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

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

Before I went to Budapest, I had read about Emmi Pikler's remarkable contributions, and had worked with colleagues who had repeatedly visited Loczy; I thought I was well-informed. But in Budapest, there was so much more to learn. My purpose in writing this article is first to explain the basic philosophy of the Pikler Institute and then to share some of my insights and relate them to my experiences as a pediatric physical therapist with training in sensory integration(1)[1], neurodevelopmental treatment(2)[2], and Spacial Dynamics (3).[3]

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

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

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

Similarly, within Loczy's newly offered groups for parents with their infants and toddlers, great sensitivity is shown by the staff to the needs and feelings of the mothers. In the course, we were cautioned to employ common sense and careful consideration in our approach with parents, so that they would not be made to feel inadequate in any way. The goal, true to the Pikler model, is to safeguard the relationship between the parent and the child, for it is out of this tender and sacred relationship that healthy self-initiated movement can emerge.

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

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

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

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

A different rate of motor development at Loczy

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

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

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

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

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

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

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

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

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

Integration of primitive reflexes
Among the children at Loczy I also did not see abnormal retention of the primitive reflexes. Primitive reflexes are the involuntary stereotyped movements that are present in infants to help them survive in the early stages of life. By six to twelve months the primitive reflexes should become integrated, or fade away into the background of the child's movement repertoire. If they continue to manifest in the child's movements and aren't properly integrated, they are said to be abnormally retained and can negatively affect gross and fine motor coordination, sensory perception, behaviour and learning. It is very important for overall development that the primitive reflexes are integrated at the appropriate time.

When I inquired further of the staff about the lack of abnormal primitive reflex retention among the children at Loczy, I was told that this is not an issue for them. Not an issue! There are paediatric therapists throughout the world who make a living treating children with abnormally retained reflexes. For 28 years, I have witnessed increasing problems with proper integration of the primitive reflexes in normal American children with no history of prematurity or birth trauma. Children in the orphanage at Loczy come from situations in which they were abused, abandoned or neglected—yet they are developing beautifully.

The nurses handle the infants in a way that promotes the integration of the primitive reflexes. The nurses' hands are extraordinarily sensitive to the muscle tone of the infant. They routinely wait for subtle tone changes to occur before the child is picked up and moved, and therefore the startle reflex is not set off and perpetuated. The infant is told what will happen before he is moved. The infant is bathed in the beautiful Hungarian language which sounded almost like music to me, it was so soothing and calming. The infant's body is not forcibly moved; for example, a stiff arm is not shoved through a sleeve, but rather the sleeve is moved around the arm. The child is given intermittent eye contact, not too much to make him nervous, but just enough to help him feel secure. The nurses do not rush or multi-task during the care-giving, and time seems to stand still. All these practices help to ensure that the child's central nervous system is not continually put into a "fight-or-flight" state. This more relaxed neurological state is conducive to promoting the process of reflex integration.

Development of balance as part of the gross motor sequence
The developmental progression of gross motor movements involves much more than is generally recognized and understood. For example, it includes lying on the back and looking at the hands; rolling from the back to the side and learning to lift the head and play with a toy in this position; rolling from the back to the stomach, to the right and to the left, and then across the room in order to get a toy; belly creeping; crawling and all of the steps up to walking, jumping, skipping and beyond. Throughout this complex and individualized gross motor sequence, the development of balance goes hand-in-hand with the integration of primitive reflexes. At Loczy, opportunities for the infant to balance are countless! The nurse moves the infant slowly, and care is taken so that the infant can keep his balance while he is being moved.

In the infant, balance develops in two ways. It develops within each position primarily through subtle weight shifts.

For example, the infant learns to reach for a toy while on his side without losing his balance and falling out of the position, and the infant learns to reach for one foot while lying on his back without losing his balance and falling over to the side. Balance also develops during the dynamic transitions between positions. We cannot develop balance for the child. The child has to do it himself and, therefore, must be actively engaged in order to lay down new neural pathways in the brain. If a child is put into a position that is too advanced for him, he won't be able to easily move within the position or into and out of the position. What matters is not how fast a child can arrive at, or is hurried to achieve, a developmental milestone. Rather, it's the child's quality of movement as measured by the sophistication of balance reactions within and between milestones that matters most.

