

# 'Round the Clock Routines

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*Editor's Note:* This article is an excerpt from *Respecting Babies: A New Look at Magda Gerber's RIE Approach*, 2009, ZERO TO THREE Press (available at [www.zerotothree.org/respecting](http://www.zerotothree.org/respecting)).

*When a baby can count on the rhythm of his day, life is easier for him, and for the adults who care for him. A child who falls into easily recognizable wake/feed/play/sleep patterns may "train" his caregiver from a very early age to create a daily routine that helps him to anticipate what will come next, which builds a sense of security. A child who displays less natural regularity may need even more carefully adhered to sequencing of daily events to help him create a sense of inner order, although this may take extra patience. Magda Gerber's mantra was that infants thrive on what adults consider "boring sameness." In this chapter, I discuss the meaning to the infant of routines, and how to use the elements of the daily events to maximize healthy development.*

When adults hear the word *routine* they usually think of something to be tolerated but not particularly enjoyed. They think of a "routine checkup" at the doctor's office, or "same old routine" at work. The *Oxford American Dictionary & Thesaurus* (1996) defines routine as "a regular course or procedure, an unvarying performance of certain acts...a set sequence in a dance, comedy act, etc." I suggest that for infants, the second listing is more accurate than the first when it comes to caregiving moments.

While being fed, diapered, or bathed, the young infant is, metaphorically, in rehearsal for the dance of life. Caregiving is not performed in an "unvarying" manner either. It is actually more like partner dancing, in which both members of the dance team need to know the steps, someone has to know the "leads," or cues, and someone has to read the "leads" in order to know which step of the dance is coming next.

In dancing and in care situations, the more times the routine is rehearsed, the more secure in the steps and the more open to nuanced embellishments the partners become. A wonderful visual aid to see how this interactive "dance routine" looks when skillfully choreographed but creatively improvised is the video from The Pikler Institute called *Paying Attention to Each Other: Infant and Adult During the Bath* (Tardos & Appell, 1992). It shows a series of baths given by different nurses to different infants, and eloquently illustrates the quality

of care described in the previous chapter, but with one not-so-great interaction included to show the difference between good communication and missed opportunities.

Lives are lived on a continuum with "unfaltering routine repetition" on one end and "total chaos" on the other. Most people would not want to live at either end of this continuum. Everyone's body must have certain kinds of care on a regular basis—like food and sleep—yet most people's innate drive to seek novel experiences keeps them from getting completely in a rut. Different people have different needs when it comes to balancing routine and novelty. Some people like routine and find it comforting, whereas others need more novelty, and sometimes find routine to be oppressive. Whatever one's own temperament, it is important for children's sake to find a balance between novelty and routine, because in spite of all their sensation- and novelty-seeking impulses, they also need the regularity of on-time meals, bedtime rituals

that conform to their sleep needs, and the security of knowing what to expect, in general, from their days and nights.

The link between routine and self-discipline was the topic of an advanced workshop given for RIE Associates by Anna Tardos, the director of The Pikler Institute. She said that the first requirement for disciplining toddlers is the trust between the adult and child that grows out of sensitive caregiving on a routine basis (Tardos, 1996). So, a predictable life, with expectable routines, sets up an infant to become a child who is more easily able to display self-discipline and more willing to accept adults' guidance because he has developed trust in us. (Would you accept "guidance" from a person you have no reason to trust?)

Physiologically, keeping an infant's life predictable, with needs being met in a timely manner—meaning "on time"—by someone she knows really cares about her, allows her to internalize a rhythm to the day that provides her digestive system, sleep cycles, and nervous system the opportunity to get into a groove. Psychologically, this allows her to develop basic trust and security (Erikson, 1950). If meals, dry diapers, and rest are provided in a sequence that matches the infant's hunger, elimination, and sleepiness patterns, the baby will be able to relax and not worry too much about getting her needs met. This is basic trust in the outside world to be a safe and friendly place. Security means assuming that hunger is quickly followed by satiety.

Some infants seem to already have a rhythm from just a few weeks of age; they are usually sleepy at the same times of day, hungry at regular intervals, and ready to play at somewhat the same time every day. Others display less regularity, and adults have to work harder to figure out how to structure a day that works for everyone (Chess & Thomas, 1987). Again, the metaphor of the partner dance works; the baby and the adult must be willing to see where the other will lead. If my baby is always sleepy at around 9:30 a.m., I should let him lead me not to sign up for a 10:00 a.m. class. On the other hand,



### The value of daily care routines contributes to a child's sense of value.

if the baby is never sleepy at the same time, I might need to restructure a number of elements of the day so that maybe I can lead him to learn that 7:00 p.m. is pretty much always bedtime.

