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## Do the Pikler and RIE methods promote infant-parent attachment?

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Mary Triulzi  
Do the Pikler and RIE  
Methods Promote Infant-  
Parent Attachment?

## ABSTRACT

This thesis explores Pikler and Resources for Infant Educators (RIE) methods of parenting enhancement and intervention in an attempt to discover whether they promote attachment in the first three years of a child's life. I report on the Pikler and RIE literature, as well as past and current attachment theory and research. I begin with the work of Bowlby, Ainsworth, and Main and progress to the study of neurobiological, genealogy, adult attachment styles, coping and resiliency, and internal mental states. In the 1946, post-WWII, Emmi Pikler created an orphanage in Budapest, Hungary, The Pikler Institute, beginning a unique approach to childcare that sensitively responded to the needs of children in a relationally responsive and developmentally attuned manner. Pikler's close colleague, Magda Gerber, further developed the work, by bringing the methodology to families in the U.S. as a unique understanding of the relational needs and developmental competencies of infants.

In order to understand the ways in which the Pikler and RIE methods promote attachment, my research sought to discover the links between attachment theory and the RIE and Pikler approaches. I endeavored to accomplish this by asking facilitators to describe specific behaviors of parent-infant dyads that exemplified the Pikler and RIE methods. I then analyzed the results in relation to various concepts of attachment theory. The results indicate that these methods promote attachment. I hope that by bringing this awareness to light that social workers and others working with infants and families with mental health issues based in attachment will find an accessible and practical tool through the methodologies of RIE and Pikler.

DO THE PIKLER AND RIE METHODS PROMOTE  
INFANT-PARENT ATTACHMENT?

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2008

## ACKNOWLEDGEMENTS

I dedicate this thesis to Magda Gerber who died in 2007. I dedicate the experience of writing this thesis to the community of Smith College School for Social Work students, those who have come before me, and those who will follow, who must overcome learning challenges to succeed in this education.

The work of Emmi Pikler and Magda Gerber has had a far-reaching influence in my life. My first studies of RIE and Pikler began in the year 2000, when I met two very exceptional individuals who embody this work in a profound way – Magda Gerber and Carol Pinto.

The inspiration to pursue this research subject came from my personal experience of attachment, and the process of writing the thesis was reparative. The writing of this thesis would have been entirely impossible without the generous presence of many people – too many names to fit on this page. Thank you to the individuals and the communities who have generously supported my efforts.

Thank you, Joan Lesser, for your guidance and your message of confidence and strength, to me and to many others. And thank you David, for your warm and steady faith. Most especially, thank you Ananda, for your brilliance and your heart-felt strength.

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I INTRODUCTION.....	1
II LITERATURE REVIEW.....	4
III METHODOLOGY.....	32
IV FINDINGS.....	40
V DISCUSSION AND CONCLUSIONS.....	54
REFERENCES.....	68
APPENDICES	
Appendix A: Human Subjects Review Committee Approval Letter.....	71
Appendix B: Informed Consent Form.....	72
Appendix C: Instructions for Participants.....	75
Appendix D: Demographics and Survey Questions.....	76

## CHAPTER I

### INTRODUCTION

This thesis explores Pikler and RIE methods of parenting enhancement and intervention in attempt to discover whether these methods promote healthy attachment for the infant. I report on the sweep of past and more recent attachment related theory literature; and I present aspects of the limited body of literature on Pikler and RIE methods. Through the process of my research I discovered the efficacy of promoting RIE and Pikler as helpful tools to assist social workers and other professionals in supporting families.

Throughout the history of parenting intervention attachment theory has been used as a foundation for understanding and responding to the mental health needs of children, adults and families. Attachment theory considers the social and emotional development of the young child through her primary relationships. Attachment theorists have also looked to understand the impact of the child's relationship with the primary caregiver on those individuals throughout their life.

Beginning in the late 1950s, John Bowlby and Mary Ainsworth's began to study the significance of the child's relationship with the primary caregiver. Bowlby first examined the child's attachment to the mother as one of several biological regulatory systems that exist to sustain safety and security (Bowlby, 1958). In their research, Bowlby and Ainsworth focused mainly on intergenerational relationships that affected attachment. Over time various researchers have developed formal structures and theories

to better understand both infant and adult attachment relationships. As the field has grown researchers have specified their focus of study in a variety of research areas; among these include the study of neurobiological, genealogy, adult attachment styles, coping and resiliency, and internal mental states. The area of attachment theory and research continues to develop, and is important in its ever-continuous growth towards a more refined understanding and fostering of optimal mental health.

In the 1950s, while Bowlby was developing his theory of attachment out of his observation and research of dislocated and otherwise parentless children in Europe during post-WWII, Emmi Pikler efforts were turned towards creating an orphanage in Budapest, Hungary – The Pikler Institute. Here she began a unique, bordering on radical, approach to childcare in which she sensitively responded to the social, emotional and exploratory/learning needs of the children in her care. Pikler developed a methodology that cared for children in a relationally responsive and developmentally attuned manner.

The methodology of Dr. Emmi Pikler’s work has at its heart observation and intentional responsiveness to the infant. In their observation of the work at the Pikler Institute, Dr. Myriam David and Genevieve Appell report, “Every effort is made for the staff members to involve themselves in authentic but consciously conducted relationships, in which they, as adults, do not burden the children with their own affectivity and expectations. All of their attitudes are dictated by respect for the children’s personalities and stem from an informed understanding of their [individual] needs” (David & Appell, 2001, p.29).

Emmi Pikler’s close colleague, Magda Gerber, further developed the work by deinstitutionalizing the orphanage-based work, and bringing the methodology to families

in the U.S. as a unique and penetrated understanding of the relational and developmental needs of infants. It is important to note, as well, that Magda Gerber brought her intentional healing presence and philosophy to both the infant *and* parent.

My inquiry going into this research was to learn whether Pikler and RIE methods support attachment. In order to understand the ways in which the Pikler and RIE methods promote attachment I sought feedback from facilitators of Pikler and RIE work. I asked facilitators to describe specific behaviors of parent-infant dyad that exemplified the Pikler and RIE methods. I then analyzed the results in relation to various concepts of attachment theory. The results indicate that these methods promote attachment.

Until the present time there is little research literature indicating the efficacy of RIE and Pikler methodologies in supporting attachment. While Gerber and Pikler's work does not explicitly promote attachment, these methodologies might be useful in fostering attachment. In my research I hope to learn whether using Pikler and RIE methodologies support practitioners in cultivating attachment in an intentional manner. Through presenting the link between attachment theory and the RIE and Pikler approaches, I hope to bring to light the potentially positive practical application of the RIE and Pikler methodologies for social workers and others who are working with infants and families with mental health issues based in attachment.



## CHAPTER II

### LITERATURE REVIEW

Through my research I intend to bring to light the ways in which the methodologies of Dr. Emmi Pikler and her colleague, Magda Gerber (RIE), facilitate attachment in infants. The literature that I will review will familiarize the reader with the historical beginnings of attachment theory, beginning with Bowlby and Ainsworth. From there I will discuss the more recent theoretical contributions to the understanding of attachment through discussing the literature of various contemporary researchers, such as Shore, Fonagy, and Tronick.

It is necessary when considering the use of the Pikler and RIE work towards strengthening the attachment health of an infant, to understand the basis of attachment theory. In addition, I will cover some of the more recent attachment literature that addresses the relational and biological basis of attachment such as attunement and responsivity, which is reflected in the Pikler and RIE review of the literature.

In the next section of the literature discussion I present the work of Emmi Pikler, and that of her close colleague, Magda Gerber, who co-founded Resources for Infant Educares (RIE). To date there has been no published research exploring the use of the methodologies of Emmi Pikler or Magda Gerber to strengthen attachment relationships for infants. In citing the limited body of literature that has been written about the Pikler methodology, I will show that Dr. Pikler's intention, however inexplicit, was to facilitate a relationship that would provide a healthy attachment relationship for the infant, as a

foundation for the remainder of her life. I hope to provide for the readers of this thesis a greater understanding of how the methodologies of Magda Gerber and Emmi Pikler can be intentionally used to facilitate greater attachment for infants through their relationships with their caregivers.

### *RIE and Pikler*

In reading the limited body of research on the topic of Pikler and Gerber it is evident that there is a lack of research linking the methodologies of Emmi Pikler and Magda Gerber (RIE) to attachment theory. While there is brief mention in some of the Pikler and RIE literature of attachment theory, there is no analysis of the methodology in relation to attachment theory.

In writing this thesis I am endeavoring to establish that the Pikler and RIE methodologies contribute to the attachment relationship between infant and parent/caregiver. In order to make this conjunction evident I will describe to the reader the fundamental tenets of Pikler and of RIE.

Journalist, Ruth Mason characterizes the application of the Pikler method as ‘respectful’ care of infants. Mason states:

The essence of Dr. Pikler’s philosophy can be summer up in one word: Respect.... Dr. Pikler came to the conclusion that infants are born competent and that their competencies should be recognized and respected. That means first and foremost that parents should observe their babies to learn from them what they know, what they like, and who they are. (Mason, 2000,10)

There are two predominate means in which ‘respectful’ care is promoted through the Pikler method. The initiative of the infant is understood to be based on the infant’s innate inner agenda towards optimal healthy development. This self-initiative of the infant is observed and understood by the caregiver from a developmental lens and is

responded to without the interference of an adult agenda. While great attention is given to ensuring that the environment is developmentally established in a way that offers as much stimulation as is developmentally appropriate, there is no overt ‘teaching’ of skills to the infants (Petrie & Owen, 2005).

Those who espouse the methodology of Emmi Pikler understand that the child’s secure sense of self is gained through her accomplishment, and is expressed in the following statement of Emmi Pikler:

While learning... to turn on the belly, to roll, creep, sit, stand and walk, (the baby) is not only learning those movements but also how to learn. He learns to do something on his own, to be interested, to try out, to experiment. He learns to overcome difficulties. He comes to know the joy and satisfaction which is derived from this success, the result of his patience and persistence. (as cited in Falk & Roche, 1994, p.12)

The other prevailing mode of facilitating ‘respectful’ care is through the thoughtful deliberate presence and actions on the part of the caregiver toward the infant during the care giving times. In their book written for those caring for fostered or institutionalized children, Myriam David and Genevieve Appell describe the quality of care provided by those caring for the children at the Pikler Institute:

The child is never treated like an object, but as a person who feels, observes, remembers and understands – or will understand, if given the chance.

-Nothing is done with haste. Although the nurse is constantly busy, she never gives the impression of being in a hurry and seems to give the child as much time as he needs.

-The care is never interrupted. Barring an exceptional situation, the nurse always finishes what she has started with a child and respects his individual rhythm. (David & Appell, 2001, p.39)

As well, the caregiver establishes an interactive, cooperative tone with the infant.

The caregiver speaks to the child – even the newborn – with the intention to

communicate and elicit cooperation with dressing, feeding, and bathing. Throughout the bodily care of the infant the nurse is attentive to the timing of her gestures of care, cooperating with the infant's movement. In this way she maintains a trusting stance of the infant's self-initiated bodily communication, and models responsivity and cooperation (David & Appell, 2001). By doing this the caregiver "instills a sort of harmony between the movements of the child and those of the nurse, and this reinforces the impression of gentleness. We must insist on the fact that the care is not prolonged in this way, for the nurse avoids provoking any time-consuming resistance to her actions" (David & Appell, 2001, p.42).

The goal of the established way of interaction is to provide the needed security in their primary relationship (with their appointed nurses) in order to develop the "security to be independent" (Petrie & Owen, 2005, p.62), which is the primary goal in the rearing of infants at the Pikler Institution.

Magda Gerber brought to the U.S. the principals she learned from her friend, colleague and long time mentor, Emmi Pikler, and applied these methods in the manner in which she saw was needed. In reflecting on her work with Emmi Pikler, Magda Gerber states, "I have felt sometimes like the bridge between Dr. Pikler and American society" (Gerber, 1998, p.189).

Whereas Pikler's work was directed towards the care of children in orphanages, Gerber's work (RIE) has taken several directions in the U.S. Magda Gerber, with pediatrician, Tom Forrester, established Resources For Infant Educators (RIE) in 1978, with the intent to offer training to those working with infants in out-of-family care and guidance classes for parents (Petrie & Owen, 2005). Gerber intended that the essence of

RIE was to create a safe, quiet environment, to slow down, pay attention, and allow the infants to move and play in their own way... a contradiction to the prevailing attitude in our society (U.S.).

