The Only Person Who Can Do Pikler is Dead

Or why it's not a great idea to say, "We do Pikler at our Place"

Under the influence

Twice this week I have heard people being labelled Pikler Fundamentalists and that alarms me; but not as much as it would alarm Dr Emmi Pikler I suspect. Dr Pikler went to great pains to stress that her approach was not a methodology, nor an ideology. She called it an approach to the care of infants and children. I am one of the increasing number of people from around the world who have been *influenced* by Emmi Pikler's Approach, but it would be inappropriate and just plain false for any one of us to claim we 'do Pikler'.

Biology 101

Dr Pikler was a paediatrician, and (among other important considerations), she was aware of the babies' **biological** needs. Meeting biological needs was her starting point. When a baby is born you have a 'bundle of biology'. You get one of two models: a boy or a girl (mostly, though sometimes there is a mix up with X and Y chromosomes). Each child unfolds the **Human Pattern**, which is



Dr Emmi Pikler 1902 -1984

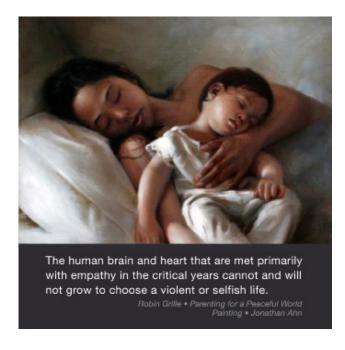
universal. The pattern never reverses and goes backwards, and at no stage in development does the child have a change of plan and start to turn into a rose bush or a cheetah. It doesn't matter into which culture a child is born, nor which country, nor which age - the biological unfolding of the Human Pattern is always the same. It does not alter. The timing will be individual, but the pattern itself is universal. It is genetically encoded.

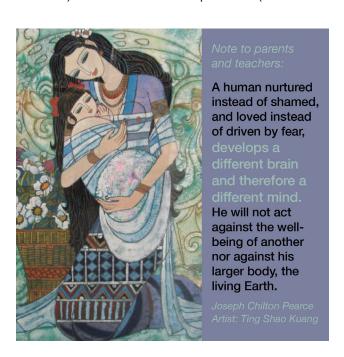
Culture 101

The 'bundle of biology' is born into a culture. Culture is *not* genetically encoded, and it is not universal. Culture is *man-made* and it is **ideological**. In other words, the practices in a culture grow out of the beliefs and values held by those in the culture. Unlike the stability of the genetically encoded biological pattern, the ideological pattern called culture can and does change within a culture (subcultures), between cultures, and within time scales.

Biology meets culture

When the stork delivers a baby that baby hopes the stork picks a culture where the biological imperatives (the baby's biological needs that lead to optimum unfolding of the Human Pattern) match the cultural imperatives (that which





the culture says must happen to the baby). When you get a good match of biology and culture you get what Joseph Chilton Pearce calls "The Magical Child." When there is a mismatch, the results impact badly on the child, the family, and ultimately on the society of which the child is a part.

The research is in

Paediatricians teamed up with anthropologists in the mid 1990's and brought into being a new discipline called 'ethnopaediatrics'. Together they researched infant and child physical and mental health resultant from the treatment they received, treatment dictated by cultural imperatives. In other words: how does a child fare in this group of people, who believe these things about babies, who speak and handle babies and children in these ways, because their beliefs and values around babies and children dictate they must? How does this impact on the babies' physical and mental health? And what they discovered was that the Western way of child rearing is one of the biggest cultural mismatches. What we do culturally simply does not line up with biology. For example, they discovered that only the babies subjected to the Western way of child rearing get colic - no others do. Our way of handling babies - which grows out of our cultural ideological beliefs about babies - is too stressful for some babies' immature digestive systems. That is one of the reasons that babies grow out of colic: it is not because the handling lines up with biology any better as the baby gets older, but because the digestive system matures enough to manage the stress.

There isn't one right way

The teams also discovered that there isn't only one right way. Different cultures had found different 'right ways' to match the child's biology, the main thing is each culture needs to find a way to match what the child needs at the genetically encoded level. One example is that babies are born expecting the movement, and the research shows that babies who get constant movement fare better than those who don't. In the womb the baby does not know silence or stillness; it is completely unnatural then - and after. It is not what babies are expecting. So some cultures line up with biology by carrying their babies on the front, some on the back, some on the side, some sleep them in hammocks with a rocking motion, once upon a time we had cradles... as long as there is movement the baby is happy.



The task of protecting and nurturing innocence belongs to all (genuine) adults in a community, not just the parents.

Bill Plotkin in "Nature and the Human Soul" • Painting by Ann Marshall

The research is still coming in, and coming in, and coming in...

There are many fields of science delivering us amazing (hitherto) secrets about the physiology of the foetus, the neonate, the infant, the toddler and the older child. For more than six decades now scientists have been researching bonding, attachment, the roots of violence and addiction...and their findings all point in the same direction: **match the cultural imperatives to the biological imperatives for the best outcomes for the child**, and for the least neurological, physiological and psychological damage to the child. The field of neuro-science has shown us exciting - and alarming - research about the workings in the child's developing brain - and here in New Zealand we are indebted to the Brainwave Trust for making the findings so widely known.

What does this research mean in practice?

I have been aware of biological imperatives - and the importance of meeting them - since the early 1980's when I first read Joseph Chilton Pearce's "Magical Child". In this classic, citing research from different disciplines, he lays out two things: what happens when the child's biology is matched by our cultural practices, and what happens to the child-family-society when there is a mismatch. Like the Brainwave Trust, he makes it clear that stress is the enemy for the growing child: in utero where it alters the brain's development and the baby's musculature, and after

birth where it impairs brain development. Stress floods the system with cortisol, and cortisol and brain growth don't go together. Excess cortisol is like a battery acid to the growing brain. A baby's brain grows from 25% its adult size at birth, to between 85-90% of its adult size at three years; that's why people say the first three years are the most important, and that's why we want to minimise stress during the three years that constitute infancy.

