

"SENSING, UNDERSTANDING AND SUPPORTING" - THE RELEVANCE OF EMMI PIKLER'S  
WORK FOR THE 21st CENTURY

TRANSMITTING PIKLER'S IDEAS TO PARENT AND EARLY CHILDHOOD PROFESSIONALS

Dr. Anna Czimmek, 19. April, 14:00

Emmi Pikler – A Pediatrician and Teacher – Aspects of her Work as a Doctor –  
Then and Now<sup>1</sup>

I) Allow me first to express my appreciation for the invitation to speak here today.

To begin I would like to relate briefly the history of my affiliation with the work of Emmi Pikler. Then I will speak about Emmi Pikler herself, how she came to be a pediatrician, her thoughts regarding medicine and what was important to her as a doctor. Some examples will exemplify the specific qualities of her work and show how relevant this is for us today.

I was 15 years old when my mother called home one day asking if I couldn't bake a cake. She was bringing a guest back with her. The guest was Anna Tardos. With Anna Tardos the work of Emmi Pikler entered my life and has not loosened its grip on me to this day. During the years that followed, I took advantage of every opportunity to find out more about Emmi Pikler and Lóczy. Before long I wanted to follow Emmi Pikler's approach and work with children and families. People advised me to study medicine or psychology, when I finished school. That would provide a good basis for this work. Being more inclined to the sciences, I chose medicine, which also gave me a chance to get to know the health system – more appropriately an ill health system – from within.

I was always interested in the healthy development of infants and small children. I had hoped that I would learn more about this during my studies. I was drawn to those areas of the curriculum, which had, at least, something to do with child development: Obstetrics, Pediatrics, Child and Adolescent Psychiatry and Neonatology. Although everything was interesting, the emphasis was mostly on pathological conditions. The only place I encountered something else was at the Mautner Markhof Children's Hospital in Vienna, where Marina Marcovich provided unusual living conditions for prematurely born babies. I began to wonder where the knowledge of sound health was to be found in all of this pathology. Even natural phenomena like pregnancy and birth were characterized by fear of complications and the unpredictable. No one seemed to have an eye for healthy processes.

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For this reason my path took a turn away from medicine for a time, giving me the freedom to devote myself to the healthy life of children. For several years now I have been building up a field of work, which includes both medicine and education.

II) Emmi Pikler originally intended to study Obstetrics or Pediatrics. Being more interested in child development and less in female disorders, she turned to pediatrics. The extraordinary atmosphere (*Zeitgeist*) in Vienna during the 1920's, where she studied, showed itself in everyday life at the hospital where Emmi Pikler did her residency under Professor Clemens von Pirquet and the pediatric surgeon Hans Salzer. It wasn't so much their outstanding medical achievements to which Emmi Pikler referred when describing this period. It was the way they treated the children and their attitude towards them that had a lasting influence on her. Under Pirquet young doctors had to know about baby care and nutrition and the children were allowed to leave their beds to play and move around. Salzer spoke with a child as long as necessary for it not to be afraid of the examination anymore. These are aspects of a doctor's job that address something most fundamental in the child and don't necessarily have anything to do with the treatment of illness.

The time spent in Vienna and observations that she later made of children and their families on the beaches of Trieste gave rise to further ideas and studies on the nature of a child's development. She watched how a baby – with the finest of detail - comes from lying on his back up to standing and walking, step by step, without anyone showing him the way. Through her study of this early area of development, so concrete and apparent, she gained insights into general principles of child development that go far beyond gross motor skills. She also recognized, however, that this self-contained – free of adult intervention – development of motor skills and play is inseparable from a supportive relationship to parents or some other adult.

These recognitions led Emmi Pikler to see children in a way that did not necessarily conform to the established picture. For her they were by nature peaceful, self-assured and active. They were interested in themselves and everything around them. had good appetites and slept well.

III) What did medicine mean to Emmi Pikler? How is her concept of medicine related to medical practice today?

It is common practice to go to the doctors when you are sick. In China, on the contrary, there is a tradition of doctors being paid when the patient remains healthy. Emmi Pikler also concentrated on the soundness of health. Her work was based on the above image of a child. Difficulties like fear of strangers, colic, teething, problems with sleeping or lack of appetite were signals for her. She helped the child regain balance through his parents. She visited her families regularly - those with infants once a week – without waiting for a child to get sick! She observed the child in his familiar surroundings with his parents and they discussed all the general and medical questions regarding his development. She helped mothers with nursing and had progressive ideas regarding healthy nutrition. The rule of law was: Eating should always be a pleasure. The smallest detail was worth being taken seriously. Everything was important: what a child liked to eat, whether she liked her food warm or hot, fluid or solid, sweet or salty. A child needn't eat a single spoonful more than he himself wanted to. Other potential topics were where to place the child's bed, his sleeping

rhythm, being outside in the fresh air, the time and place for the child's independent activity, as well as the time and place for parents to pursue their activities.

