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Compassionate roots begin with babies

by Janet Gonzalez-Mena

How do you teach compassion to babies? You don't. You show it. Long before the baby understands any words, she understands touch.

Hands constitute the infant's first connection to the world. Hands pick the infant up, lay him down, wash, dress, and even feed him. What a different picture of the outside world an infant has when quiet, patient, careful, yet secure hands take care of him. How different the world must seem when these hands are impatient, rough, hasty, unquiet and nervous.

— Emmi Pikler

The first experience of compassion infants can get is gentle, caring touch, which gives a strong message, especially when accompanied by eye contact and a soft tone of voice. The baby knows that she is cared *about* as she is being cared *for*.

Defining compassion

The dictionary gives several definitions for the word compassion, one of which is sympathy. My mentor and teacher, infant specialist Magda Gerber, taught her students to *respect* babies. She worried about giving babies sympathy, which she equated with pity. For example, have you ever said to a baby (or thought), "Oh, you poor little dear!" Magda used to say that sympathy puts you outside or above the baby who is on the receiving end of your sympathy; it's not respectful.

The thesaurus gives a broader view of compassion with such synonyms as kindness, concern, consideration, and care. I am using the word compassion to mean the ability to enter into another's emotional experience — or empathy, the word that Magda used. She taught her students to be aware of, sensitive to, and understanding of the feelings a child is demonstrating. That doesn't mean that you lose yourself in the baby's emotions — the baby keeps screaming and

you come apart too! No, it means feeling what the baby is feeling, and at the same time supporting the baby by remaining calm, cool, and present.

Crying is communication

Magda was clear that adults have to put aside their own discomfort when a baby is expressing feelings and learn to read the message the baby is sending. She taught that crying, for example, is communication, and it's important to understand the message that's being conveyed. Is there a need to be met? Tuned-in caregivers can learn to read individual babies' different signals for feeling hungry, tired, or in pain. Sometimes the message is difficult to read. That's when the untrained caregiver, uncomfortable with the crying, may work hard to make it go away. Distraction is a common approach — get the baby's attention directed to something besides what they are feeling. Make faces, bounce the baby around, or bring out some super-toy. As a child therapist, Magda saw a serious problem with adults manipulating babies' feelings because of their own discomfort. Babies can pick up the message that their feelings are not acceptable, which may eventually limit their range of expression. This kind of manipulation is misplaced compassion.

"Let's all just be happy" was my mother's motto when I was growing up. I learned early on that if I didn't want to upset my mother, I needed to 'put on a happy face' (as the expression goes) no matter what I was feeling. I'm still working on getting over that part of my early learning.

Compassion and attachment

The kind of relationship a compassionate caregiver strives to develop with the infant creates attachment, an important requirement for healthy growth. We hope that babies who come into child care programs have a

close attachment at home, but that isn't enough if the baby is in out-of-home care. They need to feel a closeness to one or more adults in the program as well. This kind of attachment is a little different and less intense than the one(s) at home.

The most consistent displays of compassion by caregivers to infants I have ever seen come from the Pikler Institute, a nursery home in Budapest, Hungary, where Magda Gerber got many of her ideas. Gerber was a friend, student, and colleague of the Institute's founder Dr. Emmi Pikler, whose research indicates what infants in group care need to develop optimally. One of Pikler's primary considerations was creating a special kind of attachment between the caregiver and the infant. The idea was that the attachment had to be close enough to make the child feel secure, but not so close that the child, when adopted or returned to the birth family, would go into mourning at the loss of the caregiver. In some ways that's what's needed in infant care centers in the United States — a particular kind of attachment that doesn't replace the attachment to family, but strong enough to establish trust and help the baby feel secure in out-of-home care.

Certain kinds of interactions lead to attachment

How do you create that kind of attachment? Both Gerber and Pikler trained adults in just how to interact with babies to promote a relationship that leads to attachment. Look at this scene:

A baby is lying on her back in a safe play area. She needs a diaper change. Her caregiver approaches, taking note of the fact that the baby is watching her. She has been trained to make sure the baby sees her coming and can predict what will happen next. In this center, nobody comes up behind babies and surprises them. They know that predictability helps build trust and gives the baby a sense of security. The caregiver kneels down, looks at the baby, holds out her arms and says, gently, "I'm going to pick you up now." She waits for some kind of sign that the child has heard and understands. She sees a slight movement in the baby's arms and her head comes forward, which indicates she knows she is going to be picked up. This baby is used to the idea that diapering is a partnership and her cooperation is an important

Beginnings Workshop

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PHOTOGRAPH BY BONNIE NEUGEBAUER

The angry adult who tries to stop aggression with aggression gives a confusing lesson.

part of it. Right now her ability to cooperate is limited, but she is already gaining the spirit. Before long she will raise her arms to be picked up. She'll also raise her bottom when asked to do so.