The predominant venue for teaching RIE principles has been the teaching of parent-infant groups in order to support parents in their task of raising their infants, and teaching educators in how to work with parents. As well, there have been a number of pre-school and infant programs that have incorporated the RIE principles, or curriculum.

In the teaching of the RIE principals Magda Gerber did not explicitly train or coach the parents, rather she modeled for them, as she hoped that parents would then feel encouraged to model for their infants, rather than instruct them. Ruth Money stated, ““During a RIE class, there is little dialogue between parent and infant during class, but what there is, is spontaneous. Magda said, “Give to the adult what you hope the adult will give to the infant.” This is the way I teach” (R. Money, personal communication, May 10, 2007).

Ruth Money was the founder and director of the South Bay Infants Center (SBIC), the first RIE Demonstration Infant Center, founded in 1988. Money states, “a ‘RIE curriculum’ within an infant center is not merely a list of activities aimed at teaching things to the babies. The ‘curriculum’ is rather the style of care offered during the course of the infants’ everyday life at the center. The method is called “educaring’, a term coined by Magda Gerber that means educating infants while caring for them, by seeing and responding to each infant as a person with unique needs. It emphasizes the interdependent relationship between educating and caring for babies” (as cited in Petrie & Owen, 2005, p.52). While Gerber’s methods were closely related to Pikler’s

methodology, Gerber's work focused extensively on parents. In her response to this researcher's questions, Ruth Money reports the following:

Magda did not coach parents. She hoped that parents would voluntarily internalize RIE in their own way and in their own time. Parents were invited to come to class in order to relax, observe, and refuel their young child when the child requested. The demonstrator would intervene when the children needed it. The parent's job was to learn how to be a good observer of even her non-verbal child, to learn to be aware of cues from her non-verbal infant, and then respond in her own unique and creative and respectful manner to meet the child's needs. During class, when a parent or infant did something that Magda felt had been a good solution, and would be helpful to that parent and other parents, she sometimes described it to the group at the time (R. Money, thesis questionnaire, May 10, 2007).

At the heart of both Gerber's and Pikler's work with infants is the quality of respectful and responsive care. In the next section I will describe attachment theory as it has developed over time. This review of the literature will lastly present a description of the methodologies of Pikler and RIE in the context of attachment theory.

#### *Attachment Theory and Research – Early Theorist*

As defined by John Bowlby, a pioneer in the development of Attachment Theory, "Attachment behavior is any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world" (Bowlby, 1988a, p29). Attachment is a significantly important aspect of early emotional development in infants and develops around her relationship with their central caregiver. Attachment forms the basis of human bonds, affecting our approach to relationships with others and forming our larger scale psychology; Wallin indicates this when saying, "Children with a history of secure attachment show substantially greater self-esteem, emotional health and ego resilience" (Wallin, 2007, p.23).

In order to fully understand Emmi Pikler's work in childcare methodology from the point of view of attachment theory, it is helpful to be aware of how this theory of attachment evolved over time and to how it has expanded more recently. During the 1930s and 40's in the US and in Europe, attachment theory was quietly postulated when independent clinicians began to study how prolonged institutional care and multiple mother figures in early years compromised the personality development in children (Bowlby, 1958). This was the beginning of an influential field of study in child development that to this day remains an integral element in our understanding of the infant's psychology.

In 1949 John Bowlby was hired by The World Health Organization (WHO) to study the needs of homeless children. At this time both Rene Spitz and James Robertson had made documentary films on their studies of how insufficient maternal care affects children being cared for in institutions – Spitz's 1947 film was entitled *Grief: A Peril in Infancy*, and Robertson's film, released in 1952, was entitled *A Two-Year-Old Goes to Hospital* (Bowlby, 1958). As evidence showing the importance of the infant's early relationship with the maternal figure began to build, Bowlby presented the initial publication on formal attachment theory in the article, *The Nature of the Child's Tie to his Mother* (Bowlby, 1958). He stated that the "Attachment behavior which we observe so readily in an infant of 12 months old is made up of a number of component instinctual responses" (Bowlby, 1958, p.2). Bowlby stressed that the need to attach is as instinctual as procreation or securing food, and is based on the need for safety.

The basic model for instinctive behavior which this work suggests is thus a unit comprising a species-specific behavior pattern (or instinctual response) governed by two complex mechanisms, one controlling its activation and the other its

termination. Although sometimes to be observed active in isolation, in real life it is usual for a number of these responses to be linked together so that adaptive behavior sequences result (Bowlby, 1958, p.364).

In this model Bowlby also emphasized that the child's instinctual need for emotional responsiveness is as important as her need for physical proximity (Wallin, 2007, p.13).

An aspect of attachment theory developed by Bowlby that continues to be especially useful in understanding newer developments is the concept of the *internal working model* (Bowlby, 1988a). According to Bowlby the internal working model develops in the infant during the second six months of life, when she gains the cognitive capacity to have a *discriminated mother figure*. At this time the infant develops an internalized memory-cognition of the mother, enabling her to seek out safety through maintaining proximity to the mother. With this new cognitive capacity the infant then begins to develop an internalized psychological sense of *felt security* (Bretherton, 1987). Her internal working model embodies the unfolding understanding of the other and of herself, which is based in the expectations, perceptions and experience of relationship with the other. Within her working model the infant feels whatever degree of acceptability she has internalized from her experiences and relationships with others. This will depend on "how accessible and responsive the attachment figures are likely to be" (Bowlby, 1973, p. 203). David Wallin (2007) stated, "The most functional models of attachment are truly 'working' models: They have a provisional quality that open them to modifications on the basis of new experience" (p. 27). For the infant to attach securely it is important that this internal working model stabilizes, allowing her to be attached and to build on that felt security.



Another significant contributor to attachment theory and research—and a close colleague of Bowlby's, was Mary Ainsworth. In her work she noted that when a child experiences emotional responsiveness she is able to access the attachment figure as a *secure base* (Ainsworth, 1967). For instance, when the child experiences fear she seeks her secure base, either through proximity or felt security; and so through the caregiver, who serves as the secure base, the child is able to regulate her feelings and the behaviors that emerge when she feels her safety is threatened. Once the attachment need is met the instinctive attachment behaviors are shut down, and it is then possible for the child's *exploratory behavior system* to activate. Thus, "in instinctual human development the secure attachment behavior is essential to the development of the exploratory behavior system, and is necessary for the developments produced by exploratory behaviors" (Cassidy & Shaver, 1999, p. 8).

One of Ainsworth's most valuable contributions to attachment theory research was the development of the *Strange Situation Procedure*, an assessment tool designed to evaluate the infant's attachment response in a "strange situation" and to classify various types of attachment which, for research purposes, facilitated a more concise understanding of the child's attachment behaviors. The intent of this assessment was to help identify key parental behaviors that support the infant in developing secure base behavior. The strange situation research arose in the context of a more long-term attachment study that was begun in Uganda in the 60's, developed in Baltimore in 1964, and published in 1978 (Ainsworth, 1978). The strange situation experiment was conducted as a qualitative laboratory study with 26 subject mother/infant dyads. The research was in-depth, however it should be said that it was limited in that the key

experiment participant infants' behaviors were studied and classified in response to the parents' return after formulaic laboratory procedures in which the infant subjects encountered strangers (Ainsworth, 1969).

The study resulted in Ainsworth's classification of attachment into three distinct attachment styles: *Secure Attachment*, *Avoidant Attachment*, and *Ambivalent Attachment*. Securely attached infants had full access to their impulse both to explore as well as to seek safety and connection. These infants were distressed by separation, but were easily consoled upon the reappearance of their mother and quickly returned to play. Avoidantly attached infants explored extensively while remaining apparently unmoved by mothers' departure or return (this behavior presents as calm). Ambivalently attached infants presented in either of two different manners: angry or passive. Both types of ambivalently attached infants were too preoccupied with the mother to freely explore; however, upon return of the mother their behaviors differed. The passive infants appeared capable of the faintest reach for connection while the angry infants shifted between wanting their mother and pushing away from her (Ainsworth, 1969).

Ultimately Ainsworth felt the attachment style of the infant reflected the quality of communication between the child and the caregiver. With the secure parent-infant dyad, the infant's non-verbal communication was responded to in full. In insecure dyads, the avoidant infants expressed nothing—even when the mother expressed affection, while the ambivalently attached infants were persistent in their contact and communication with the mother, regardless of how she responded. The child's relationship with her secure base seemed to affect her ability to attach in a healthy and productive manner. The attachment style of the infant appeared to be a response to the mother's actions and

Ainsworth went on to develop this theory; some years later she would advance this concept further by establishing the *Maternal Sensitivity Scales*, which would reveal something of the complexity involved in the mother's attachment towards her child. Ultimately, as did her colleague John Bowlby, Ainsworth believed that these different qualities of attachment in infants were biologically and instinctually produced in response to the social environment, and enabled the child to access, by whatever means she could, the secure base in the mother that would satisfy, at minimum, her basic attachment needs and provide security (Ainsworth, 1969).

Mary Main, a student of Mary Ainsworth, made a significant discovery when viewing the 200 video recordings of the Strange Situation Procedure. Main identified another attachment style – Disorganized Disoriented Attachment (Yabsley, 1994). Some infants became disorganized and disoriented in their attachment to their mother because of the mixed response of the secure base. Mother was the only secure base these infants knew, but the connection to the mother provided inconsistent safety for infants who showed *disorganized disoriented attachment* in the Strange Situation Procedure. The child's response in this instance was seen as fear of the mother, but also in response to her sensing of the mother's fear, or dissociation. This further indicated that mothering style was integral in forming secure attachment (Yabsley, 1994).

*Attachment Theory and Research- Metacognition, Reflective Functioning, Mentalizing, and Parent Sensitivity*

Main also proposed that attachment problems could be repaired through helping clients to develop *metacognition* (Parkes, Stevenson-Hinde, & Marris, 1991).

Metacognition refers to the ability to be aware of one's cognitive process and to self-

regulate those processes in order to rework them. By way of metacognition a person with attachment problems is given the opportunity, through reframing a negative self-concept, to adjust an already developed internal working model. When a child has forgotten her homework at school she might say: I am a forgetful person, and I left my homework at school. A child who has access to metacognition would more likely instead say: Today I forgot my homework at school. Some days I forget, and some days I remember. Mary Main's observations led her to conclude, "Metacognition was associated with security, and its lack with insecurity" (Wallin, 2007, p. 41). Though the benefits of this theory are more accessible to those who can conceptualize it at a conscious level (i.e. adults), it is useful in understanding this as a tool to help children become able to self-reflect, and recreate their internal working model. Metacognition can be useful in helping toward rectifying the effects of confusing parenting styles in early life.

Independent of Mary Main's research, but building off of what had come before, was the work of Peter Fonagy. Intrigued by Main's work that indicated the influence of the parental mindset on their child's attachment style and the importance of cognitive self-awareness, Fonagy began to explore the adult's ability and tendency to comprehend the mental states of others. He began to explore what he termed *reflective functioning*, the ability that makes it possible for us to observe our own and others' psychological depth and mental states. Reflective functioning gives us the capacity for empathy and insight and these observations of others are the material with which we derive meaning. In terms of understanding attachment relationships, reflective functioning is a helpful concept; the parent-infant dyad work together not only through metacognition, but also through

reflective functioning in order to understand the needs of the other. Fonagy described it thus:

One of the capacities that define the human mind is the ability to take account of one's own and others' mental states and, thus, to understand why people behave in specific ways. Our understanding of the world around us is intrinsically tied to our everyday understanding of the human mind. The world we live in can only make sense if we invoke constructs such as wishes, beliefs, regrets, values, or purposes to understand the mental world of the other as well as the mental world of the self. This is the function of the internal observer (Fonagy, Steele, Steele, Moran, & Higgit, 1991).

In their quantitative 1991 study Fonagy et al. researched intergenerational concordance of attachment patterns. They were interested in discovering to what extent the parent's ability to function reflectively affected the child's attachment style. Creating a new evaluation method based on Mary Main's Adult Attachment Interview (AAI), the team assessed 200 pre-natal fathers' and mothers' reflective functioning ability. They found that there was no correlation between parental demographics and reflexive functioning skills. Following the births of the children, the researchers measured the new child's attachment to each parent at 1 year or 18 months of age. The data indicated that families with parents who had a strong reflective functioning ability were three to four times more likely to have children who were securely attached than families in which parents were less able to function reflexively. They concluded that reflexive functioning and understanding of the other was important in developing healthy attachment in the parent-infant dyad.