I quote Judit Falk: "Discussions were based on a notebook, in which parents wrote down their observations, questions and problems. Emmi Pikler went through the notebook and these questions with parents, made suggestions and wrote them down in this notebook. She explained everything precisely. Seeing their cheerful and well adjusted children and recognizing the value of the children's autonomous activity, the parents could carry on with their lives without having a bad conscience – as long as they were within hearing distance and could see the children. They did not feel they were slaves to their children, nor did they consider their children as their playthings. They enjoyed seeing their children active and developing well. And they enjoyed the time spent together during care taking without losing patience, when the children mischievously tried to prolong this common time." (*End of quote*)

From a medical standpoint this way of doctoring was unusual. The support Emmi Pikler gave her families bring to mind Donald W. Winnicott's concept of "holding": "being held" in a supportive environment, in which a child is able to develop in areas of inherent competence.

Present day research on infants speaks of "bonding". Emmi Pikler's way of helping parents to see their children and satisfy their needs provides for greater differentiation in contact and is more than just being physically bound to one another. It allows for a truly close connection, in which each person can also exist on his or her own. The bonding thus takes on quite a different quality and goes deeper. This is the source, from which a sense of security grows.

Pikler children were healthy children. They were seldom ill. If they did get sick, it was usually not serious. In every way they fit the above description. As Emmi Pikler writes in "Peaceful Babies – satisfied Mothers", former Pikler children depict "their early childhood as a positive and happy period of their lives."

But that is not all. What Emmi Pikler experienced with her families was also applicable to life in a home (orphanage), where it is still commonly believed that a child cannot develop well. A follow-up examination of former Lóczy children, carried out under the auspices of the World Health Organization, confirms that, although they had spent relevant periods of their lives in a home, they grew up with no signs of hospitalization.

Nonetheless, concentrating as she did on the maintenance of sound health did not mean that Emmi Pikler neglected children when they were ill!

Similar to care situations, medical treatment was not just a matter of the body. It concerned the whole person. For Emmi Pikler the individual and his environment are interacting. Physical health cannot be separated from mental health. This way of looking at things would find its clinical identity much later within the realm of psychosomatics.

When someone was ill, Emmi Pikler prescribed medicine sparingly. She made all the more use of the forces of nature, such as nutrition, fresh air, the sun and water to build up resistance and vitality.

For special questions she had a network of excellent specialists. She consulted, for instance, in the case of an immature hip joint, deformations of the feet or a wryneck the renowned orthopedist, Professor Joseph Reichard.

I would like to illustrate what happens in the case of hip dysplasia in more detail. Physiologically the hip joint is immature at birth. The elements making up this joint, the femur head and the socket, are of cartilage, and they may only be slightly recognizable in the beginning. Under the influence of the physical forces being exerted here, these components grow and stabilize in their ultimate form, until they are finally mature enough to support the weight of the body. The physical forces involved are initially gravity, but even more important are the movements that operate on the joint by means of the muscles. With the baby lying on his back and moving his legs in the air, the femur head and the socket work on each other. Determining each other as they grow, they adapt to one other exactly. Something that can hardly be achieved externally with the wisdom and precision that only nature possesses. In cases of extreme immaturity, there is concern that the femur head and the socket could slip apart. The usual prophylactic treatment is "diapering in a straddle position" or a straddle panty. In extreme cases more severe measures are taken. The hip joint is fixed in a position so that the two elements cannot slide apart. This, however, hinders the flexible and precise play of the parts, which would otherwise enable natural regulation.

A study done by Judit Falk shows that it was possible to do without external manipulation in Lóczy in the treatment of thirty children with immature hips over a period of twenty years. Care was taken to provide freedom of movement – a dorsal position and clothing facilitating movement ensured this freedom in the hips as well. The subsequent development was closely controlled in collaboration with the orthopedist.

Emmi Pikler was not against medical intervention as a matter of principle. She just observed carefully what was really necessary and what leeway there was for self-regulation.

I would like to present two examples of how she carried out interventions and examinations.

In the first example a child is to be given a shot or have blood taken. The most brutal case I experienced during my medical career: A child of nursery school age is struggling fiercely against having blood taken. Several people are holding the child down – to be exact, one person for each extremity. More typical is to use various tricks to distract the child, allowing one to stick the needle in without being disturbed. The child then often cries vehemently. She is consoled with the words, "That wasn't so terrible," "It's all over now," "It didn't even hurt that much." The child is frightened and feels betrayed. In similar situations in the future she will not know if she can trust adults. There is danger of every doctor's visit becoming afflicted with fear.

For Emmi Pikler it was important to tell a child – even the smallest one– what was going to happen. If he was to get a shot, she tapped the spot for the shot with a wad of cotton. This helped the child grasp the situation. And it was all right to cry afterwards. The child usually recovered quickly and her trust in adults was not broken.

My second example has to do with developmental testing.

The attitude with which Emmi Pikler approached a child was fundamentally unique. For her a child is someone, who is searching for equilibrium from the very beginning and who is capable of finding it herself, leaving it again and expanding her dimensions. Within the scope of her acquired abilities she can judge her position, her possibilities and her limits. She develops her own sense of identity. As a small baby she is able to participate in what is being done to her and to influence it.