It is a difficult truth for many in our novelty-seeking society, myself included, but babies need predictability and regularity in their lives more than they need excitement and stimulation. (There will be more on this in chapter 9.) Adults should make the most adjustments rather than expecting infants to adjust to their personal or institutional convenience. Yes, babies are flexible and are designed to adapt to fit into the society in which they are born, but a society must embrace that meeting infants' needs is part of its function. It is a fact that the natural, slow-paced rhythm of the day in which human beings evolved as hunter-gatherers bears little resemblance to the fast-paced world people live in today. However, their biological needs have not changed since then (Perry, 2004). The greatest message Magda Gerber offered those responsible for infants is that they must make the effort to adjust to the infant's pace. There may be opportunities for fun and excitement that will be missed, but by letting go of that faster pace, they will allow the baby to learn and grow peacefully and at the tempo that supports her ability to stay in tune with herself and what is around her. I think of this as the foundation of holistic, or organismic, integrity.

I was once interviewed for an article in a pregnancy fitness magazine about how to fit the baby into one's life. The editor really wanted me to say that after 6 months of age, a certain number of car trips per day were

ideal; I was to choose the number. When I said, "As few as possible," I was asked, "Well, how many is a few?" Ultimately, I refused to give a number, but reiterated the principle that riding in cars is useless time for infants, and should be considered as a necessary evil. Is the trip in the baby's interest? Will it lead to an event with meaning to the baby, such as a visit with Grandma or a chance to play with other babies? Or not? Of course errands must be run, but careful parents make arrangements not to impose them on their babies and toddlers any more than absolutely necessary. Just being in the same space does not constitute real togetherness.

Imagine you are getting together with a dear friend you have not seen in a long time. When you arrive at her house, she says, "Come on, get in the car; I have to run errands. We can catch up while I make my rounds," versus, "Come in; I'm so happy we have some time to spend together. Make yourself comfortable while I get the cake." Which will feel more like quality time? Chances are, the latter will make you feel more highly regarded, as well as more relaxed and at peace.

Magda called this kind of quality time "wants nothing time" (Gerber, 1979) because there is nothing on the adult's agenda but being together and seeing where the child leads. It is essential for infants to receive this kind of quality attention routinely. For one thing, this form of togetherness lets them know they are worthy of our undivided attention; for another, we learn to slow down and really see who they are and what they like to do. Another benefit is that it allows adults to feel we are meeting their need for us, even

though we cannot give them our undivided attention all of the time. Perhaps they would like to have it all the time, but that is not a realistic wish. However, if we give some undivided attention every day while the baby/toddler/child is rested and ready to lead, he will not mind so much when we need him to play independently while we do what must be done. If he must go on errands or to pick up older children from school, at least he will have had some of our undivided attention, keeping in mind that trips into the community are more meaningful when the infant is included in the conversation with the dry-cleaner or grocer.

The other kind of quality time Magda (1979) talked about is "wants something time," when the adult has an agenda and needs to get something accomplished that concerns the child, like bathing, dressing, or feeding. Because these activities are routine, it is easy to slough them off as boring or unimportant, and just get them over with as quickly as possible. Treating care routines as quality time is a concept that has spread throughout the United States so effectively that now it is an explicit facet of all accredited infant care program standards (Coppie & Bredekamp, 2009). This approach originally came through Magda, from her work with Emmi Pikler in Budapest, Hungary. Relationships are soundly built on a foundation of repeated daily care routines that engage the infant and adult in mutual communication and cooperation. From a RIE perspective, it is sad that parents so often have to, or even choose to, give over this important part of their relationship to others. The value placed on the care, including the quality of touch, communication, and pleasure, is transmitted directly, if unconsciously, to the child and contributes materially to her sense of value as a person. How could it not?

If an infant is allowed to stay home in the early postnatal weeks and is carefully observed by the parents, the infant will show them what his natural rhythms are for eating, sleeping, and playing. If he is taken out and incorporated into the adult's agenda right away, he will not have the chance to lead the way to a mutually beneficial routine. This attention to the infant's natural rhythms is espoused not only by Pikler and RIE, but also by T. B. Brazelton (1992). In his book *Working and Caring*, Brazelton was very clear that the widespread social policy in the United States of giving a mere 6 weeks of parental leave after the birth or adoption of a child does not offer adequate time. It takes longer for infant and adult to learn about each other so as to create mutuality in the family routine and optimal balance. He suggested that it requires a minimum of 4 months just to work out the nursing relationship. I think Brazelton would

agree that even more time would be better in giving parents the feeling that they have all the time they need to get to know their baby's rhythms.