In further examining the parent's psychology as an effective element in forming a healthily attached child, Fonagy and Mary Target (1997) considered in more depth, the parent's abilities to function reflexively and how exactly maternal sensitivity affected the

child. Fonagy coined the term *mentalizing*, which he described as reflective functioning through which we are aware of our own thoughts, feelings and motivations. Fonagy and Target theorized that mentalization takes pressure off of the systems of defense in maintaining equilibrium. Through mentalizing and reflexive functioning, the parent's perception of her infant's expressed need is more readily available and she can perceive and attune to the infant. This enables the parent to sensitively responding to the child's communication through empathic understanding, leading to affective signals communicated from the parent to the infant, inducing feelings of security for the infant. With attunement and empathy comes the appropriate response to the child's needs, whether it be validating through mirroring, containing affect, or sharing the experience of delight in a developmental moment. When the parent communicates through high levels of mentalization the child uses their defenses less in order to maintain equilibrium in the parent-infant dyad, and so develops more secure attachment (Fonagy & Target, 1997).

Important empirical research to consider in understanding the relationship of sensitivity and responsivity in the attachment relationship is that of Atkinson and her colleagues at the University of Toronto (Atkinson, et al, 2005). Atkinson and her colleagues' research measured whether maternal mental representations (based on the Mary Main's Adult Attachment Interview) influenced responsivity to their infants. The general thinking among attachment theorists is that parents whose attachment styles are discordant with their infant's will lack sensitive responsivity. The research found that when mother-infant attachment strategies were discordant, maternal sensitivity was more consistent with her infant, than the maternal attachment strategy. This research suggests that while mental representations (attachment style of mother) are not easily disrupted,

the sensitivity of a parent is differently influenced, and is more flexible to change. The research indicated that interactions between a mother and her child may be influenced by everyday life – living situations, caregiving tasks, and daily hassles have been found to have more impact on a parents satisfaction with parenting and intra-familial relationships than did more serious and chronic life stressors.

#### *Attachment Theory and Research – The Activity of Attachment*

Also important to understanding how the parent-infant dyad attaches is to observe what parents attune to. Jonsson and Clinton (2006), in their qualitative study, sought to discover what aspects of infant behavior mothers attuned to. They gathered data through video-recorded sequences of interactions in 27 mother-infant dyads, and the researchers learned that 80% of the mothers affect attunement was elicited by infant behavior that involved experiences of explorations, intentional movements or efforts to control either the body or the physical world” (Jonsson & Clinton, 2006, p.399). The authors of this research suggest that the mother’s affect expressed through non-intrusive, emotional commentary help to establish the foundation for the infant to learn to “move between subjective experience of the self and objective experience of both the interpersonal and physical worlds” (Jonsson & Clinton, 2006, p.400).

To understand attachment it is necessary to see the child’s attachment to the parent is based in the infant’s ongoing response and initiative that takes place within the dyad, as made evident in the research of Tronick and Gianino (1986). They investigated children’s emotional regulatory processes and reported on the building of attachment in terms of emotional regulation. In their study they considered 18 normal mother/infant dyads when the infants were 3, 6, and 9 months old. In these observations the researchers

attempted to determine the frequency with which the parent/child dyad interacted through assessing “synchrony, reciprocity, matching, coherence, and attunement” (Tronick, 2007, p.155). They observed that often when a parent experienced the infant as non-responsive, the parent became more zealous in attempts to connect, and the infant then used (alternately) six coping strategies in an attempt to repair the communication mismatch. Initially the infant attempted to signal the parent through a positive, neutral or a negative affective tone. If that did not work the infant alternated focus to a toy or a body part, next self-comforted, would then resort to withdrawing, and finally she would escape (moved away from the parent, or averted/scanned with their eyes), shifting her focus onto something else.

The authors’ observation of this behavior led to their concept of *match, mismatch and repair* arising in the context of parent-infant relationships in which infants and caregivers were generally in “matched” states (both partners behaving the same way at the same time) for only 30% of the time. During the other 70% of the time (while they were in mismatched states) infants employed the observed coping behaviors, which were usually effective in repairing the mismatch. The research indicated that infants were equipped with largely successful coping behaviors that they implemented and developed as they encountered mismatches with the parent throughout the day. Using these behaviors the infant develops secure attachment through the experience of success in her social reparations and the development of healthy patterns of coping with stress. In dyads where the mother was not responsive, the infant’s use of coping mechanisms decreased, indicating that self-regulation and interactive regulation are a process. Tronick and Gianino’s work demonstrated that the dyad was working within a balancing system of



mismatch, repair, and match, a process that had a strong impact on their attachment relationship; attachment here was an ongoing interplay between parent and infant. The researchers found these behaviors stabilized at around six months (notably the same time the internal working model begins to stabilize, as described above).

#### *Attachment Theory and Research – Genetics*

Turning from behavioral studies that show intergenerational relationships as essential in developing healthy attachment, researchers have examined another area of attachment – its possible genetic elements. Among these studies was a molecular-genetic research (Lakatos et al., 2000) that supported the theory that genetics plays an important role in attachment; it indicated that DRD4 gene polymorphism is specifically associated with attachment disorganization.

In contrast, a recent genetic research study done by Caroline Bokhorst, et al. (2003) in support of the work of Ainsworth and Main, sought to confirm that the child's environment and intergenerational relationships has significantly more impact on the infant's attachment than genetics, and that genetics plays a negligible role in attachment styles. Bokhorst set out to compare genetic and environmental effects on organized and disorganized attachment. The research considered 157 pairs of (mostly same-sex) monozygotic and dizygotic twins, evaluated in similar studies in London and Lieden, Netherlands. The infants were observed separately (and in London also together). Though the mixed-gender twins were initially included in the data collection phase, those data were excluded from the findings on the basis of data complications due to gender considerations.

The research attempted to quantify genetic and environmental influences on infants, using genetic qualification and Ainsworth's Strange Situation Procedure methodology, in terms of avoidant, secure, resistant and disorganized attachment. The study showed that genetic factors explained the majority of temperamental reactivity but only minimally effected disorganized attachment. Ultimately, the researchers concluded that the infant's environment (including parent-infant relationship) was the larger determinant in forming either organized or disorganized attachment, supporting earlier work indicating attachment's strong foundation in parent/child *relationship* or social environment. This concept remains central in the study of the intergenerational elements of attachment.

#### *Attachment Theory and Research - Psychoneurobiology*

In recent years there has been more research emphasis on the neurobiology of attachment. For instance, Allan Schore (2001) has attempted to "integrate current interdisciplinary data from attachment studies on dyadic affective communications, neuroscience on the early developing right brain, psychophysiology on stress systems, and psychiatry on psychopathogenesis, in order to better understand the psychoneurobiological mechanisms that underlie infant mental health" (Schore, 2001, abstract). Schore theorized that while the left hemisphere of the brain mediates most linguistic aspects of development, the right brain is important for broader aspects of communication, particularly spontaneous emotional communication and for emotional and social intelligence. Right brain development, in terms of attachment, helps to expand the child's coping capacities in handling communication and emotion. Schore also discovered that the attachment relationship strengthened this right brain development,

indicating that right brain development and secure attachment formation are reciprocal processes. Importantly, Schore cited a recent Positron Emission Tomography (PET) study by Chiron et al. (1997) that “confirmed that the right brain is predominant in infancy through the third year of life, suggesting that its major development occurs during the period when attachments are forged” (as cited in Shore, 2001, p. 21).

Building on the connection between the right brain and attachment, further study has shown that the experience of touch is processed on the right side of the brain as well. Among many projects on this topic is a study done by Weiss, Wilson, St. John-Seed, & Paul (2001). The quantitative research was conducted with 114 socio-culturally diverse parents with 3-month-old infant dyads that were videotaped during nursing. The researchers analyzed the videos and the social adaptation and emotional-behavioral measurements of the infants at age 2 in an attempt to discern: “(1) the degree to which specific qualities of maternal touch may contribute to the low birth weight infant's emotional and behavioral problems as well as social adaptation, and (2) the relationship between maternal touch and a mother's other caregiving behavior” (Weiss et al., 2001, p. 97). They found that the children who had received more nurturing touch during nursing showed significantly fewer internalizing issues at age 2, while those who had experienced both more frequent and harsher touch had more externalizing problems. The correlation between quality maternal touch and psychosocial health as related to right brain processing of touch indicated that right brain development might be important in forming secure attachment and all its psychological benefits.

In another paper, this time integrating “attachment theory, affective neuroscience, developmental stress research, and infant psychiatry”, Schore (2002) attempted to discern

some “developmental precursors of posttraumatic stress disorder” (Schoore, 2002, p.12). Shore used research data to model the effects of early parental relational trauma on the biological systems that supports the development of attachment functions. Schoore’s work suggested that while research in various disciplines have indicated that people are predisposed to psychiatric disorders, the brain is imprinted into the limbic and autonomic nervous system by traumatic attachments. He concluded that infants who experience disorganized and disoriented attachment do not develop adequate coping mechanisms to deal with stress. Schoore cited research by van der Kolk on PTSD (Schoore, 2002) in which he concluded that while healthy attachment is associated with right brain development, dysregulated attachment is as well; its effects on right brain neurobiological development (the place so important to coping with environmental and social stress), can have enduring negative impact on the coping mechanisms that, when compromised, can lead to Post Traumatic Stress Disorders.

#### *Attachment Theory and Research - Summary*

In addressing the broad sweep of attachment theory it is important to note an almost universal bias in the research data. Whatever differences and shortcomings each study may have had they were similar in that the focus on the parent-infant dyad was on the infant and her *biological mother*. Initially this bias was the result of traditional gender and parenting roles that determined the task of raising the young child—and therefore the biological mother was in the position of secure base and the attachment focus. Increasingly, with shifting family roles and gender concepts, and with varying ‘family’ structures, the biological mother is no longer necessarily the main caregiver and it

becomes significantly important to include fathers and other primary caregivers, such as foster and adoptive parents.

Ultimately, the large body of work on attachment theory, which is represented to a small degree here, indicates that the relationship between primary caregiver and infant is integral to the infant's experience of her security and competence in her world. Her relationship with her caregiver is formative of her neurobiological patterns that, in turn, affect all of her relationships in terms of her ability to regulate her responses to others. The infant's early primary attachment informs her ability to process outside information and her own feelings and impulses. The infant's reliance on the parent or primary caregiver is extensive in that she depends on this relationship to develop secure attachment to help her to cope with her social and physical environment. The child relies on her attachment figure in forming coping mechanisms that will affect her ability to balance her needs and those of the world outside. Through a strong and healthy relationship with her attachment figure, and through the ongoing act of attachment, the infant becomes a child, adolescent and adult whose support mental health makes her a highly capable person.

#### *Pikler Methodology*

The Pikler method was developed by Dr. Emmi Pikler, a Hungarian pediatrician who in 1946, after serving ten years as a family pediatrician, founded an orphanage in Budapest, Hungary, with the intention of creating an environment in which infants and children would be respected and cared for in a manner that would support their optimal emotional, physical, social, and cognitive development (Falk & Pikler, 1972). Similar to

John Bowlby, Pikler was concerned that infants and children were suffering “Ill affects on personality development of prolonged institutional care” (Bowlby, 1988b, p.20).

Throughout her previous experience as a family pediatrician Emmi Pikler was an astute observer of children and of the times in which she was living. In her weekly visits to the homes of her child patients she consistently observed that the children’s feeling of competence came out of experiences they initiated and independently mastered in their physical environment and social relationships. She noticed a growing trend whereby adults tended to “train” the children, rather than trusting and allowing their natural abilities unfold. Her instincts and observations told her that overly focused attention to concerns regarding cognitive development of infants and children interfered with the child’s growing sense of self as a uniquely developing person. She felt that children needed affection, acknowledgement and positive regard in order to be confident and secure – qualities one gains through the process of attaching and relies on for the development of healthy attachment throughout one’s life (Falk & Pikler, 1972).

Pikler was greatly concerned about the damage caused to young children who were institutionalized at the time. They were known to suffer “Serious damage inherent in hospitalism” (Falk & Pikler, 1972, p. 3). Working within her unique understanding of child development Pikler acknowledged the importance of correcting cognitive deficits the children may have suffered from their neglect, but her view and assessment of the children differed from the traditional medical model view; while she understood the reasoning of the professionals working in orphanages to focus to a great extent on the education of infants and children, she offered an alternative method. She believed that more significant than the need for a rigorous cognitive training was for the children to

experience relational attention, similar to that which a family would provide. In other words, the children needed to form secure attachment foundations.