Caregiving is curriculum

Gerber and Pikler both taught that the optimal time for relationship-building is during caregiving activities — those essential activities of daily living that meet infants' physical needs. Rather than something to complete in a hurry to get on to the so-called 'learning activities,' caregiving becomes the curriculum when done in the way that Gerber and Pikler taught. Not only does the caregiver meet physical needs, but she takes into consideration emotional, social, and cognitive needs as well. It's a way of empowering infants and helping them feel significant. All this happens with tenderness and gentleness — compassion!

Demonstrating compassion during free play

I was surprised when I first saw Magda with babies in an infant demonstration program where both parents and student interns were in an observation room watching. Magda put the infants down on a rug and let them explore each other. I remember this particular observation:

A baby was lying on her back. An older infant who was a beginning crawler made his way over to the baby. Magda moved in close to the two, but just watched. The boy held out his hand to touch the baby's face. I held my breath. He patted her forehead. Magda smiled. Then he pulled back his hand as if to hit her. Magda, calmly took hold of his hand and said, "Gently, Scott. Gently." She touched him tenderly and then the baby. Scott imitated her action — touching the baby's cheek in the same way. Magda was not only teaching compassion, but modeling it.

A special way of handling aggression

I'll never forget the way that Magda would handle one child hurting another. That was a rare occasion because Magda or an intern was always right there stopping hitting before it happened. But it did happen once in a while. I remember how Magda explained to the parents and interns that adults, in the face of infant or toddler aggression, often respond with even more aggression that the child exhibited. Pictures came into my mind of an adult squeezing the arm of the child who just hit someone and speaking sternly, often loudly right in the child's face. And, of course, I've seen

Caregiver Tips

- Predictability helps build trust and gives the baby a sense of security.
- Caregivers at the Pikler Institute slow down and wait for some kind of sign that the child has heard and understands what will happen next before they proceed.
- The optimal time for relationship-building is during caregiving activities: those essential activities of daily living that meet infants' physical needs.
- Caregiving becomes the curriculum when done with careful, focused attention in partnership with the child.
- Magda Gerber always met aggression in infants and toddlers with gentleness.
- Rewarding the victim of aggression with a great deal of attention can result in the child seeking further opportunities to become a victim.
- The toddler who causes pain needs reassurance that the adult will be there to stop her next time if she can't stop herself.

much more aggressive responses as well. The angry adult who tries to stop aggression with aggression gives a confusing lesson.

Magda, on the other hand, always met aggression with gentleness. She would use touch and a gentle tone of voice to model the approach she was teaching. She would not only tenderly touch the target of the aggression, but also the aggressor, talking about how to be gentle and caring. It worked. Magda was teaching compassion, though I don't think I ever heard her use that word.

Moving away from a behaviorist model

Magda was always clear that both the child who did the hurting and the victim needed adult support. She made the point that to gush over the victim was a mistake. All that attention convinced some children to become victims just for the attention. To either ignore the child who did the hurting or punish her in some way was also a mistake in Magda's mind. The child who causes pain to someone else is frightened of her power and lack of control. She needs reassurance that the adult will be there to stop her next time if she can't stop herself. I've seen effective results from Magda's approach and I strongly advocate it. Magda showed compassion to both children in those situations where one made another one cry.

When children show compassion to each other

I remember observing another example of a child showing compassion at the Pikler Institute:

It was changing time, as the toddlers were getting ready to go outdoors. One child was confined to her bed because she was sick. Although she could get out of the bed by herself, she didn't. As was customary, the caregiver was spending one-on-one time with each child as she was readying them for the outdoors. Some of the children were playing while waiting for their turn. The sick child was watching from her bed. Then I noticed another child, a boy, who seemed concerned about the child assigned to her bed. He started bringing her toys. Then he played a little peek-a-boo game with her. Pretty soon he was running and hiding, waiting to make sure she was looking his way. Then he'd come out and run back to her bed. It was obvious that he was feeling compassion for this sick child.

Because I had learned in college that children of that age are egocentric and can't put themselves in anyone else's shoes, I was quite surprised. I shouldn't have been, after seeing the many examples of caregivers

showing compassion for the children. I should have realized that, of course, children were bound to pick up on those attentive and caring feelings and the behaviors that go with them.

Modeling is a powerful teaching tool! To alter a famous quote: "We must be the compassion we wish to see in others!"

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