

Chapter 1

Relationship with a Baby

Hector was under a small table hollering and holding onto the table's leg. His mother was screaming that it was time to go home and hauling on one of his legs to pull him out. I was hovering ineffectually between them. I tried to soothe the mother while explaining to Hector it was time to go home.

Two-year-old Hector enjoyed being at daycare. Each day, he happily involved himself in a project when he arrived, and he stayed involved in one project or another the entire time he was there. One morning, he worked hard to figure out how to undo the drain to the water table. He succeeded and there was water everywhere.

This particular day, he was deeply involved with the trucks.

His mother was an impatient young woman who liked to move fast.

With long legs and dressed in stylish short skirts and big shoes, she was usually in a hurry to get to the next place. This day, she had plans.

I was a young teacher with idealistic notions about the care of children.

I tried to keep the atmosphere in the room calm and nurturing. I tried to support parents. I cared about the children whom I cuddled, read to, chatted with, and played with every day.

That afternoon, I was not maintaining a peaceful, nurturing environment.

I cared for Hector, I empathized with his mother, and I managed to help them get out the door. I absorbed the emotional energy of Hector, his mother, and the children in the room. Afterwards, away

from the children, I burst into tears. At times, the emotional tensions of the job were overwhelming.

More than thirty years ago, in 1972, I found myself struggling in emotionally tangled situations with no obvious course of action. Each day I was in the midst of a small group of six two-year-olds, and each day was different. I had discovered how to tune into each child and learned to manage the day, trying hard to minimize the stress on the children. Over time, I began to develop strategies for situations that arose, but some situations were more difficult than others.

Over the course of the day, all caregivers are faced with a variety of pulls on their time, emotion, and energy; they may experience the pleasure of soothing a baby, the feelings of sadness for an overwhelmed parent, or the frustration of having two crying infants at once. The tempo of the day can be hectic, peaceful, or somewhere in between, and is always unpredictable. These feelings and tensions are part of the daily life of a caregiver working with children under three in infant-toddler day-care centers. Babies need caring, nurturing, responsive relationships (Shonkoff and Phillips, 2000; Steinhauer, 1999). Hopefully they have parents and caregivers who will form such relationships with them (Gonzalez-Mena and Eyer, 1989; Shonkoff and Phillips, 2000). Establishing and maintaining a caring and responsive relationship calls for a variety of skills and calls forth myriad emotions.

The field of infant-toddler caregiving is relatively new. As Sarah Hrdy (1999, p. 506) notes, "grouping infants together... for a certain number of hours a day under the supervision of paid *allo-parents*¹ who are not kin, but who are expected to act as if they are, is an evolutionary novelty, completely experimental."

This is a dramatic statement. In the past, infants have been placed together in groups, in orphanages, and with wet nurses, but infant daycare in its present form is a relatively new variation, seen only within the last sixty years.

Complexities and Nuances

I was twenty-five when I helped disengage Hector from the table leg, and I could not articulate all of the emotional tensions I experienced that day. My emotions found an outlet through my tears.

Other days in that center or, later, in other centers, I felt pulled in several directions. The dilemmas I faced were often a matter of future possibilities as well as present tensions. There was the question of whom to support: the parent, the child, or one's self, and how much support each needed, and what the results might be. At these points, endless opportunities existed to learn about relationships and one's self.

In my first years as a caregiver in the early childhood education and care (ECEC) field, I experienced a wide spectrum of emotions that I was not able to understand or articulate easily. Over time, working with babies, their families, and other caregivers, I began to clarify the array of emotions I experienced and gave voice to the complex relationships evident in so many daily events. Curious about how other caregivers handled similar situations and/or relations, I found very little scholarly work on the subject. While much attention had been given to the *subjects* of caregiving—the babies—little in the literature addressed the caregivers themselves, their attachments, and intellectual and emotional responses to their subjects. By eliciting the caregivers' perspectives I imagined contributing to a better understanding of the dynamics of caring for infants and toddlers in groups, which might lead to a better situation for both babies and caregivers.

This journey toward understanding and articulating more clearly the sometimes debilitating (Barone, 2001) tensions and creative possibilities of working with infants began in the late 1980s when I helped to set up a school-based infant daycare for young mothers (ages 19 and under) enrolled in high school, one of the first infant programs of its kind on Vancouver Island, British Columbia. The first year was busy with many challenges as I became aware of the complex emotions with which all of us were struggling, and as I wrestled with how best to support staff as their supervisor. It took the first year to get the program for the babies running well as we figured out how to respond sensitively to the needs of infants in a group. During that year, it became clear that we needed to reflect on our relationships with the young mothers who, along with their babies, needed sensitive caring as well. Finding the right balance between the relationship with the mother and the baby took skill and thoughtfulness, and dilemmas and tensions were inevitable.

