

# The Pikler Institute: A Unique Approach to Caring for Children

by Janet Gonzalez-Mena, Elsa Chahin, and Laura Briley

The Pikler Institute is a residential nursery (previously called an orphanage) located in Budapest, Hungary. Children from birth to three years of age are cared for at the Institute 24 hours per day, 7 days a week. This unique program has been in operation since 1946. The end of World War II brought the need for placement for a large number of children who were left without families. The Hungarian government came to Dr. Emmi Pikler, a well-known and respected family pediatrician, and asked her to create a program to care for these children. The government gave her a large home in the castle district of Budapest. She took on the challenge and began a lifelong work of caring for thousands of children until her death in 1984.

This Institute and the research that was Pikler's hallmark continues today under the directorship of Anna Tardos, a psychologist and Emmi Pikler's daughter. Also continuing is the training for professionals and, of course, the care for the children, who are no longer war orphans, but can be thought of as *social orphans*. Their parents are still alive, but the children have been abandoned or their families cannot provide for them. The Pikler Institute is a universal model and has shown that children who live in institutions can grow up to be successful, productive adults.

## Elements of the Pikler Approach

Three main elements make up the Pikler Approach: freedom of movement, free play, and caregiving routines. So what makes the Pikler Approach different from other approaches? A beginning of an answer is that the Pikler Approach includes intensive training and support for the nurses, an emphasis on observation, record-keeping and research, and specific ways in which each of these elements are carried out.

## Freedom of movement

We'll start with what is probably the most unusual feature of the approach — freedom of movement. Freedom of movement is a cornerstone of the successful, long-term outcomes of the Pikler children, as documented by the World Health Organization. Freedom of movement means that the children are never put in positions that they can't get into by themselves. They are never propped in a sitting position or held in a standing one. They aren't placed in restrictive devices such as infant seats, high chairs, jumpers, or walkers. They lie on their backs, awake or asleep, until they are able to roll over by themselves. The rule is: no adult interference with children's movement.

Emmi Pikler thoroughly researched the concept of freedom of movement in the 1930s with the families for whom she was a



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Laura Briley is President/Owner of Day Schools, Inc. She has been in the early childhood field since 1976. She currently operates four NAEYC-accredited Child Development Centers in Tulsa, Oklahoma. She worked in Romania from 1990-1995 setting up a preschool at Orphanage #5 and a kindergarten in a state-run program in Bucharest. Laura is Founder and President of the Pikler/Loczy Fund USA, of which Janet and Elsa are board members. All three authors have observed at the Pikler Institute as well as attending multiple trainings there. They were responsible for organizing a recent study tour to Budapest for 60 participants to study the Pikler Approach.

# BEGINNINGS WORKSHOP

pediatrician. When she founded the Pikler Institute, she trained caregivers (called nurses, though they do not have a medical background) to not interrupt the child's freedom of movement. She continued to research the child's development — research that is still going on today.

Allowing children to move freely in their infancy results in remarkably competent balance, coordination, and calculated risk-taking. Anyone who has seen children in the Pikler Institute — whether in person or on video — is impressed by the ease and confidence with which they move their bodies. Old black and white movies from the Pikler Institute show toddlers descending steep stone steps with all the confidence in the world. They know how to handle their bodies, they have impressive equilibrium, and their body awareness is far above average. The Institute has an extremely low accident rate.

Sixty years ago, no one was talking about “Back to Sleep,” but Pikler was doing it — back-to-sleep and back-to-play as well. It's notable that there has never been a SIDS incident at the Pikler Institute. Nowadays babies in the United States are mostly put to sleep on their backs, and as a result there's a strong push to teach parents and caregivers to turn children over when they're awake. Advocates for “tummy time” issue dire warnings about compromised development and misshapen heads. Interesting that neither of these problems are seen at the Pikler Institute, though the babies are never on their tummies until they can turn over by themselves.

Freedom of movement not only results in outstanding gross motor development, but also a strong sense of competence within each baby who finds out that he can learn on his own and doesn't need an adult. Emotional security and self-confidence are the result. When you observe, you can see how lively, exploratory, and, in many ways, self-sufficient the children are, even as infants. They get along with each other remarkably well also.

## Free play

Freedom of movement also facilitates the development of fine motor skills. At the Pikler Institute, babies have been closely observed for the last 60 years. As a result, a great deal of thought has gone into the simple play materials they are offered, playthings that respond to just what the children need at each stage. Because babies are on their backs, they have full use of their hands and arms and can freely explore all that they encounter. The first play materials are simple cotton scarves that babies can pick up, hold, wave, and manipulate. The scarves are introduced at two months of age; before this age,

their own hands captivate their curiosity and represent their first experience of discovery.

Instead of toys dangling over children's faces or mobiles hanging above them, children have a variety of appropriate objects that they can grasp, hold, turn, mouth, bang, and drop. Just looking at brightly colored objects and trying to bat them is a limited experience and creates frustration. It's much more interesting to manipulate an object — turning it to see all sides. This is how they learn all its properties.