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

Infants are not propped up in sitting positions, they are not stood with their hands held and encouraged to walk, and baby equipment is not used. Instead, the infants are given tremendous time and space to execute self-initiated movements. Infants are even "allowed" to move during care-giving activities. For example, the changing table is larger than standard changing tables and has a railing around it so the child can move onto his hands and knees or can kneel or stand during a diaper change if he chooses.

When the infant pushes down against the floor, he comes up against gravity, and is learning to orient himself in relation to the supporting surface. This is a crucial component of balance. Another practice at Loczy that supports the development of balance is that the infants are placed on a firm surface rather than a softer one. The firm surface increases proprioceptive feedback (that is, information from the muscles and joints that helps the child to understand unconsciously his body position in space), while a softer surface decreases proprioceptive feedback. So many of the children that I see with "gravitational insecurity," as it is known in sensory integration—that is, an exaggerated fear of and emotional response to movements that require losing contact with the ground, such as swinging and climbing—do not have this basic skill of knowing how to push down to orient themselves. Developing this inner sense of gravity's reliability through experiential interaction with one's outer surroundings is a key concept within Spacial Dynamics.[R]

Development of focused attention

The children are very active, although not in a hyperactive way. In fact, I did not observe symptoms of ADHD or sensory processing disorders in the infants and toddlers at the orphanage. Instead, I observed a remarkable degree of focused attention in the children. I did not expect this, considering the children's histories—for example, some of the children were born to mothers with drug addictions. I did not observe the children being "entertained" or taught abstract concepts. Instead, they were exploring their world with joy and interest.

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

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

Crawling

I also asked about the frequency of crawling in the children at Loczy. I learned that normal infants who have been there from early infancy do not always roll or creep on their bellies, but they always crawl on hands and knees! I explained that in the U.S. many children skip crawling and use a hitching pattern instead, in which they sit upright

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

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

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

Applications for special needs children
At Loczy, it is believed that every child—including children with disturbances in their neuromotor and musculoskeletal systems—has the inherent capacity to guide his own motor development through self-initiated movement. Children with special needs receive traditional orthopaedic care such as surgery and massage, but unlike the usual therapy in the U.S., they are not taught to perform a motor skill that they are not capable of performing on their own. Instead, infants with special needs are cared for with the same practices used for typically developing children, only perhaps in a more detailed manner. I observed carefully the children with special needs, and my sense was that they were slower in reaching the motor milestones compared to similar children in this country; however, in my evaluation the quality of their movements was superior, and they were much more actively engaged. Interestingly, these are the same observations I had for the normal children at Loczy.

I observed one particular child with a quite serious orthopaedic congenital defect, in that he was born without femurs, or thigh bones. At birth, the doctors had said that it was not possible for him to learn to walk. This child had been at Loczy since early infancy, and had received loving, attentive care and the usual opportunities for self-initiated movement. When I observed this child in the orphanage, I was amazed to see him strolling around the block, walking up and down small hills, riding a scooter, and even trying to jump!

Pikler and Steiner
The principles employed at Loczy are in alignment with Rudolf Steiner's recommendations that our goal is not to "fix" children, but rather to remove hindrances to their development. Steiner also advocated that the infant be allowed to come into the vertical on his own, working against forces of resistance in an archetypal battle to overcome gravity, thereby strengthening his will and coming into relationship to the three planes of space. This is exactly what Emmi Pikler did, with tremendous depth of understanding and penetration of practical detail.

A glimpse of archetypal development
I felt a kinship with the staff in our shared respect and love for the deep mystery of the infant's motor development. There was a palpable understanding that the self-initiated unfolding of motor development provides something essential to the process of becoming a human being. My visit to Loczy opened my eyes to the majesty of what is possible. It revealed a glimpse into the inherent genius of the infant in guiding his own motor development. And perhaps even more astounding, it offered one possible means by which this could manifest. I came home from Budapest filled with hope for what can grow—relevant to our own situations in this country—out of these invaluable insights.

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[1]Sensory integration was originated by Jean Ayres and refers to the neurological process of taking in information through the senses, organizing it, and using it to function in daily life.

[2]Neurodevelopmental treatment was originated by Berta and Karel Bobath and is a treatment approach for children and adults with neurological challenges such as cerebral palsy and strokes.

[3]Spacial Dynamics[R] was originated by Jaimen McMillan and is a discipline involving spatially oriented movement exercises, games, observations and therapeutics.