Providing such care at the Pikler Institute was accomplished through orphanage practices quite unique to those that had existed previous to the time. Pikler felt it important to provide “intimate and stable relations between the infant and a small number of adults” (Falk & Pikler, 1972, p. 4).

Each infant would be paired with an adult caregiver for the entire time the children were in the in the orphanage. “We are of the opinion that like all other babies, community-reared infants need close, intimate, lasting bonds to the adult person taking care of them in order to develop a sound, properly structurized emotional, mental and social personality” (Falk & Pikler, 1972, p.5). To assume this position the assigned nurse attentively prepared the infant for all that would take place directly concerning her, “Continuously offering to the infant the possibility for cooperation and self-reliance, for approval of the decisions made with respect to him” (Falk & Pikler, 1972, p.8). The nurses were instructed to refrain from replacing the child’s mother figure, but to be available as an invested, warm and caring presence; while the nurse could not be a parent to the infant in her care, it was imperative for the child to feel a secure connection with the nurse.

Pikler felt it was important that the caregiver respond to the infant’s signals, in order to form the secure attachment that the infant needed to develop, and that was much lacking in institutionalized children. The relationship between adults and infants was intended to allow the child to attach – they must develop the skills to “pay attention to each other’s signals, reactions and habits” (Falk & Pikler, 1972, p.5). To this end Pikler

instructed the nurses to be fully attentive to each child through the care-giving moments in the day, while the other children in her care waited their turn. The nurse would do so in a predictable way; she interrupted her relational time with each child only to remind any other child who was expressing discomfort in the moment that they too would have their turn, “but not quite yet” (Falk & Pikler, 1972, p.25).

This type of attentive care expressed Pikler’s understanding of attachment, whether intuitively or explicitly:

They [the nurses] were taught how to care for the children in a way that gave even the youngest child a feeling of well-being.... These young girls were taught – and had to practice – a precise, uniform method of diapering, bathing, and dressing the children which helped them to avoid being in a hurry while carrying out these activities. That would have hindered them in paying attention to each child’s individual needs, being gentle in their care, recognizing and reacting to a child’s signals. They were taught to be delicate and considerate in their movements when caring for the children. And they learned that a child, regardless of age, is sensitive to everything that is done to him: he feels, pays attention, gains experience and, whenever given the chance, understands – or learns to understand in time. These new nurses were taught to observe the children and try to understand what a child’s posture, glance, movement or tone of voice might mean. They were instructed to talk to the infants and through gestures and words, to prepare even the youngest for what was going to happen to him. The nurses learned to be aware of the infant’s reaction to their speaking and their motions. They gave the child the opportunity to participate, to help, or even to protest. (Falk & Roche, 1994, p.41)

The nurses at the Pikler Institute were instructed to observe her charge closely in order to attune to the infant and perceive her need. As well, extensive care was given to the content and quality of speech, and the quality of touch the infant orphans experienced.

Attunement to the child’s development is expressed in the manner in which the nurses who cared for the infants were instructed to ‘witness’ the infant’s development through exploration and play, and is exemplified in the following: “We allow a child to experience her environment in her individual way, and according to her individual



development. We do not urge her. We do not encourage her to do things for which she is not ready” (Falk & Roche, 1994, p.40).

In 1972 WHO funded a quantitative outcome study conducted by Falk and Pikler on 100 subjects between ages 13 and 22, children who had been taken into care at the Pikler Institute for a minimum of 11 months before being returned to their families. The research was conducted through interviews and psychological testing of the adult children who had lived at ‘Locy’ (the nickname of the Pikler Institute orphanage). The results of the study indicated that children who had been in the orphanage scored similarly to those who were raised throughout their childhood, without interruption, by at least one biological parent. These findings are significant, as such a level of mental health among children placed in orphanages had not been seen previous to this time.

#### *Resources for Infant Educators (RIE) Methodology*

Magda Gerber’s work was intimately related to that of Emmi Pikler. Gerber was a Hungarian-born developmental specialist who worked directly with Pikler while living in Budapest, applying Dr. Picker’s theories to their collaborative work. Gerber moved to the U.S. where she began Resources for Infant Educators (RIE) in Los Angeles, CA, with the intention of bringing the knowledge she had learned from Emmi Pikler to families in the U.S. (Gerber, 1998).

Gerber’s work offered a refined application of relationally and developmentally focused care of children, but modeled it for participants in parent-infant groups rather than for caregivers in an institution. Her work encourages parents to trust their infants’ natural progression towards healthy development, rather than having an ‘agenda’ that is enforced upon the child. The goal is to allow the child to unfold, rather than intervene

and assist the infant in reaching her optimal developmental potential (Gerber, 1998).

Like the Pikler methodology, RIE theory postulated that knowledge of how to care for an individual infant comes, first and foremost, out of the parent's direct observations and interactions, rather than an 'expert' opinion.

The message of RIE is one of respect for infants: "We demonstrate our respect every time we interact with them. Respecting a child means treating even the youngest infant as a unique human being, not as an object" (Gerber, 1998, p. 169). Also expressed in the term "respect," Gerber implied that infants should be allowed to problem solve, "They are allowed the opportunity to struggle through the process of solving their own problems without being unnecessarily 'rescued' or taught by adults" (Hammond, 1996, p. 50).

#### *RIE and Pikler – Current*

Little has been done in the way of research pertaining to Pikler and RIE methodologies, especially regarding how they relate to attachment theory. The existing literature is limited, and the literature that does exist is not widely accessible at this time. Connecting theories of attachment to the very applicable models of Pikler and RIE could be a helpful bridging tool to parents, educators and social workers who are applying the principles of attachment theory, resulting in a broadening of the scope of each discipline.

RIE and Pikler have had a moderately low profile in the United States. While detailed statistics regarding practitioners in the U. S. who are Pikler or RIE trained are not available, those who are engaged in the work in a full time manner probably number under 100. Of those practitioners, most providing parent-infant classes gear their

practices towards middle class clients who pay a fee-for-service, thus greatly limiting socio-economic diversity and access to valuable services.

Until quite recently RIE was housed in the downstairs of a modest two bedroom, one bath duplex in Silverlake, CA. (Los Angeles). They have provided trainings for parents and housed parent-infant groups since 1978, when they were established. They have managed to successfully sustain the promotion of this work in a modest and committed manner, and without significant funding from private foundations or government funding.

For many years the Pikler Institute in Budapest, Hungary, has struggled to maintain funding. Many of the practitioners of RIE and Pikler in the international community have sought to find ways and means to support the continued promotion of such valuable work. For example, the Pikler/Loczy Fund USA was established by Laura Briley to assist orphanages in Romania, and the Pikler work has been developed as a model for such important initiatives. The Pikler/Loczy Fund supports fundraising efforts to further the work of the Pikler Institute. Currently there are several countries that have formed global and countrywide associations, in order to help towards developing the Pikler work, including Mexico, the U.S., South America, many countries in Europe - France, Netherlands, Italy, Spain, Austria, Switzerland, Germany, as well as Hungary.

There is a growing recognition of the great value of this work among many professionals. Something in what these methodologies of Pikler and RIE have something to offer the global community in terms of meeting the needs of today's parents in their efforts towards raising children.

*Summary*

It is understood by those who study attachment that the early relationship of the infant to her primary caregiver is of lasting significance throughout her life. Early attachment relationships affect our life long relationships with others and form our larger scale psychology (Wallin, 2007). Early attachment theorist, John Bowlby discussed how the infant's internalized memory/cognition of the mother becomes the basis for attachment as a 'working model' (Bowlby, 1958). In their research, Ainsworth and Main begin to look more closely at the basis of the caregiver's own attachment style as a basis for the quality of the infant's attachment. This is explored further through the research of Fonagy and Target in their research of the parents capacity for reflexive functioning and mentalizing, which results in the ability of the parent to attune and empathize with the infant's state (Fonagy and Target, 1997).

Through exploring the literature related to Pikler we learn that the directive and emphasis is on attuning and responding to the infant (Falk & Pikler, 1972). The limited research that was funded by WHO showed highly positive outcomes of the long term mental health of the orphans who were cared for at the Pikler Institute; likely this was the direct result of the informed, thoughtful, and intentional care that facilitated the strong attachment capacities of the infants. Emmi Pikler had insights into the developmental needs of children, as did other important historical figures working in the field of attachment at this time in history, and she methodically applied her knowledge in her work with the orphans at the Pikler Insitute.

Through discussion of the literature of attachment theory and Pikler/Gerber this researcher hopes to have given evidence of the connection to attachment theory and the methodologies of Pikler and RIE. It will be necessary to do research to scientifically

establish whether these methodologies do indeed promote healthy attachment. I hope that the literature review has give evidence to the positive potential of the Pikler and Gerber methodologies in supporting and promoting healthy attachment in infants.

## CHAPTER III

### METHODOLOGY

The purpose of this qualitative study is to explore the question, “Do Pikler and Resources for Infant Educators (RIE) methods promote infant-parent attachment?” The following chapters will analyze Pikler and RIE methods of caregiving in terms of attachment. Through this discussion I intend to explore whether Pikler and RIE methodologies, which strongly emphasize responsiveness between caregiver and infant, can and should be used by social workers and other professionals as an effective tool towards promoting healthy attachment patterns, beginning in early infancy.

Pikler and RIE methods, inexplicitly, focus on forming attachment between infant and caregiver. However, at this time there are few practitioners of Pikler and RIE methods who consciously and explicitly incorporate *attachment theory* into their work as caregivers. I hope to offer those practitioners of Pikler and RIE an understanding of how they might more intentionally integrate the concepts of attachment theory into their work.

Furthermore, social workers and other professionals who are working in the area of attachment use a variety of tools to promote healthy attachment. In terms of attachment theory, this research of Pikler and RIE methods will hopefully be influential in helping to widen access to and use of Pikler and RIE methodologies by both professionals and caregivers who are already familiar with attachment theory and methods of promoting healthy attachment. An objective of this research is to make Pikler and RIE methods available and accessible to those familiar with attachment theory

through clearly indicating ways in which the Pikler and RIE operational models of care are complementary to attachment theories. The methods of Pikler and RIE are clear and simple and are techniques that are relatively easy for professionals to teach to parents, through modeling and explanation.

There are a variety of infant environments in which the methodology of RIE and Pikler have been applied; these include orphanages, home daycare, institutional day care, and parent-infant groups (sometimes referred to as parent-infant playgroups or parent-infant classes). The environment in which I will focus my research question will be that of the parent-infant group, as this is the most accessible to me. As well, because the parent-infant group provides an environment in which parent and infant are together, it is the most direct way to observe the manner in which the RIE and Pikler methods support attachment.

The parent-infant groups are generally held for a time period of 1 to 1.5 hours, with the youngest infants classes being of a shorter period of time. The RIE and Pikler groups are generally divided into developmental categories – pre-crawling, crawling, toddler, older toddler, but the categories are more fluid when there is a smaller population of parent-infant dyads to draw upon.

The primary emphasis of both RIE and Pikler classes is observation in a non-interfering but attuned stance towards the infant's exploration of self, others, and the environment, with the exception being safety. Depending upon the style of parent-infant group, this is 'taught' through modeling or demonstration by the facilitator, or through sharing and discussion of parent experiences. Instruction can also come from the sharing

of literature on the subjects of RIE or Pikler, and through the viewing of Pikler and RIE video materials.

In reporting on the work of RIE and Pikler it must be said that those who strive to follow a pure RIE model or a pure Pikler model report that there are distinctions between the two (see below explanation). This researcher decided to work with the concepts of RIE and Pikler as an amalgam, while understand that there are distinctions between Pikler and RIE. There were some problems in the research in that many of the respondents stated that they could not attest to their work being a combination of Piker and RIE, as they were significantly more familiar with one over the other; that said, most of the respondents reported being influenced by the work of both Emmi Pikler and Magda Gerber.

Although there were some respondents that were educated only in the RIE methodology in this study, I chose not to strictly delineate between the two. The greatest distinction of the methodologies of Pikler and Gerber is that Emmi Pikler developed her methods in an orphanage and Magda Gerber's intention was to support parents in the U.S. to understand and effectively respond to the needs of their infants by teaching them the concepts which she learned while working with Pikler in Budapest, in addition to promoting the work of Emmi Pikler.