When setting up the program, I investigated the concept of *primary caregiving*. Using a strategy of primary caregiving simplifies the work of caregivers while it intensifies the relationships. As a primary caregiver, each person looks after the same three infants over an extended period of time and is the main person to feed, change, and put to sleep the infants in her care. Optimally, she might care for the same infants for more than two years. Primary caregiving has been generally accepted in the field as good practice for infants and toddlers in group settings as it encourages consistency and responsiveness in the baby's relationship (Bowlby, 1978; Gerber, 1979; Gonzalez-Mena and Eyer, 1989; Lally, 1995). Together with the caregivers, I worked to establish a system of primary caregiving to fit the context of our situation.²

Caring for the same three babies day in, day out was an intense and intimate experience. While nestling babies close, gently changing them, feeding them, caregivers became very attached to the babies in their care. Beyond the babies and their young mothers, I found that the caregivers also needed caring support themselves, which we provided through regular and ongoing discussions. Questions and reflection were useful tools to help keep people focused on what they were doing, as well as giving them a chance to air their feelings in a safe environment and validate their experiences.

Babies, by their very nature, call forth strong emotions. There is a physical and emotional, as well as an intellectual, desire to protect and care for them (Ainsworth et al., 1978; Bowlby, 1991; Brazelton, 1983). The emotional response of a caregiver to an infant is based on her own history of attachment (Main, Kaplan, and Cassidy, 1985), her own knowledge and understanding of infants, and the meaning she brings to her work. The primatologist Sarah Hrdy says, "My children's deliciousness rendered *me* more willing to be consumed by *them*, to give up bodily resources, and in my own contemporary example, most importantly, time." While her comment comes from a parental point of view, babies' appeal to caregivers can be manifest on many levels and call forth memories and emotions.

My own history included a safe and protected childhood. I remember what it was like to be a very young child, remembering images, smells, and sensations from a two-year-old body. I enjoy

seeing the world again through children's eyes, because I remember my own wonder at the world. I also remember my fears and confusions. Using my experience as a template for "good experiences for children," for years I did not question my assumptions about infants, toddlers, and their families. But when I began working with the young mothers in our school-based infant daycare, they forced me to probe my own beliefs more deeply and enlarge my own model of "a good childhood."

As my awareness of these young women's lives grew, some of their stories overwhelmed me. Within the context of each mother's story, I began to understand some of the reasons for the experiences she was creating for her baby. As graduates of the school program returned for reunion potluck suppers, I saw mothers and babies again after three to five years and realized that different experiences were not necessarily right or wrong; they were simply different, each unique.

The stresses on our staff were complex. At times, we had powerful and angry feelings about the poor maternal care we saw given to the babies. It was hard for staff to thoughtfully care for an infant during the day and see her go home to poor or negligent care. As caregivers developed relationships with the mothers and began to understand their situations better, there were shifting layers of feeling and emotions that often bumped up against each other.

I, too, felt torn between understanding the babies' needs and the sometimes-conflicting needs of the mothers. I learned, and at times had to relearn, to feel compassion for both, realizing there are no easy answers. Paramount for me was maintaining a calm environment for both children and mothers. Their lives were truly complicated. What we could offer was a peaceful, safe environment. As a supervisor, I tried to help by listening to caregivers, supporting their struggles to understand the tensions of the job while still trying to maintain a view of the bigger picture.

Early childhood educators are not necessarily prepared for the complicated work of caregiving. As a supervisor of infant-toddler caregivers as well as an instructor in early childhood education and care, I questioned how I could help support caregivers in their work. I began to feel a need to articulate some of the multiple layers I had experienced in the work of caring for babies and with which I had seen staff struggle. In order to maintain my own

energy in the midst of this work, I needed to expand my thinking into new dimensions. I returned to graduate school and an opportunity to read, think, and write.

Over the next seven years I would read, reflect, and write on my own experiences, my observations over the years. I would also interview seven infant-toddler caregivers. I interviewed seven women who were passionate about their work. Each of these women had infant-toddler training and worked in a licensed center; each of them cared deeply about their work.