A child who comes from a difficult situation can find calmness in an object that is predictable. As the child plays he is able to believe in the consistency of the objects, when he learns that a cube is always a cube. According to Dr. Gabriella Puspoky, a pediatrician at the Pikler Institute, children can get through a crisis if they have someone to hold on to, as well as objects and self-initiated activities that interest them.

*Self-initiated* is a key word used at the Pikler Institute. Adults don't entertain or stimulate children. The babies learn to entertain and stimulate themselves, by exploring what their bodies can do, by exploring other babies around them, and by exploring objects and the environment itself. This is quite different from the usual group care situation where someone decides a fussy baby is bored and takes on the job of providing a little entertainment or stimulation — either with a toy or with some kind of activity. The babies at Pikler have plenty of activities, but most of them they invent themselves with the materials available to them.

The reason for minimal adult interaction during free play, according to Anna Tardos, is because the interaction of the adult during the play would never have the same continuity; this impedes predictability. This is why the other cornerstone of the Pikler approach is attentive, present one-on-one caregiving where emphasis is put on predictability. Children not only feel secure when they can predict what will happen, but they come to anticipate the nurse's next move and can thus cooperate with it. Caregiving routines done in this particular way are what allow the child to develop a healthy self-esteem. She knows what will be happening; she has a sense of order in her life.

## Caregiving routines

Freedom of movement and self-initiated activities could not be possible if it were not for the all important caregiving routines performed by the child's nurse, who is well trained to carry them out in specific and effective ways. Strong relationships are built with the child and his nurse which leads to trust. Children

learn that their needs will be met, even if they have to wait while the caregiver is with another child. They know that when their turn comes the nurse will give careful personal attention and take care of each one of them without haste.

A primary caregiving system insures that each child has a particularly close relationship with one caregiver, though the other caregivers are also important to individuals and to the group. Pikler's idea was to focus the adult/child interactions on the times when the children had to be dependent on the adult and to build a sense of trust that gave them the security to get along without adults at other times — times when they were free to explore and interact with materials and each other. Freedom of movement and uninterrupted play go hand in hand with the focused attention and warm interactions during caregiving times. You can't have one without the other.

## Caregiver training

So how does all this happen? How can a balance be created so that the child is free to move and develop at his own rhythm while at the same time be taken care of with much detail? The key is in the care and attention given to training the caregivers. Among other things the caregivers' training includes learning:

- That each child needs continuous care with an adult in a way that gives consistent personal care. This means that the caregivers stay with the same group of children over time.
- To see children as competent according to their stage of development. The nurses never ask the children to do more than what they can already do.
- To give simple choices from a young age. For example, a caregiver shows an 8 month old two pajamas and waits to see which one he points to.

- To touch children gently. The nurse's kind and gentle touch tells the child she is important and secure. These hands then become something to hang on to and can affect a child positively.

- To allow each child to fully experience self-initiated activities that he or she enjoys.

- To allow children to play uninterrupted. The nurses are available should the child need them. Children are never made to feel abandoned. If a caregiver in a particular moment could not tend to one child because she is bathing, feeding, or diapering another, she will assure with her gentle tone of voice that she hears him, and will be with him as soon as she is done.

Caregivers are given the training and then they make it their own, resulting in authenticity. Their feelings toward the children are genuine, and a healthy attachment grows as the adult and child become partners. The quality of the relationship has been carefully designed so that the attachment is secure, but not so strong that the children can't leave their nurses to be adopted or to return to their birth families. The idea is to give children a special kind of relationship at the Pikler Institute that allows them to easily form an attachment in their new or original family with the adult now caring for them. Their brain has been wired to trust; they have come to trust themselves. And this is the best gift a child can give himself.

For more information, contact the Pikler/Loczy Fund USA  
[www.pikler.org](http://www.pikler.org)

A Study Course will be held in Budapest, Hungary, June 12-23, 2006. For more information inquire at [pikler-tardos@axelero.hu](mailto:pikler-tardos@axelero.hu) or write to the Pikler Institute, Loczy Lajos u.3, H-1022 Budapest, Hungary.

## Using Beginnings Workshop to Train Teachers by Kay Albrecht

**Consider the possibilities:** Explore ways to apply the concept of freedom of movement in infant and toddler classrooms.

**Self-initiation resources:** Take a field trip to an infant or toddler classroom and sort toys and materials into two groups — self-initiated or adult-initiated. Remove the adult-initiated ones and observe to see what happens. Ask teachers to reflect on the experience and share their experiences in a newsletter article for infant and toddler families.

**Another advocate for primary teaching:** Although long recommended as a crucial feature of high quality programs, primary teaching is not as prevalent in U.S. programs as it is elsewhere in the world. Convene staff to discuss and consider strategies for adding this important feature to your program.