The development of the Pikler method stemmed from her training of the nurses in refined observation, understanding and response to infants. They were trained to observe and understand each detail of the infant's expression and need. This is well demonstrated in the following quote by Emmi Pikler:



“Our hands constitute the first relationship for the baby with the world. What a difference when gentle, patient and peaceful hands take care of him. How different his world would be if they were rushed, impatient, and hasty. Hands are the world. No matter how small he may be, we never treat a child as an inanimate object” (as cited in Falk & Roche, 1994, p.20).

Ruth Money, long time RIE Associate and close colleague of Magda Gerber’s, states, “the goal of RIE is to improve the quality of infant care in any setting: home, day care, hospital and parent-infant groups.” (as cited in Petrie & Owen, 2005, p.51) In developing the day care model of the South Bay Infant Center, Money incorporated Gerber’s methodologies. Money describes the RIE model of Magda Gerber’s as including “education and support” of parents and “respectful parent relationships” (as cited in Petrie & Owen, 2005, p.53), in addition to respectful care of infants. Money describes the way in which Gerber intended RIE to involve parents in the following, “Sometimes my talking to the infant allowed the parents to ‘catch’ the attitude and the speech that was demonstrated. Any parent was free to incorporate what they felt ‘fit’ them. This was all done without any explicit direction to the parents.” (R. Money, personal communication, November 30, 2008)

In order to examine Pikler and RIE methods in terms of attachment theory, I decided to use qualitative research in the form of a survey to be completed by Pikler and RIE practitioners. I would then build my argument on the material in their responses, and on Pikler and RIE methodology and attachment theory and research.

Respondents were selected from a limited pool of practitioners of Pikler and RIE methods. In order to participate in my study, respondents needed to be Pikler or RIE

trained, be practicing somewhere in the United States, have a minimum of two years of experience running Pikler or RIE groups, be fluent in English, and be over 21 years of age (see Appendix B: Informed Consent Form).

Recruitment for diversity, in terms of race, ethnicity, class or gender among the pool of potential participants--those who are currently facilitating Pikler Infant/Caregiver groups in the United States--was limited, because the entire pool consists of fewer than one hundred people. Because I am trained in this work, I have professional relationships with a significant number of the facilitators in the field who are trained to practice Pikler/RIE methods. Through professional connections I was able to compile a convenience sample of 30 professionals in the field, who I contacted to seek their participation in the research. Seventeen participated, providing data that I was able to use.

In considering the respondents, besides being homogenous my research base had another fault that must be considered - the respondents of my research are biased practitioners who are invested in the successful outcome of their work towards fostering the aspects of the attachment I am researching; therefore, their responses are biased observations. Also, my research would be more full-bodied with the addition of caregivers' observations, as their perspective of the Pikler and RIE methods are important in determining the contribution Pikler and RIE make in the parent-infant attachment relationship.

This research study employed a qualitative survey method. After receiving approval from the Smith School for Social Work, Human Subjects Review Committee (see Appendix A: Human Subjects Review Committee Approval Letter), I initially

contacted the pool of potential respondents through email and telephone, inquiring if they were interested in participating in the study. I then sent post mail communications to those who expressed interest. This mailing included:

1. A cover letter with instructions for participation (see Appendix C: Instructions for Participants)
2. A copy of the Survey, with instructions for completion (See Appendix D: Demographics and Survey Questions)
3. Two copies of the informed Consent Letter - one copy for participants to save for their records (see Appendix B: Informed Consent Form)
4. A stamped envelope with my return address

I requested that those who wished to participate in the study read and sign the Consent Letter and complete the Survey, and then return them to me by mail. I emailed and telephoned as necessary, to remind participants to return the Informed Consent Letter and Survey (Appendix B & D).

The survey included demographic questions and six open-ended qualitative questions (Appendix D). These questions solicited descriptions of caregiver/infant dyad behaviors. Respondents were prompted to describe ways in which Pikler and RIE methods promoted attachment. Specific questions inquired about times of separation and reunion events, conflict, group socialization, distress, and the value of the methodology. I asked that respondents be as specific and detailed in their answers as possible, focusing on caregiver/infant dyad relationships, and to provide actual examples and observations of events. The survey questions were open-ended and designed with the intention to learn

what attachment behavior responses are exhibited by parent-infant dyads that follow the Pikler and RIE methodologies.

Confidentiality was maintained throughout this study. All identifying information of the facilitator respondents and their clients, including those infants and adults whose behavior is discussed and described by study participants, was held confidential. Precautions were taken to ensure that no identifying information about clients was given. The names of participants, as well as participants' clients, did not appear in any data other than the Informed Consent (Appendix B).

Upon receiving surveys back from the respondents I classified responses, isolating themes and specific supporting data for analysis and comparison to previous Pikler, RIE, and attachment theory and research. In analyzing the data I sought to distill some of the themes the respondents spoke to, for clarity. I sorted the responses into the following categories: periods of transition, separation events, distress events, incidents marked by new development and learning on the part of the infant, and events of parents' needs conflicting with infants' needs.

I then used these themes in my discussion of Pikler and RIE methods and attachment theory and research. In examining my research findings, I discussed the ways in which attachment theory and its application were reflected in the respondents' work in Pikler and RIE group facilitation. I expected to find that Pikler and RIE methods helped parent-infant dyads to form healthily attached relationships. The following analysis indicates how parent-infant dyads achieve positive attachment relationships through the practice of Pikler and RIE methods, and how Pikler and RIE methods can be used to

promote healthy parent-infant attachment, and therefore, healthy mental health later in life.

## CHAPTER IV

### FINDINGS

In this chapter I present the data gathered in research through a survey given to 17 RIE and Pikler parent-infant group facilitators. The data are organized, in terms of attachment analysis, into several categories, beginning with demographics of the respondents, and then themes of their responses. The respondents' experiences and observations (the bulk of the data from the surveys) will be presented by way of five main themes through which issues of attachment may be viewed. These themes are: periods of transition, separation events, distress events, incidents marked by new development and learning on the part of the infant, and events of parent's needs conflicting with infant's needs.

The major findings of this study indicate that the Pikler and RIE methodologies support various aspects of attachment, through the modeling, teaching and exploring of these methods in the context of the parent-infant group. Through the respondents' reporting of their experiences and observations you will see how the applications of the methodologies of Pikler and RIE support numerous concepts of attachment, ranging from the early concepts of Bowlby and Ainsworth of secure base and internal working model, to those concepts developed by more contemporary researchers, such as Fonagy in his development of the attachment related concept of reflective functioning.

Through the themes of infant experiences of transition, separation, distress events, new learning, and conflict in parent and infant needs, RIE and Pikler practitioners' reports indicated that facilitators and parents were actively reflecting and responding in ways that facilitated attachment between infants and caregivers.

### *Demographics - Facilitator Information*

Of the 17 respondents, 16 gave demographic information. All of the respondents were Caucasian females. The mean age was 54.3, with the youngest being 32, the eldest being 84, and the median 54. The respondents were asked to choose their class level from the following options: upper class, upper-middle class, middle-middle class, lower-middle class, working class, working poor, under class. Of the 15 respondents who reported their class background, 10 (66.6%) self-identified as middle-middle class and upper-middle class, 4 (26.6%) as upper class, and 1(6.6%) identified as lower-middle class. Geographically, the participants ranged in location throughout the United States. Of the 16, 5 (31.2%) lived in the Northeast, 3 (18.7%) lived in the South Atlantic states, and 8 (50%) lived in the West (7 in California).

In terms of experience and education the facilitators varied greatly. They indicated varied background experience with Pikler and RIE group facilitations, ranging from 2 to 25 years experience; some indicated having previous involvement with teaching, and other helping professions before working with RIE and Pikler facilitation. In terms of formal education the respondents also varied greatly and 15 of the 17 reported college level education information; 1 (6.2%) reported less than four years of college education, 4 (25%) had completed at least one bachelors program, 9 (56.2%) had attained at least one master's degree, and 1 (6.2%) had a doctorate. The participants were consistent in that all had some amount of formal studies in psychology, child development, or education. Several of the respondents had also had some education in other early childhood curriculum, such as Montessori or Waldorf training.

Respondents had a large range of experience and education in RIE and Pikler methodology. In terms of formal education, 11 (68.7%) had attended some of the RIE courses (numbered I through III) in Los Angeles, at Resources for Infant Educators. Two respondents had attained RIE associate status (the highest qualification) and one respondent was in the process of doing so.

Besides formal RIE education, almost all respondents mentioned self-education as integral to their professional model of being a RIE or Pikler (or RIE/Pikler) 'educator'; 5 (31.2%) reported having studied in Budapest at the Pikler Institute and other Pikler establishments in Hungary and other European countries, and this researcher is aware that several other respondents have been to visit and observe at the Pikler Institute. 14 (87.5%) also mentioned workshops, study groups, conferences, and mentoring and collegial relationships as being integral to their Pikler and RIE education.

### *Respondents' Report of Experiences and Observations*

#### *Periods of transition*

Periods of transition are acknowledged in RIE and Pikler to be periods of stress for the parent-infant dyad that can be negative experiences or positive learning events. The responses in the survey reflect the attention to transition times as moments to optimally support the infant's learning.

Common transition events discussed by the respondents were arrival and departure from the group. In periods of transition 16 of the 17 respondents stressed the importance of allowing the child time. They reported that in the context of transition, parents closely observe and match the child's timing:



Sometimes the child just wants to be with the parent until she feels ready to venture into the room. There is no hurry, and no expectations on the parent's part about what the child "should" do, and when.

An example of a situation with young infants expresses the importance of allowing for time while transitioning into exploration:

I usually witness mothers quietly sitting with their babies, while allowing the babies to eventually indicate a readiness to separate and explore.

A slow, intentional attitude is exemplified in one respondent's report:

A parent arrives to the group with her baby, and speaks to the baby, while laying her down on the rug, "Here we are in class again. Are you ready to play on the floor? Oh, you are looking around and wriggling.... I am going to put you on the floor now." She then slowly places the baby gently on the circular rug.

During times of transition parents are attentive to their infants through spoken communication, with the parents offering verbal cues and affirmation to their infants.

During arrival the mothers are encouraged to talk to their babies, narrate what is happening and whom they are seeing. Eye contact and physical touch are also emphasized, in the intention to communicate to the child that the mother (or caregiver) is there for the infant throughout the transition. Of 17 respondents, 14 reported that parents in their groups spoke frequently to their children. The following is an example of an parent-infant interaction using spoken language to support the transition of arriving at "group":

The mother opens the door and enters the room carrying her crying baby. His head is on her shoulder. She stops and softly says, "I hear you crying." She waits. The baby stops crying and looks up. He looks around the room and looks up at his mother's face. She says to him, "We are at RIE class." The mother waits in the same spot for a minute and the baby looks around the room, then looks up at his mother's face again. He has stopped crying. She says, "I am going to put my backpack down" and walks across the room. She puts her backpack down and says, "I am going to sit down now and you can sit here with me until you are ready to play."

During arrival time babies generally sit on their mothers' laps until they choose to move or lie on the floor next to their mothers, or until they choose to engage in play. This is expressed in the following description:

The infant who can move away from the mother (creep, crawl, or walk) may stay on the parent's lap for as long as she chooses to. The mother stays available as a "home base" for the infant to come back to her as needed.

Some respondents indicated that, for more secure and content babies, mothers could easily transition from their infant, moving to the periphery and letting the infant engage in play:

When the infant is relaxed, the mother is usually smiling and looking at her child going away to play.

In departure events, 8 of the respondents stated the importance of pre-notifying the children that departure time is imminent, either through a "5 minute notice", a "clean up song", or in some other manner. One respondent described a situation in which time for transition was important for a toddler who was not ready to leave her play. She was respected in her desires, but asked to cooperate as well:

The mother tells the child that she needs to go in a few minutes and that the child may finish playing. The child plays for a few minutes, watching the mother intensely. Then she leaves her play, takes her mother's hand, and they walk out the gate.

Slowing down to attend to transition through observation, attunement and communication in dyads is strongly valued in the RIE and Pikler methods, especially as a tool to facilitate times of transition.

### *Separation events*

Separation is often a time of anxiety for infants and parents, therefore it is a time of stress that can either form negative communication patterns or be an opportunity for

social development. The respondents indicated these events as important moments in the growing infant-parent relationship.