Beginning to Articulate the Practice

Having worked with women who were thoughtful and deeply involved in their practice, I had also observed infant-toddler caregivers who seemed thoughtless and uninvolved in their work. As an instructor for early childhood education I hoped that students would carry their initial enthusiasm and idealism into the field, but I knew how easily idealism and enthusiasm could be transformed into apathy and disinterest. Visiting programs where former students worked that provided poor care for babies was discouraging. I decided to interview caregivers who had specific infant-toddler training and experience about their engagement with their work. Wondering how they would articulate some of the difficult places of caring for infants I thought they might have some answers about issues that face people who care for young, vulnerable children.

Knowing that some of the issues facing infant-toddler caregivers had been exposed in Leavitt's book, *Power and Emotion in Infant-Toddler Day Care* (1994), I hoped to illuminate others. The issues are complicated, in part by the lack of discussion around some of the complexities surrounding the care of babies. The work is layered with emotions, beliefs, and values; babies have a variety of needs, as do their families, as do caregivers. By openly discussing the emotional issues, the places of tension, and the areas of ambiguity we can add dimension to the discussion of what constitutes good practice.

The first step for me was to listen to caregivers and I chose to listen to women who had infant-toddler training and struggled with providing excellent care to babies. I realized that I had been

listening to caregivers for sometime now, and these conversations were leading me toward deeper discussions with individuals.

Listening to Caregivers

While working with young mothers and their babies in my school-based program, the center staff and I reflected on what attachment meant to us personally. Weekly, we discussed the program and any concerns or thoughts we had from the preceding week. A year and a half into the program, I sensed all of us struggling with conflicting emotions about the babies and mothers and asked if we could participate in our usual dialogue in a written form that might provide more time for reflection. We started a folder of written notes to each other on some of our reflections about the work and the issue of attachment. The writing was informal and written to be shared among us.

The folder usually went home or went on lunch break with whoever felt an urgency to write. I began the writing in this journal-dialogue with some questions and some thoughts, and, as I subsequently realized, I began my research through this informal work of conversation and journal-dialogue. The following discussion contains some of the voices in an excerpt from this journal-dialogue:

Is there an unhealthy attachment? I certainly think there is, but how do we define it? Can we let children control the attachment? Perhaps when the child controls the attachment when he asks for you, he decides you are the person he'll rely on primarily. Can babies do that?

Attachment has the ability to be freeing for a child or to be suffocating.

In the old days grandmas and aunties looked after children and I'm sure children were attached to them. Are caregivers different? Is there a feeling of blood versus water?

I think all of us respond from our own background of attachment, our own needs, and that seems normal to me. When do the needs of an adult interfere with the child's rights? Is it when the child becomes an object whose sole purpose is to

fulfill those needs? (Is the child seen as whole?) Is it when the adult constantly initiates the closeness or when the adult treats the child inappropriately?

Is it scary to feel so attached to a child? Are we more attached to one child rather than another and worried about fairness? We must watch our interactions with all the children. What does that mean?

To me, professionalism is the awareness of the dynamics occurring and not letting them affect the program and other children. The lovely feeling of closeness with a baby/toddler is a gift, which brings new realms of feelings, but should not get in the way of our caregiving or our relations with parents or support of the parent-child bond.

What about our own fear of detaching? A friend is leaving and gives you the cold shoulder before she leaves. Does it make your detachment easier? I would prefer to remain close and cry and hug. It feels cleaner.

We must think of the close attachments we've had. Some have been long-term, others have been short-term, but they have all enriched our lives. Does separation bring up our feelings around separation? What thoughts does everyone have?

Caregivers wrote back and forth for a while, taking the folder home to read the discussion, reflect, and then write their thoughts. One of them wrote quite eloquently about her own emotions concerning attachment and detachment, the benefits of working in a team and having daily discussions, and the opportunity for reflection that this journal afforded. Jade³ wrote:

I'm finding reading and talking about others' views on attachment, detachment extremely helpful. I realize it's not as simple as the isolated incidents of caregiving in this center. We all come with our own attachments, detachment behaviors of our past! Healthy or unhealthy? It's what we come with and is such an emotional issue that I find it isn't clear. You *feel* so deeply and then begin to question just what is healthy or not in these feelings. Letting the child take the lead seems to me to be the key for judging healthy relationships. This calls for a constant awareness from us, the adults in the situation. Not always easy, but then growth and awareness aren't always an easy path.

