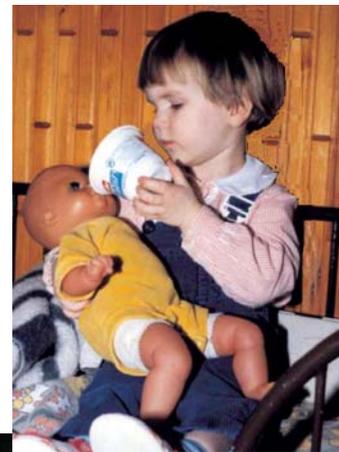
I wish I had clocked the amount of time that each child had the full attention of the nurse and was bathed in rich language. At the same time, each procedure was efficient, partly because the children cooperated remarkably well. Not that interactions were hurried, but there was no wasted time.

Feeding is another time for one-on-one interactions for the infants, and as they get older, it becomes a group experience. When one toddler was fed before the others in his room, I wondered why the meal wasn't a group experience for him. I asked Anna Tardos (Pikler's

daughter), a psychologist, who now directs the institute. She explained that children who don't eat well or disturb others are taken back to an earlier care stage and spoon-fed separately before the others eat.

It isn't a punishment to be fed like an infant. As Tardos says, "It's not just readiness we're looking for, we want to see children who are *happy* to take the step forward." In other words, at the Pikler Institute caregivers give children just what they need as individuals until they show obvious signs that they don't need it anymore.

On one hand, children who need it are babied,



but on the other, very young children are also given responsibilities. I was surprised to see a 17-month-old performing duties as a designated helper at lunch. He knew the exact routine and performed admirably—bringing out the little stools, setting the table, and cleaning up afterward. For his final duty he put all the dirty bibs into a small basket

and proudly followed the nurse out the door to another part of the house to put everything away. It was clear that he considered what he was doing an honor, not a chore.

Caregiving times are the highly structured events of the day, and children learn early that they can predict what will happen. That kind of consistency and predictability is important for adding to the feelings of security that also come from their special relationships with their nurses. This deep sense of security allows playtime to be far less structured than caregiving times. What I observed was what we call free play in the United States.

The nurse's role during playtime

Magda Gerber often said to me, "Put the emphasis on learning, not teaching." Certainly that seems to be the motto at the Pikler Institute. The nurses don't teach in formal ways, but the children learn while involved in the essential activities of daily living and during play periods.



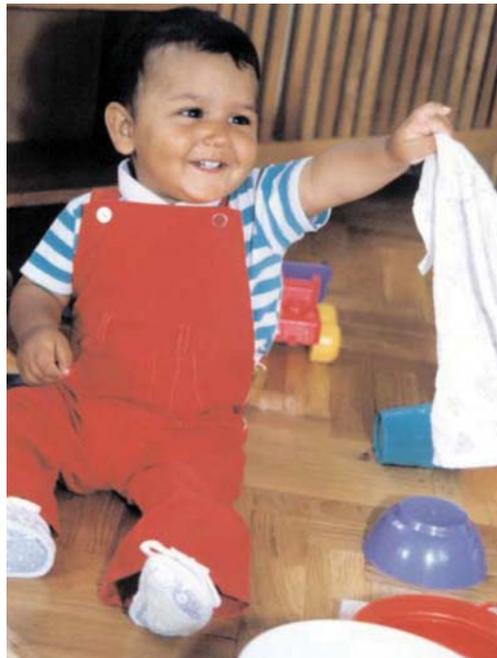
What I didn't expect was how well they had learned to get along with each other.

I've never seen groups of children depend less on adult intervention. Nurses supported children in their play by providing an interesting and rich array of toys, not by sitting on the floor with them for long periods. It was obvious that the children didn't need adult attention during those times.

It might be easy to explain lower adult attention during play periods by pointing out the high child-to-adult ratio (8:1) and thus say that the children *have to learn* to play by themselves. But it's a more considered approach than just a matter of ratios. The Pikler approach designates the time for focused attention when infants and toddlers *have to depend* on the adult. When caregiving activities are finished, children know that they don't need adult help or attention for the time being. Because their needs are met and they don't feel deprived of adult attention, they are free to explore, experiment, and discover on their own as individuals and as a group.

Pikler's research on gross motor development shows how well children can do on their own (Pikler & Tardos 1968; Pikler 1971, 1973). Because of what Pikler found out, she set a goal for the children to develop independent of adult teaching and help. Babies learn from the beginning that they are capable individuals, so their faith in their own skills makes a difference. That contrasts with what happens when adults feel they must help babies by sitting them up, walking them around, or otherwise putting them into positions they can't get into by themselves.

When development unfolds naturally without adult intervention, physical security increases and skill development is remarkable. At the Pikler Institute, there is no hurry to move babies toward



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the next milestone. As I observed the children there, I recalled Magda Gerber saying, "In time, not on time."