Of the 17 respondents, 4 gave examples of separation events occurring when the mothers needed to go to the bathroom. In separation from the infant, the parents of Pikler and RIE groups tend to embody a calm presence and acknowledge the infant's stress response upon leaving and upon returning. One respondent reported a separation situation with a mother and a non-walking infant:

During class a mother gets up and walks to the gate. She turns and looks at her child and says, "I am going to the bathroom. I'll be right back." The child starts to get upset and cries a little. The mother says, "I know. You don't want me to leave. I'll be right back." She goes out of the gate and into the bathroom. The child crawls to the gate, pulls to standing on the gate and cries while clinging to gate. The facilitator comes near and sits next to the child. The facilitator says to child, "Yes... I see you're crying. Your mommy is right there in the bathroom on the other side of the door. She will come back soon. I am here." The child listens and cries less. Then the child sits on the floor next to the gate. Soon after this the mother comes out of the bathroom. She tells the child, "I'm going to come through the gate now." The child moves out of the way and the mother kneels next to her child and the child pulls up on her and she gives a little hug. The mother says, "I'm back now." The child crawls off to play and the mother goes to her seat."

In 11 of the 17 reports of infant-parent separation behaviors, parents were described as attending to the child through one or more of the following: deliberate eye contact, calm countenance and tone of voice, touch, and verbal communication. These behaviors were intentionally used to calm and reassure the infant upon departure and return.

#### *Distress events*

Sixteen of the seventeen respondents mentioned distress events in their survey. Most respondents encouraged parents to observe the children in order to perceive what

would be most helpful as a response to the infants' distress. A parent's intention in intervening in a stressful situation that an infant is experiencing is to support the infant's problem solving, skill building, and feeling of mastery and competency. The more emotionally evocative a situation, the more important it is to closely observe the infant before intervening. One respondent described how a parent typically would respond to a distressed infant:

A 'seasoned' parent usually will first try to gauge why baby is in distress. Is this preventable? Is it hunger, fatigue, pain, frustration, confusion? The mother will look directly at baby and reflect on what she sees. Her face has an expression of concern. No inauthentic smiles. She understands. A distressed infant/child often will sometimes pause and listen to the mother. Crying usually resumes. The mother usually pauses. If it's hunger, she will tell her baby that she thinks she is hungry and will say that she will pick baby up. Often baby will subtly make the slightest body gesture which is interpreted as a desire to be picked up. Once baby is picked up, feeding will help. If the mother is calm, this is typically telegraphed. If baby is sleep-deprived, the mother's being calm often will not soothe baby. Sleep is the answer. Baby might be near shutdown. However, the calm yet assertive behavior of the mother, having observed baby's distress, will lend itself to help resolving the distress. If sleep deprivation is the problem, often the mother must take baby and leave as it is inappropriate to expect a fatigued baby to rise the occasion. If the problem is gas or other pain, that calls for more observation. There is an active level of participation by the baby as the mother tries to identify the source of distress.

An area in which infant distress can occur is during care-giving times. From the perspective of RIE and Pikler orientations, care giving is considered a time in which social contact, relationship building and learning are focal. It is also a time in which the caregiver is highly attuned and present, while the infant learns to self-soothe. The following is an example of a caregiver and a "very distressed 2-month old infant" working through a moment of distress during a care giving time:

The caregiver gently spoke to the baby and acknowledged her distress. Slowly she picked her up and brought her to the changing table, speaking soothingly the whole time. On the table, she cupped her hands around the crying baby's head,

brought her face close and continued to speak to her while maintaining a smile. She stayed undaunted by the crying, speaking positively while she acknowledged the baby's distress and assured her that it would end. When the baby began to quiet, the caregiver told her they would be changing her diaper. She waited. The baby settled down. The caregiver asked if she could help by lifting her foot. After several requests, the tiny baby made a small move with her left foot. The caregiver noticed it, augmented it and removed the little suit from that foot, speaking affirmatively the whole time. They proceeded with this dance of interaction until the diapering was accomplished and the lovely interaction had concluded.

The above exemplifies a caregiver's intention to support the infant's gaining self-soothing skills through the caregiver's sensitive attunement.

Of the 17 respondents, 5 gave examples of infants learning self-soothing, and spoke to the 'scaffolding' provided by the caregiver that enables the infant's learning of self-soothing. The parent's presence is expressed first in keen observation, and she or he communicates her attentiveness through eye contact, body language, tone of voice, touch and proximity. The importance of eye contact was noted by 14 of the 17 respondents.

One respondent described the parents' response when infants are in distress in the following way:

When there is a fussy infant, the parent holds the eye contact for a longer period of time and gently touches her child or puts her arm around her.

Parents following the RIE or Pikler methodology are encouraged to wait for a period of time, while attending in an empathic manner before intervening. The infant is allowed time to problem solve. Eleven of the seventeen respondents noted the importance of allowing for the infant's development of self-soothing skills as a basis for important development. One respondent reported the following:

There is a great deal of sensitivity in the responses of both parent and child in my playgroup. Because the playgroup emphasizes observation and teaches parents to do it, the parents learn to get to know their child's cues. This is an extraordinarily

valuable part of the Pikler method. “Wait and see.” So the parents are not jumping up to “rescue” their children. They watch (observe) their child in the group social situation. The parents learn to trust that their child can figure out, and take delight in figuring out, many challenges. For example: the child might look at her parent when she is frustrated. The parent might respond with interest, but not move toward her child.

Sixteen out of the seventeen respondents mentioned the important of waiting and watching. The examples they gave were of parents allowing the child time to master whatever situation they were in, and then calmly and thoughtfully intervening when their observations indicated that an intervention was appropriate. The infant is given the opportunity to be an active participant in comforting himself while the mother remains focused on and present to the infant’s experience, rather than trying to distract and fix her.

#### *Development/learning moments*

From the lens of Pikler and RIE, the growing capacity for self-soothing has a significant impact on new learning. The child is given time to self-sooth and then to move on to continued learning, while being attended by the parent in a responsive, yet non-interfering, manner.

Several of the respondents related events surrounding the infant’s efforts towards skill development, and the positive impact of the mother’s non-interfering presence on new learning. Though developing a skill is often difficult and frustrating work for the infant, respondents reported encouraging parents to allow babies to experience the discomfort associated with such development. One respondent reported the following:

Dan is about five months old. He is stout with a rather large, very round head. He will roll from back to belly and scoot full circle as well as forwards by a few inches. After a while, he fatigues and jerkily drops his head to the ground, face first. Dan repeats this until he begins to fuss, then cry, all the while holding up his

head, then abruptly dropping it. Sandy, his mom, watches. “You’re working hard, Dan” she says for the first few minutes. As his fussing escalates, she tells him she will pick him up to give him a break, and does so. Minutes later, he is back down on the floor, repeating the same sequence. I move closer and ask Sandy if she wants to come down closer to his level. She says she has noticed that he is getting closer to rolling back on his own. I point out how he leans into one arm, then into the other arm, precursors to rolling back. Dan continues to fuss. Sandy wonders how long to let him fuss. We all agree that it is hard to watch him fuss. She picks him up. He has tears and continues to cry on and off. When she puts him down the last time, he cries. Sandy picks him up and notices that it is time for him to eat and sleep.

This exchange went on for the whole 60 minutes of class, as it had the week before. Sandy felt that she was over concerned and over intervened with her first son and really wants to sit back, relax, and trust Dan’s own pace. One mom suggests putting Dan on a towel, and pulling up on one side to show him how to turn. Sandy responds that she does not want to worry or try to rush development, this second time around. She wants to see what will happen if she just waits and gives Dan more time. As with the other class, at this point I mention Dr. Pikler and her words about learning to move and learning to learn.

A respondent summarized the value of such learning for another infant’s development in the following:

Treating baby as a competent active participant in day to day life will give this baby tools and skills that enable her to deal with the ups and downs of life... The Pikler babies are more prepared to deal with daily struggles; they are less reliant on “positive reinforcement” as they are encouraged to feel good about their achievements on their own.

#### *Parent’s needs conflicting with infant’s needs*

Respondents reported that in groups with parents, babies, and facilitators, all members struggle to find the right balance between socializing, learning, and being present for each other. Some facilitators reported they encourage mothers to always be present to their infant’s needs, sometimes directing and coaching a parent in how to respond to her infant’s struggles, while other facilitators chose to model this for parents.

Respondents indicated that when a child interrupts adult conversation, group members respond in two different manners. From the position of attuned observation, when parents and infants had conflicting needs they responded differently in different situations. For example, 5 out of 17 respondents reported situations in which parents disallowed infant behavior to distract and deter their focus on adult conversation. Seven respondents reported situations in which conversation with the other adults was let go of, in order to attend to the infant. Importantly, all respondents reported that if the infant was in extreme distress or particularly interruptive to the group, she or he was tended to. There were 4 respondents who reported both types of situation occurring in their groups. One respondent described such a situation:

The child wanted her mother's attention right then. The mother excused herself from the conversation for a moment by saying, "excuse me just a moment." Looked at the child and said, "I can see you need something right now, please hold my hand until I finish what I am saying, then we can talk." She gave the child her hand, and continued (only briefly) with her conversation, then turned her attention to the child.

Another respondent reported a different type of intervention:

There was an understanding among all that when the child required the parent, it was not awkward for the parent to discontinue from a conversation or adult interaction to attend to the child, nor was the parent in conflict about who to attend to (child or other adult). It strengthened the trust the child had with the parent in the social environment and child easily returned to self-initiated activity.

A respondent who was tending to the needs of both infant *and* parent reported the following:

The baby's mother was finding it difficult to relax while the baby was in distress. I listened to her concerns and the baby was fussing throughout the mother's description. I helped them to settle on the rug, and sat next to them. While the mother held the baby in her arms, I spoke softly to her [the baby], and to the mother. It took about ten minutes, but soon the baby and mother both calmed, and were relaxed for the remaining time in the group.



The RIE and Pikler approach suggests that care giving times are important times for the caregiver to be fully attentive to the infant. In this way, as one respondent reported, the infant is “filled up” and is more flexible when the caregiver’s attention is needed elsewhere. This respondent reported the following:

The parents I work with are so grateful to learn that the care activities – feeding, diapering and bathing [are the focus]... rather than being something we rush through and try to get over as quickly as possible, these activities can become the basis for close, intimate time with their child.... Both the parent and the child are “filled up” by these intimate care activities, the child is often ready to play, explore and be inner-directed. We give the baby peace by helping the parent feel peace.

Another respondent stated that focusing on being present in the class allows infants and their caregivers to momentarily step out of their stressful lives, and merely “be”, enabling both infant and caregiver a time of peaceful connection in their social environment:

Parents do so much for and with their children. The class is an opportunity to want nothing and do nothing really unless the child needs the parent. It is a chance in the busy day to simply ‘be’. It models to the child how to be. It fosters an environment of peace and calm. I observe even the most stressed out parent calm down and relax during class. The children seem to reflect this attitude of peace and calm. Respondents also noted that parents enjoyed the time of visiting with other parents and observing other parent-infant dyads. They become an important social connection for many families.

In the final question on the survey I asked what the respondents felt were some of the more important aspects of the Pikler and RIE methodology and the value of the Pikler and RIE work for the parent-infant dyads who attended their groups. Throughout the responses I saw a reflection of the beliefs that the Pikler and RIE methods support the infant and parent to be strongly attached to each other while at the same time valuing one

another as unique individuals. The balance of attachment and individual discovery and expression is the constant striving of the RIE and Pikler methodologies.

### *Summary*

In observing the overarching elements in each theme in the findings, we see that communication, observation and attuned responsiveness to the infant is very important in the Pikler and RIE methodologies in forming a positive attachment between parent and infant. Of the 17 respondents, 14 recounted situations in which the parent was present in verbally acknowledging the infant's feelings, in assuring him of her presence through eye contact and in comforting him through reassuring, caring touch.

In the times of transitions parents generally paid close attention to their infant's need for a holding environment. Respondents reported that most of the parents used verbal communication to help their infants through transitional moments, and in response to their infant's cues they slowed to a pace that the infant was able to understand as much as was cognitively accessible.

Respondents reported that parents separating from the infant to go to the bathroom commonly caused a stress response in the infant. The infant's stress was generally acknowledge and verbal and non-verbal communication, including touch was used to help the infant through these moments.