I haven't found the subject [of attachment to the children she works with] one that many people discuss, and I realize how isolated I've felt in the past when dealing with it. I really appreciate the team of individuals I work with that strive as a team to work on common goals for the healthiest way to work with children. The closeness of working in a team sure helps me to resolve issues that might take me much longer on my own. I appreciate the sensitivity of everyone when I broke down in my own individual struggle with this. To see a team effort of problem solving, a struggle we *all* deal with, is extremely beneficial. I feel that the thin line between healthy and unhealthy is becoming clearer as we all work to define it.

This dialogue was the beginning of a discussion that continued both in this form and around the table at staff meetings. At different times it was urgent, vital, and difficult. But ultimately it seemed to be extremely important to the emotional health of everyone concerned. Feelings once aroused can be powerful. These feelings of attachment to children were part of the complexity of the work where caregivers learn to balance their feelings with awareness, thought, and compassion.

To do a good job, caregivers must decide to be fully present to the relationships of caring. Being present places demands on caregivers on many levels, and the unarticulated emotions can make work in the field, in general, more complicated. The involvement of our feelings, our bodies, our minds, and our spirits can create complexities not usually discussed openly. I became aware that these deep feelings about caring for infants were not unique to our program.

Further Listening to Caregivers

In October 1992, I hosted a conference where Janet Gonzales-Mena spoke on looking at culturally sensitive approaches to infant-toddler programs. Since caregivers care for children from different cultures, she told us, caregivers must have an understanding of how culture influences our approach to babies. Developing a relationship with an infant's family can heighten cultural consciousness, and this can be done effectively within a

system of primary caregiving. Since primary caregiving is the approach in which caregivers care for, change, and feed the same three or four infants from the group each day, it was a departure from traditional approaches to working with preschool children. Some conference participants had adopted this model while others had adopted a preschool model, where all teachers care for all children in the group. For infants, this latter model means that any caregiver can change a diaper or give a bottle.

During this workshop, some practitioners had concerns about this close work with infants and the discussion was heated. Participants expressed strong emotions both for and against the primary caregiving system. Advocates saw that babies benefited by becoming attached to one person and learning to communicate with that particular individual. Critics worried about the difficulty children experienced when they were “too attached to a caregiver” and then must make a transition to a new person. Each side felt strongly and articulated clearly about their position.

Within the field today, it is accepted wisdom that primary caregiving is the preferred method of caring for babies because it gives them the consistency and security of response that they need (Lally, 1995). But the 1992 conference debates indicated to me the strong feelings caregivers struggle with every day in their work with infants, despite the accepted wisdom amongst the experts. Intellectual theories don't always make sense to one's emotions.

These conference participants discussed the children's feelings, but would not discuss their own. Our emotional responses often have a personal historical basis. We live in a culture that values rationality, clear-headedness, and predictability: qualities not found in emotions, thus we may deny or overlook the emotional basis of our reactions. Attachment is seen to be less desirable than detachment, as the current child development theories describe children moving from the infantile state of attachment to the adult stage of detachment (Cannella, 1998).

From this workshop's heated discussion, I realized that caregivers needed to talk and give voice to areas that needed deeper exploration. I sensed some of the difficulties that might inhibit daycare staff and ECEC students from adopting practices that are considered optimal. Articulating these difficulties could begin a discussion about some of the concerns and anxieties caregivers

experience in this work and would be useful when teaching new ECEC students. Perhaps a new model was called for, one that balanced head and heart, acknowledging the role of emotions in this work, what Greene (1990) calls the “tensions and passions.”

Relationships are crucial to children’s developing sense of themselves. As Pawl and St. John (1998) write, “human relationships are the foundations upon which children build their future” (p. 3). They go on to say, “meaning grows over time, built by **what** each partner in the relationship **does** . . . and also by **how** each partner in the relationship is” (p. 3). Being in relationship demands work on emotional, intuitive, physical, and rational levels, but keeping the energy alive on each of these levels is challenging at times. Finding words to articulate the competing pulls of caregiving calls for discussion and the exploration of new perspectives.

By understanding some of the complex issues with which caregivers struggle and by appreciating some of their solutions to these issues, we can further the dialogue about how to support better practice. Listening to caregivers can inform educational practices, institutional structures, and public policy. The focus up to now has been on what theoretical and practical knowledge good caregivers must have and on developing the best working circumstances. Talking about the complexities of infant-toddler care may begin to make us conscious of the deep questions inherent in caring for very young children, maybe even all children.