Evidence based practice

All of our child rearing behaviours need to be reassessed in light of the findings around the child's biology.

If we take these findings seriously, we will change our beliefs around babies; and when we change our beliefs, we in turn change our practice. For example, while we once 'believed' crying it out (CIO) was the way to deal with any sleep issues we had, we know now that CIO floods the system with cortisol and the baby goes to sleep in shock. Probably not what we would advocate once we know that is what happens, and the damage that does to the brain.

Dr Pikler stresses

Dr Pikler was in a rare position. She knew a bit about stress. She was Jewish and was hidden with false papers (as were members of her family) when the Nazis were scouring Budapest rounding up Jews for extermination during World War 2. In 1946 after the war, there were babies 'left over' and she was invited to set up an orphanage for them. Although the term Post Traumatic Stress (PTS) had not been coined then, *every* baby in Dr Pikler's care came to her suffering PTS. Without any sophisticated technological equipment to 'prove' things, she observed. Her superior ability to observe the cues coming from the baby was all she had to go on, and it set her apart from other paediatricians at the time caring for children in orphanages. None achieved the results she did.

What did she do?

Dr Pikler matched every aspect of each baby's care to the biology of the baby. She taught her nurses to 'read the baby' and match their interactions to the baby's biological imperatives. She taught them a whole choreography of different ways to minimise and eliminate stress from the infants' lives so the babies/children could recalibrate their little systems, and therefore alter the way their brain developed. She purposely developed a **new culture** for the treatment of infants and children, one which was therapeutic to children with PTS. Some have called this culture "the Culture of Respect", she called it an approach. She had had many years before the war perfecting her approach in private homes as a family paediatrician, (being Jewish she wasn't able to be employed so was self employed). From that beginning she went on to work out what respectful care in institutions looks like. That is why I went to Budapest in the first place: childcare



If you could understand me rather than trying to change me, this parenting thing would be a whole lot easier.

Ounte: Teach Through Love * Painting: Chen Xinguan

is an institution that research shows to be *ultra* stressful for our babies and toddlers. Childcare, in its present form, is a cultural imperative that does not match a child's biological imperatives in any way.

I'm not doing Pikler, but I am influenced by her and I acknowledge it

As noted, there isn't only one right way to meet biological imperatives: but besides the La Leche League, there are few organisations who can give us any clues about matching our beliefs and behaviour with science's findings about **an infant's** (0-3) **biological imperatives**. Dr Pikler, however, left us more that a few clues, she gifted us a whole approach. But we are not 'doing Emmi Pikler' if we embrace different elements of her approach in our relationships with infants, children, adults and elders, we are doing 'the culture of kindness'. It just so happens, that in relation to **infants and toddlers**, Emmi Pikler is the one the world is looking to for 'best practice', (others have best practice for older children).

Kindness is best practice

Yes, I (and others) have been influenced by 'best practice', all reflective practitioners are. If we want to give our practice a name, let's call it the Culture of Kindness. The word 'kindness' speaks of the heart and is easily understood by all. It is also very unlikely to lead to charges of fundamentalism or idolatry. It is also more likely to keep us centred in our hearts when we are with our babies, their families, and with our colleagues. As Bhagawan Nityananda said, "The heart is the hub of all sacred places. Go there and roam."

Pennie Brownlee • February 2015

Bibliography:

Awakening the Child Heart: Handbook for Global Parenting, Carla Hannaford, Jamilla Nur Publishing, Captain Cook, Hawaii. 2002

Bringing up and Providing Care for Infants and Toddlers in an Institution, Anna Tardos, Pikler Loczy, Budapest. 2007

Dance with me in the Heart: the Adults' Guide to Great Infant-Parent Partnerships (revised edition), Pennie Brownlee, Ako Books, Auckland. 2014

Evolution's End: Claiming the Potential of Our Intelligence, Joseph Chilton Pearce, Harper Collins, New York.

Gentle Birth, Gentle Mothering: A Doctor's Guide to Natural Childbirth and Gentle Early Parenting Choices, Sarah J. Buckley, Celestial Arts. 2009

Motherhood: How Should We Care for Our Children, Anne Manne, Allen and Unwin, Crows Nest, NSW, Australia. 2005

Nature and the Human Soul: Cultivating Wholeness and Community in a Fragmented World, Bill Plotkin, New World Library, Novato, CA, USA. 2008

Nature, Nurture and the Power of Love: The Biology of Conscious Parenting, Bruce Lipton, Spirit 2000 Inc. Memphis. 2002 (DVD)

Our Babies, Our Selves: How Biology and Culture Shape the Way We Parent, Meredith F. Small, Anchor Books, New York. 1998

Parenting for a Peaceful World, Robin Grille, The Children's Project, Richmond. 2005

Raising Babies: Should Under Threes Go to Nursery? Steve Biddulph, Harper Thorsons, London. 2005

The Magical Child, Joseph Chilton Pearce, Bantam Books, New York. 1977

Why Love Matters: How Affection Shapes a Baby's Brain, Sue Gerhard, Brunner Routledge, Hove, UK. 2004



The way we bring up our children is what determines the kind of society we live in. Since the health of any society is dependent on the emotional health of its children, children's wellbeing should be our top priority.

that their needs

are legitimate.

By meeting the needs of children, no

communicate those needs to us, we are not

behaviour. We are reinforcing

to be treated