Nearly all the respondents discussed distress events in their responses. The respondents encouraged parents to observe and provide a 'holding environment' for their infants to do their own problem solving, while waiting and watching. One of the objectives of most of the respondents was that the parents support the infants to learn to self-sooth.

Helping the infant to self-sooth was also reported in the context of developmental learning moments. Most respondents reported that there was an emphasis on allowing the infant to struggle through learning moments, but with the comfort of the caring presence of the parent.

In the last section of observations and experiences, 'parent's needs conflicting with infant's needs', the respondents varied more than in the other sections. Some respondents felt that parents should stop their activities when the infant had a need, and others believed that the infant should learn to be more flexible and patient, and learn to self-sooth during such moments.

With attentive observation and responsive communication in each interaction, the infant feels that the mother is present to his needs, creating a healthy internal working model. He has opportunities to repair mismatched communication and gains confidence in her abilities to problem-solve. The respondents, as parent-infant group leaders, help parents to work through methods of infant care that support the infant, who is engaged in learning through her encounters with others and with the environment.

## CHAPTER V

### DISCUSSION AND CONCLUSIONS

The goal of this study was to investigate whether Pikler and RIE methodologies support the development of healthy parent infant attachment. In this chapter I will discuss the application of attachment literature to Pikler and RIE approaches. There is acknowledgement among social workers, infant specialist, and other professionals that problems with attachment sometimes occur in parent-infant dyads, and that seeking professional help can result in positive results.

In my research I have attempted to learn whether the Pikler and RIE methodologies offer valuable insights, tools and techniques that social workers might access to help parents to better recognize and support the developmental needs of infants. I will organize my discussion by describing the application of various attachment concepts that are reflected in the Pikler and RIE methodology, using descriptive examples from my respondents' observations.

#### *Secure Base, Internal Working Model and Felt Security*

Several respondents described the infants' relationship with the caregiver as a *secure base*. One respondent referred to the mother staying available as a "home base" for the infant to come back to her as needed. Parents are educated through the RIE and Pikler approaches to understand that by remaining accessible and responsive to their infants, the infants are likely to remain secure. Many respondents gave examples of how the parents are encouraged to stay present to their infants, but without interference, as the

infants begin to venture further away from the parents. The infants are also encouraged to use their own resources to problem-solve, self-soothe and self-direct, as needed. All of this is made possible as the child develops more of a positive internal working model and felt security (Bowlby, 1988b). These findings reflect Bowlby's understanding of the mother as the foundation, the secure base, from which the child can continuously source, either through physical contact or through an internalized 'felt security' of the mother.

### *Metacognition*

Although the primary focus of this research is infant attachment, the impact of the parent's early attachment experience clearly has an impact on the parent-infant dyad, and facilitators of Pikler and RIE groups are aware of the challenges that may present themselves under these conditions. It is sometimes the case that the parent who has suffered earlier attachment issues feels personally inadequate and responsible for the distress that their infant suffers. . RIE and Pikler facilitators intuitively work with metacognition, as is exemplified in the following example: a respondent describe how one mother came into the group having two basic responses to the infant's expression of distress. She would either detach by talking to other mothers while walking the infant in a disembodied frenetic manner, or she would become highly stressed and continually ask what she could do to help her infant. The respondent described how, over time, she was able to be with the mother, and comment on the state of the infant in a calm soothing manner, describe the behaviors of the infant, and calmly explore what the infant might be feeling. This would calm the both mother and infant, and after a few months the mother was able to tune in to, and respond to the infant without becoming dysregulated. The mother was able to reframe her negative self-concept (as an unskilled, non-nurturing

mother) and change her internal working model to someone who could care for her distressed infant well. She accomplished this through relying on the safety and security in her relationship with the caring facilitator, which enabled her to reflect upon and adjust her self-definition. This is an example of metacognition. (Main, 1991)

### *Reflective Functioning and Mentalizing*

The Pikler/RIE approach stresses the importance of understanding and respecting the young child's relationship to time. A respondent expressed this in the following way: "There is no hurry, and no expectations on the parent's part about what the child 'should' do, and when." The focus is to be in present time, so that the need and the intention of the infant can be perceived. Slowing down makes it possible for the caregiver to access reflective functioning - to understand ones own psychological depth and mental states, as well as the infants. (Fonagy, 1991)

RIE and Pikler caregivers take time to slow down and attune to the infant. This enables both caregiver and infant to be aware of and reflect on their thoughts, feelings and motivations, which is discussed in the literature on reflective functioning and mentalizing. The caregiver is then able to respond through empathic understanding, rather than responding with her defenses. While the caregiver may not always fulfill the infant's desire, through the mentalization process the caregiver is less defended and more able to respond empathically to the infants needs while providing the needed container. This empathic response on the part of the caregiver allows the infant to respond resiliently and flexibly. The following situation reported by one respondent demonstrates this well:

The mother told the toddler that they must go in a few minutes and that the child may finish playing. The toddler responded with a “no”, and attempted to run away. The mother caught her in her arms, calmly saying to the toddler, “You want to continue playing, I see that (pause). Mommy needs to get us home so that I can make us all some lunch before nap time (pause, holding eye contact with the toddler). How about you play for another five minutes, and then we’ll go home.” The respondent then described how the mother chatted with the other caregivers who were packing up, while also making a point to have eye contact and a smile exchange with her daughter. After a few minutes she walked up to her daughter, paused as she stood there for a moment, and then said, “Now it is time to go. Please take my hand.”

With the caregiver’s high level of mentalization the child had less need to use her defenses in order to maintain equilibrium in the parent-infant dyad. This was clearly portrayed by the toddler putting her hand in her mother’s, and walking towards the door.

#### *Mismatch and Repair*

RIE and Pikler methodologies stress the importance of respecting the infant’s initiative and learning. There is a strong emphasis placed on containing the child who is struggling over new learning - social, physical, or otherwise - through our sensitive observation and attentive presence, and without interference. Infants are allowed time to problem solve. Parents take a ‘wait and see’ approach while they sensitively observe. They learn to trust their child’s skill, and to trust that the child will look to them and initiate help when they need it. The parent’s attentive presence helps to regulate the infant, as needed. As was noted in the research by Tronick and Gianino (1986), mismatched states between infant and parent are important for healthy development, as it is in the acquiring of skills in ‘repairing’ that strengthens attachment bonds. RIE and Pikler practitioners know that these skills can well develop under the conditions of attentive non-interference on the part of the caregiver. As one respondent noted:

Treating baby as a competent active participant in day to day life will give this baby tools and skills that enable her to deal with the ups and downs of life... The Pikler babies are more prepared to deal with daily struggles; they are less reliant on “positive reinforcement” as they are encouraged to feel good about their achievements on their own.

### *Right Brain Development*

In recent years there has been more research in the neurobiology of attachment. Allan Schore’s (2001) research concluded that right brain development is important for emotional and social intelligence. Right brain development and secure attachment formation are reciprocal processes. This part of the brain is a focal area of growth in the first three years, and is active in development of the child’s perception ability of the wholeness of things, of movement, restorative functions, affective communication, and experience of touch. Attachment in the infant is a right brain activity.

Infants are growing at a fast rate; movement patterns are worked through and integrated allowing for higher movement patterns to develop, and the majority of the nervous system is laid out within those first three years. This makes attention to various aspects of right brain development, including attachment, imperative for the well being of infants.

Touch is a predominant communication tool in the early months of infant development. Weiss et al. (2001) in their cross-cultural study of touch, tested 2 year olds, and concluded that the quality of touch had a significant impact on their psychosocial health. In the Pikler method great attention is paid to the quality of touch. The nurses at the Pikler Institute are taught to be highly attentive in the way they interact and respond to the infant. In the times of care the nurses were instructed to communicate to the



infants that they would be attended to, wait until the infant responded, and then touch them in a way that expressed considerate care.

In the RIE approach, parents are taught that the times for parent-infant relationship building and mutual learning are the care giving times, and sensitive care is at the heart of the caregiver-infant interaction at these times. As was noted in the findings in the presentation of parent-infant dyad behaviors in response to transitions, we see that parents closely communicate to their infants through verbal cues and affirmations. At times of separations respondents described parents behaviors as holding eye contact and presenting with a calming touch and voice in order to reassure their infants. As was noted in the above literature review, the caregiver's sensitive response is essential for a relationship to develop in which infant and caregiver "pay attention to each other's signals, reactions and habits". (Falk & Pikler, 1972)

#### *Sensitivity and Attunement*

Affect attunement, a concept developed by Daniel Stern (Stern, 1985), is expressed in the caregiver's following of the child's emotions, and the interaction of understanding and affect between caregiver and infant. Attunement is a central concept of both RIE and Pikler approaches. One respondent described an interaction between a nurse and infant at the Pikler Institute at a moment when it was time for a diaper change and the infant was in distress. The caregiver spoke gently throughout the caregiving, acknowledging the infant's distress. She spoke comfortingly, and let the infant know exactly what she was doing. When the infant settled the caregiver quietly and gently invited the infant to take part in the diapering, and eventually the young infant began to move its body in synchronicity to the diapering.

Consistently during transition times in the RIE groups great care is brought to attuning with the infant. Respondents reported that the infants were gently spoken to, guided in a consistent manner, and comforted when they sought comfort.

Many respondents noted that a common moment that caused distress to the infant was when the parent would leave to go to the bathroom. This was a time that was typically distressing for the infants under the age of 18 months to 2 years. The parent would calmly tell the child that she was leaving for the bathroom, and the infant was often dysregulated, while the remaining parents tried to verbally comfort the infant. When the parent returned she would momentarily attune with the infant, who would more often than not, then go off to play after briefly touching base with the parent.

It is helpful to view attunement from the point of view of exploration and learning. The infant learns significantly through its physical exploration of the environment. Research by Jonsson & Clinton (2006) describes that affect attunement was elicited from the parents by the infants more often than at any other time, through “explorations, intentional movements or efforts to control either the body or the physical world” (p. 399). This reflects the sensorimotor state of the infant, and the importance of the great care, intention, and attunement that is brought to the exploratory/play time of the infant in both the Pikler and RIE methods. The caregiver intentionally offers the right toy at the right time and place, in the right manner, and then allows the infant free exploration.

Consistent with the respondent’s reports in the above findings, Kalló says, “Free, independent play without the help or prompting from the caregiver is fundamental to development... but this is possible for a child only if he has a good relationship with the

caregiver and feels secure playing even when the adult is out of sight”. (Kallo, 2005, p.58)

Gerber noted the importance of play for problem solving. As was reported by one respondent in the findings chapter, regarding intimate times of care, “[Caregiving] can become the basis for close, intimate time with their child.... Both the parent and the child are ‘filled up’ by these intimate care activities, the child is often ready to play, explore and be inner-directed”. In the state of inner-directedness the child ventures out for exploration and experiences, and in doing so, finds herself engaged in learning.

Additional research on sensitivity and attunement should be noted here as an important premise of the work with the parent-infant dyad. Recent research by Atkinson et al. (2005) has shown that levels of sensitivity of the parent do not necessarily correlate to attachment styles. Those parents whose attachment styles are in discord with their infant are not necessarily less attuned and sensitive to their infant. This indicates the value and importance of the kind of caregiving sensitivity training that the Pikler and RIE approaches accomplish.

#### *Pikler – RIE and Attachment*

Attachment is understood to be a centrally forming life experience that greatly influences an individual’s long term mental health, in terms of the capacity to enjoy and utilize relationships and to maintain resiliency and positive self-esteem throughout ones life. In the above linking of the findings to the attachment literature I have indicated how the Pikler and RIE methodologies work towards supporting parents and caregivers in ways that indicate the practical application of many concepts within attachment theory.

These include metacognition, reflective functioning and mentalizing, mismatch and repair, neurobiology (right brain development), and sensitivity and attunement.

In the context of a parent-infant group that is facilitated by a RIE or Pikler practitioner, parent are supported in building what Ainsworth classified as 'secure attachment'. In order to strengthen the infant's attachment social workers that work with parent/caregiver-infant dyads could help parents and caregivers to understand and incorporate the tools used in the RIE and Pikler approach.

Ainsworth saw that the verbal and non-verbal communication between mother and infant was a clear indicator of whether the infant was securely attached. The Pikler and RIE methodologies teach parents how to look for and 'sit with' the infant's non-verbal expressive language in order to support the infant's intent to attach. Infants with avoidant, ambivalent attachment, or even Mary Main's disorganized disoriented attached infant, could be intentionally supported in a manner that created a holding space for these potential attachment enhancing techniques of RIE and Pikler in support of healing attachment issues.