Pikler said about her approach, "The infant is never put in a more advanced position, in order to promote gross motor development, than he is able to attain by himself from a basic supine position. . . . As a matter of principle, we refrain from teaching skills and activities which under suitable conditions will evolve through the child's own initiative and independent activity" (Pikler 1971, 91).

As a result of all this freedom to move and space to do it in, children at the Pikler Institute are curious, interested, competent explorers. I saw no aimless wandering, no blank-eyed, bored-looking children. I didn't see children looking for entertainment from adults either. What I saw were rooms full of children who had minds of their own, showed initiative, and at the same time showed a spirit of cooperation. These well-functioning children seem to be a product of both training and modeling, along with adult expectations for positive behavior.

Free play may be free, but it isn't haphazard. Anna Tardos's writings show a deep appreciation for play and that principled practice is always at work at the Pikler Institute (Tardos 1985, 1986).

Outcomes

Who are the children of the Pikler Institute, and what happens to them when they leave? When the institute opened, they were mostly orphans whose parents had been killed in World War II. Today they are mostly social orphans, children whose parents can't or won't take care of them. Some children have been abandoned, others are placed at the institute because of substance abuse or perhaps mental illness in their families. Every child has a different story.

No matter why they have come, they all enjoy the benefits of an institution designed to make them independent individuals and good group members who will be able to leave eventually and function well in a family setting. It works!

Hungarian researcher Margit Hirsch and her team studied 30 children ages three to nine who spent their infancy in the Pikler Institute and then returned to their birth families. None of the children showed the signs of hospitalization so common to children who spend infancy in an institutional setting. They showed no emotional disturbances or impaired cognitive functions and they were able to create close relationships (Pikler 1979a, b).

The World Health Organization (WHO) reports similar results to the Hirsch findings. None of the adults who were studied "displayed the flagrant personality disorder

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ders typical of a childhood spent in an institution. . . . Among the 100 subjects in the study, none had refused work, had a criminal record or been convicted of vagrancy” (David & Appell [1973, 1996] 2001, 16).

I have a special interest in learning more about how an individualistic orientation fits with a collectivistic orientation. The Pikler Institute is necessarily a collectivistic setting because the children live in groups. But this is not a family or culturally determined collectivistic situation, it’s an institution that has purposefully constructed its own culture and evaluated its success over the years. I saw an amazingly functional balance between individualistic and collectivistic goals. Children were clearly independent individuals choosing to cooperate, not passively obeying rules or an authority but demonstrating a truly cooperative spirit.

Barbara Rogoff (2003) describes this phenomenon in her book *The Cultural Nature of Human Development*. Instead of self-interests and collective interests clashing, some cultures raise their children to keep personal goals but coordinate them with the group. In other words, independence and interdependence are intimately integrated so that individuals make the choice to cooperate. In my mind that should be the ultimate goal for all of us, whether we run institutions, live in families, or see ourselves primarily as members of a society of world citizens.

Contrasts in ideas

At the Pikler Institute I was well aware of being in a culture different from my own European American background. One difference I felt was a contrasting attitude toward routines and change. I teach infant/toddler caregivers to strive for individualized care in child care settings, and I emphasize that they should meet individual needs of the moment rather than stress the routine and unchanging order of the day. The Pikler Institute’s focus is on the individuals in a full-time group setting and the security they derive from consistency, continuity, and predictability. Change is something that is carefully considered, and decisions about change are not made quickly.

I was never taught to look at babies as part of a group, nor have I been convinced that it is important to keep

routines invariable. I’ve also never worked in a residential care setting or taught anyone else to. Whether the Pikler Institute’s emphasis on predictability and consistency is cultural or uniquely related to the context of 24-hour care, I don’t know. I just know that what I saw seemed to work remarkably well.

I left Budapest thinking about the implications of what I saw for child care in the United States and throughout the world. Certainly the Pikler Institute is a model that shows the advantages of having a well-supported staff trained to operate on principled practice. Like Reggio Emilia, the Pikler Institute can inspire those who want to improve infant/toddler care in their own countries. At the very least, in spite of differences in culture and context, any caregiver of infants and toddlers who studies the Pikler approach will find much to reflect on.

References

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Reflective Questions

1. How closely does what you read about the caregiving approach of the Pikler Institute fit with what you believe about infant/toddler care?
2. Did anything in this article make you feel uncomfortable? If yes, what was it and why do you think you reacted the way you did?
3. What are your experiences with and ideas about institutionalized residential care for infants and toddlers? Do you think an approach used in such an institution has implications for caregivers in child care settings?
4. Do you know about Magda Gerber and her organization called Resources for Infant Educators (RIE), online at www.rie.org? If yes, does this article seem similar to what you know or have heard about Magda’s philosophy and RIE? What are the similarities? What are the differences?