Through her regular house visits Emmi Pikler knew how the babies in her families were developing.

In the preventive examinations commonly made to evaluate a child's development reflexes are tested, when they appear and when they disappear. The infant is put in various positions to see if she can remain there. Tested at weekly to monthly intervals, the child's development is evaluated according to a standard time table for the first 12 months. An examination of this sort looks approximately like this: A 6-month-old infant is put on her belly. If she holds her head up alone, everything is all right. Should the baby not have reached this stage of development yet, if she has not begun to turn over from her back onto her belly, an alarm rings. She falls outside of the norm, she is slow and behind schedule. The next thing you know, she needs therapy. In addition, her parents are told to practice the missing position with her. The child is in need of finding her bearings in ever new and unfamiliar positions, constantly being robbed of her equilibrium. Lifting her head, as she lies on her belly, or maintaining other positions, which she has not yet mastered, demands an enormous amount of energy. A child straining like that looks very different from a child who is moving her whole body gracefully and with ease. Unable to find her equilibrium, the child is subjected again and again to a feeling of incompetence and dependency. One straightens out an infant that is still physiologically asymmetrical. Or shows a child, that doesn't turn over yet, the way from her back onto her side and belly. Or one simply turns her over, sometimes this way, sometimes that way. The child's development, the whole child, is judged by what she cannot do. An attempt is made to train her. One imposes a foreign "self image", "sense of self" on the child.

The typical way of checking if a child can hold its head is another example. A baby, who is lying on his back and not more than a few weeks old, is pulled up by his hands to see whether he can hold up his head. His head hangs back or the baby makes a vehement, abrupt effort to support it. In his lecture "How Children Learn" Winnicott describes the trauma caused when the baby's head is not held, when his "head falls and he breaks into two pieces – head and body." He elaborates on the long-term effects of this trauma.

Let us look at how a child learns to hold his head, if he is not forced to skip steps along the way. He is strong enough to move his head and support its weight, when he turns over onto his belly for the first time, after having ample practice lying on his back and side. His neck is agile and free to move in contrast to the tensely held neck in the examples described above. It is possible to see this as well as the many intricacies of movement and play quite well, if we observe a child's spontaneous activity. There is no need to disturb his equilibrium.

For this reason precise, attentive observation was an important instrument for Emmi Pikler in evaluating the state and course of development. If she did something to a

child while examining him, she gave him time to get ready and she encouraged him to "participate". The combination of observation and this way of carrying out examinations permitted her to get a finer, more individual and reliable picture of a child, of his state of health and development at a given moment.

IV) I now come to the relevance of Emmi Pikler today.

From what has been said, it is apparent that, in many respects, what Emmi Pikler did was different from what doctor's usually do today. The aspects I am referring to, were they put to use, would be revolutionary.

Emmi Pikler fought her whole life for professional and scientific recognition. The kind of discoveries she made and the means with which she reached them may seem commonplace and too simple for some people or provoke resistance in others. The fact is, she acquired an impressively differentiated understanding of children by using her senses and her ability to observe. Moreover, in Lóczy she was able to do "scientific research". Her form of research was neither pretentious nor did it cause a sensation. It also demanded no extra research situations. The children were observed solely during every day life and the results were analyzed in minute detail. The ideas that originated in Vienna and Trieste and in the work with families over decades were confirmed and led to further questions.

Emmi Pikler was engaged in the context of international meetings among experts in Central and Eastern Europe in compiling a uniform nomenclature for the various areas of development in infants and toddlers. She was responsible for gross motor development and was the only one to fulfill her task. The result was a dictionary in five languages with short precise descriptions in Hungarian, Russian, English, French and German and illustrations by Klara Pap. In 1988 this work was published in the German book "Laßt mir Zeit" ("Give Me Time").

Currently Emmi Pikler's work is receiving confirmation from another source. In Salzburg I recently heard a speech by Gerald Hüther, the brain researcher. Speaking on the topic of "Learning", he explained how nerve tracts are formed and linked in a child's brain by the child's meeting and surmounting challenges on his own. For this cross-linking to take place in the brain, independent activity is, however, not enough! The child needs a safe and stable human relationship.

Doesn't that sound familiar? According to Hüther, the results of this research are going to cause a revolution in the way we think about and understand learning.

Emmi Pikler was obviously way ahead of her time.

How little her knowledge and her discoveries have established themselves as yet and how little one has drawn conclusions from modern brain research is something that many parents experience with their babies day in and day out. Emmi Pikler, the pediatrician, consistently implemented her revolutionary way of viewing babies and small children as a doctor and in the lives of the children. She thus influenced the way a child, who is sustained in a good relationship to the adult, experiences his or herself. And how this child's capabilities and expertise can develop. In her way of caring for

families, she strengthened the family as a whole and consequently society. Whether we are doctors or not, we can still learn a lot from her.