Through the intentional use of the Pikler and RIE techniques parents will possibly be confronted with their own compromised early attachment. Magda Gerber's approach of caring for the caregiver may positively impact the parents/caregiver's capacity to absorb and apply these methodologies with their infant in care. This model has the potential to be a healing modality not only for the infant, but also for the parent through their intentional relationship with their infant.

### *Limitations*

There were limitations to this research. In seeking information from current practitioners I received only their subjective reporting of their practice. There is not a uniform methodology - a measurable instrument - that was applied to this study.

A fundamental tenet of RIE and Pikler is observation; but, however keenly we observe, our lens is subjective. It will be important to develop a measurable instrument in which to analyze parent-infant behaviors. For example, given the value of independence and self-initiated development, infant behaviors exhibited during play time by an avoidantly attached infant may appear to the facilitator to express behaviors of a securely attached infant, as the self-initiated play impulse is strong.. A measurable instrument would be helpful in such circumstances towards gathering objective data.

An additional short coming is that this study does not offer evidence based outcome research, research that would be more likely to assist in securing funding for programming that could support underserved and diverse family populations.

I did not ask for the demographics of the client. It was my assumption that the respondents work primarily with middle class White families; but since I did not ask, I do not know this for sure. This research did not reveal how well the application of Pikler and RIE methodologies would work with a more diverse population. I was not able to glean from this research whether families from underserved populations would respond to this model of parenting intervention with similar benefits as middle class White families. Parents of varied race and ethnicity would likely be best served within this model of care by incorporating a socially sensitive and inclusive model of family care, into the existing RIE and Pikler methodologies.

It is possible that differing groups have varied needs. It may be that in working with a group of parents/caregivers who have suffered trauma, that the emphasis would focus more on regulation of the caregivers. While I believe the RIE and Pikler methodologies would be helpful for adoptive or foster families, likely there would need to be more of a focus on the healing of trauma. The research did not address this, nor did it indicate the value of such application.

Another limitation is that the respondents were mostly White, middle-class, in their middle age, and all were female. There may have been more variation in the reporting had the population of facilitators been more diverse.

A significant limitation to this study was that most all of the attachment studies cited in the literature review involved mothers. I was not able to report on attachment theory and the Pikler and RIE work with fathers. As well, I did not focus on unique family constellations; those in foster care, adoptive families, or other potentially at risk situations.

It was impractical to separate the RIE and Pikler methodologies in this limited study. There were a few respondents who were predominantly RIE trained, and a very few respondents were only Pikler trained only. Most respondents had previous training in both applications, and many of those individuals' practices were informed by one or more additional approaches. Thus this body of research does not finitely identify whether the attachment supporting techniques are RIE or Pikler based. Considering the close relationship of RIE and Pikler, and that many respondents had been educated in both methods, and in addition that, ultimately, the responses were based on individuals free

interpretations of the methodologies, there is question as to exactly which methodologies promote healthy attachment.

Another limitation was the limited amount of training in RIE and Pikler that I, as the researcher, have received. Much of my training has been informal, and my formal study has included only six weeks of study. I've not trained at the Pikler Institute, and while I have studied from books, videos and workshops, have attended the RIE I course and have seen the RIE classes taught by RIE Associates (the highest trained RIE facilitators), I have not observed the application of the 'pure' Pikler methodology. Had I more training I may have been more effective in executing survey questions that would identify the underlying aspects of attachment theory that exist within the RIE and Pikler methodologies. As well, I too have a more amalgamated approach, that includes RIE, Pikler, Waldorf, Body Mind Centering, Attachment Theory and other Psychodynamic theories and applications. To some extent, the above likely affected the lens in which I analyzed the reporting of the respondents.

#### *Implications for Future Research and Application*

The results of this research show it is quite possible that the Pikler and RIE approach may be an effective tool for parent education, especially in relationship to promoting attachment. The basic fundamental principals of RIE and Pikler that support attachment could be useful to social workers in their work with families experiencing challenges with infants, in either an individual or in group setting.

Evidence based research, in which Pikler and RIE methods are taught to parent-infant dyads who are experiencing attachment difficulties, might demonstrate that these methods can improve attachment in participants. In the context of a local agency social

workers or other professionals could do a small-scale study, involving pre and post attachment testing. There does exist the Pikler Institute follow up research funded by the WHO in the 70s, but more current research needs to be done in this country, and with secure funding.

Recent research on the right brain development could significantly impact the understanding of infants and young children. Continued studies focusing on how to best support right brain development, and the right brain relationship to attachment could potentially positively impact the recognition and expansion of Pikler and RIE programs, as much of the focus of these methodologies directly supports right brain development.

Research on how this work could impact the older child along the developmental continuum might lead to more evidenced based interventions that would effectively train caregivers of biological, adoptive, and foster children to care for children who have compromised attachment. In an article for parents describing effective treatment for Reactive Attachment Disorder (RAD) Drisko and Zilberstein (2008) give examples of several interventions that are consistent with the Pikler and RIE methodologies, such as using narration during a stressful diaper change, allowing a child to do things at his own pace, and striving to be attuned to the child's inner states.

Further research on the efficacy of the use of the RIE and Pikler methodologies to promote attachment health in infants will need to be done. Perhaps just as significant is the need to research the process the parent under goes through learning the methodology. This researcher is led to question whether the parents who go to the classes and apply the methods in parenting experience a strengthening in their own capacities to effectively



'attach'. In Ruth Money's description of her training with Magda Gerber she states, "The parent's job was to learn how to be a good observer of even her non-verbal infant, to learn to be aware of cues from her developing child, and then respond in her own unique and creative and respectful manner to meet the child's needs" (R. Money, personal communication, December 1, 2008). I am led to questions whether the parent or caregiver goes through some kind of therapeutic change in their developing relationally based observation, sensitivity and attunement skills. In order to evaluate this it may be helpful to assess adult attachment styles before and after facilitating the application of the RIE and Pikler methods with the infants and parents.

RIE and Pikler are accessible, teachable methods that likely contribute to healthy attachment. Further research on these methodologies may very well prove this to be the case. If so, the potential implications are significant for the adoption and foster care system and for infants being raised by generationally attachment compromised parents.

Currently, potential foster parents go through an assessment and training. Along with training in what to expect and how to manage behaviors of infants and children, foster and adoptive parents could be trained in how to observe, understand and respond to the often confusing and disorganized responses of the attachment compromised infant or child, through the RIE and Pikler approaches.

### *Conclusion*

In looking at the findings through the lens of attachment it is evident that much of the application of RIE and Pikler incorporate many concepts of healthy development of attachment. Through their modeling and interventions the Pikler and RIE practitioners

are, however inexplicitly, intentionally working towards supporting the healthy attachment relationship between the caregiver and infant.

Pikler and RIE are empowering tools that can support families in finding their own unique way to health. This researcher suggest that further research be done to determine the efficacy of using the RIE and Pikler methods to support healthy attachment for all infants, caregivers, and children further along the developmental spectrum.

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## Appendix A

### Human Subjects Review Committee Approval Letter

April 28, 2008

Mary Triulzi

Dear Mary,

Your revised materials have been reviewed. You have done a careful job of revision and all is now in order. We are therefore glad to give final approval to your study.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain signed consent documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: Michael Murphy, Research Advisor

## Appendix B

### Informed Consent Form

Dear Participants,

My name is Mary Triulzi. I am a graduate student at Smith College School for Social work, conducting a research study that explores how the Pikler method supports the development of healthy parent-infant attachment. This Survey is going to ask you about your observations of the participants in your Pikler groups who are integrating this methodology into the care of their infants. The results of this research will be published as my thesis, and in possible presentations and publications. I hope to make the results accessible to those interested in learning more about what impact Emmi Pikler's methodology has on the attachment relationship between infants and their primary caregivers.

In order to participate in this study, you must have been trained in the Pikler methodology and have had at least two years' experience teaching this methodology to primary caregivers, in the context of a parent-infant group. You must also be over the age of 21. You have been identified as someone who meets these criteria. If you agree to participate in this study you will fill out a survey with 6 questions, which will take no more than 45 – 60 minutes to fill out. The survey can be returned to me via email or ground mail, whichever you prefer.

I anticipate that there will be minimal, if any, risks from participation in this study. However, you should be aware that in any experience of reflecting on the parent-

infant relationships, or on self-reflection as a facilitator of parent-infant groups, the possibility exists that feelings may emerge which you may feel require further attention.

Unfortunately I will not be able to pay you for your participation in this study. However, you may benefit from knowing that you have contributed to expanding the profession's knowledge base about the specific ways in which the Pikler methodology impacts the attachment relationship. I hope that your participation in this research will enhance and deepen your own understanding of your personal work with families.

In your Survey responses please be certain that you are not identifying your clients in any way. Data will be shared with my research advisor only after all identifying information has been disguised or removed. In the thesis publications and presentations, the data will be presented as a whole, and when brief illustrative quotes or vignettes are used, they will be carefully disguised. All data from the surveys will be stored in a locked, secure location for a period of at least three years, as specified by Federal guidelines. All materials will remain secured beyond that time until no longer needed, at which time they will be destroyed.

Your participation in this research is completely voluntary. You have the right to decline to answer any particular question(s), but once you mail the survey back to me you will be unable to withdraw from the study. Please contact me with questions or concerns, either by cell phone at 916.390.0943, or by emailing me at [mtrulzi@email.smith.edu](mailto:mtrulzi@email.smith.edu). You may also contact the Chair of Smith College School for Social Work Human Subjects Review Committee at 413.585.7974.



Thank you for your participation in this research.

Most Sincerely,

Mary Triulzi

**Your completion and return of the questionnaire indicates that you have read and understand the above information and that you have had the opportunity to ask questions about the study, your participation, and your rights and that you agree to participate in the study.**

\_\_\_\_\_

Study Participant

\_\_\_\_\_

Researcher

\_\_\_\_\_

Date

Appendix C  
Instructions for Participants

Dear Friends,

In order to make the process of participating in this study as easy as possible I have broken it down into steps.

1. Save one copy of Informed Consent Letter for your records.
2. Sign and send copy of Informed Consent Letter **and the completed Survey in the enclosed envelope** to Researcher **within four days** of receipt.
3. Please include demographic information.
4. Please do contact me at any time if you have questions about the process or content of this research.

Thank you very much for your participation!

Yours truly,

Mary Triulzi

## Appendix D

### Demographics and Survey Questions

*Demographic Information of Facilitator – Please feel free to use as much description as you feel is necessary to accurately answer the questions.*

Age:

Gender:

Education:

Race/Ethnicity:

Geographic location:

Years experience in facilitating groups:

How would you identify your social class? Please indicate your social class by choosing one of the following: upper class, upper-middle class, lower-middle class, working class, working poor, under class.

How did you become Pikler “trained”?

*Survey Questions* – The following questions refer to those participating in your Pikler groups who exemplify the incorporation of knowledge and wisdom of Emmi Pikler, which is disseminated through your modeling, information sharing, or other means. In considering the survey questions, please refer to the following guidelines:

- Please refer to actual examples.

- Please note that when I refer to the parent-infant dyad, I am referring to either parent-infant or primary caregiver/infant dyads.
- Please be detailed and specific in your responses.
- Please do not give any identifying information regarding your clients.
- When possible, please frame your answers in terms of interactions between parent and infant.
- Please give examples of parent-infant dyad behaviors that involve both at ease infants and more sensitive infants.
- Please answer questions on a separate piece (s) of paper.

1. *Arrival* - Describe how a parent-infant dyad enters and settles into the group - both with a fussy infant and a relaxed infant.

2. *The Group Experience and Interactions* - How do the parent and infant respond to one another, while responding to the social environment? In what ways do you see the Pikler group experience as unique and beneficial to the parent-infant dyad?

3. *Departure* - Describe a departure of a parent-infant dyad, particularly in regards to the parent's presence and response to the infant, while negotiating her/his departure.

4. *Distress* - Describe how a parent in your group responds when his/her infant is crying. What is the exchange and interaction?

5. *Conflicting Needs* - Describe how a parent responds when the needs of the parent and infant contrast in a specific situation – for example, the infant may be fussy and while the mother is engaging in valuable social interaction.

6. *Value of Pikler* - What do you believe is the potential value to individual parent-infant dyad in attending a group that is intentionally using the Pikler methodology? Is there anything else you would like to add?