Until the United States, as a society, decides to support infants by allowing parents more time before they must return to work and all its stressors, it falls to the child care community, formal and informal, to create relationships and routines that feel natural to the child. Individualizing the care by way of thorough intake interviews with the family, plus detailed observation of an infant's cues, is the first step to establishing a routine that supports the infant's emergent self-regulation. Some questions to ask in developing the infant's individualized routine are as follows:

1. How do you know when she is sleepy?
2. How does she most often fall asleep in the daytime? At night?
3. What time(s) does she sleep in the daytime and at night, and for how long?
4. How does she wake up?
5. What usually happens first when she wakes up?
6. When does she like to play?
7. How long does she like to play?
8. Is she happy to play on her own?
9. For how long will she play on her own?
10. How do you know when she is getting tired?
11. What do you do when she is tired of playing?
12. How does she let you know she is hungry?
13. How often does she eat?
14. How much does she eat at different times of day?
15. How do you know when she is full?
16. Does she let you know when she needs changing? If so, how?
17. Does she like to be held?
18. How long does she like to be held?
19. How do you know she would like to be held?

As you can see from this list, there are a lot of signals that must be accurately read in attending to an infant. A person who is feeling rushed or stressed will probably not be able to focus his attention fully to "read the lead" a baby can give to help adults meet her needs. "Wait" is another meta-message from Magda that gives adults permission to delay doing something in order to observe to see if their assumptions may be wrong. Although prompt attention to an infant's distress is very important, it is not necessary to act before taking the time to make mental notes to tailor the

response accurately. There is a saying in my family when we are spinning our wheels: "Do something, even if it's wrong!" However, Magda taught me it is better to wait than to jump in and do the wrong thing. Adults may not always do the "right" thing even after they have waited, but at least they are giving themselves the chance to consider alternatives.

So, a comfortable pace is needed to start building beneficial routines. These routines afford infants plenty of uninterrupted time to move through the cycles of hunger, sleep, wakefulness, and play, as well as to ensure adults adequate time for observation to learn the baby's cues, to see what the baby can do on his own, and become familiar with what he likes, dislikes, or ignores. Finally, the routines allow for feeding, bathing, diapering, and other caregiving opportunities to be quality times that enhance adults' relationship with the baby as well as the baby's sense of self.

An infant's ideal routine, then, is made up of a rhythmic ebb and flow of expenditure of energy (play and exploration in an interesting environment alone or with others) and opportunities for refueling (healthy food, sound sleep, and richly satisfying communication with the caregiving adult). Another memorable point Magda often made, which I learned was borrowed from our wonderful Pacific Oaks colleague, Elizabeth Jones, that relates to this topic is "the curriculum is what happens." This ebb and flow, whether at home or in child care, provides the optimal baseline level of stimulation an infant needs. Once the necessity of an individualized routine is acknowledged, maximizing the benefit of all the elements of the routine is the adults' challenge, including coordinating the child's routine needs with their own.

The topic of play and exploration, which according to RIE principles should be supported 100% of the time a baby is not asleep or involved in caregiving, is discussed in another chapter. How to use occasions of bodily care to maximize cognitive and social-emotional development has already been discussed in chapter 1. Discussion of sleep and feeding rounds out the topic of daily routines.

## Sleep

**S**LEEP IS THE single most discussed topic in all of my parent-infant/toddler classes for all of the years I have been teaching. It also took up lots of discussion time in my classes as a parent with Magda. Common sense and scientific research regarding sleep agree that good habits gained early have a healthy impact on the rest of life. Finding ways to help settle the youngest babies and helping older babies find their own ways to self-soothe are the fodder of folk wisdom as well as multiple bookstore titles.



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**Babies need predictability and regularity more than excitement and stimulation.**

The reason, with all of this attention, that sleep still causes such buzz among today's parents is that modern life and babies' biology are frequently at odds (Gonzalez-Mena & Widmeyer Eyer, 2008; Small, 1998). Adults are trying to fit a square peg in a round hole. They want to have it all: an exciting, full modern lifestyle and babies that sleep when they want them to. (That is one nasty joke of which parents are the butt.) The old adage that "everything costs" is true in this case, too. By not making sufficient adjustments to the biorhythms of babies during the day, adults pay at night when infants are overtired, overstimulated, and need too much help settling down. A very calm and regular daytime routine begets a nighttime routine that is also more predictable, less stressful, and more restful for children and adults alike.

In RIE-based infant programs, naps are always individualized. Children are not all expected to sleep at the same time or for the same amount of time. However, as Weissbluth (1999) suggests, it may be true that common biological sleep times exist so once a routine is established for a group, they may well fall into patterns of sleeping at the same time. According to Weissbluth, daytime sleep should occur at least two times during day: around 9 a.m. (1–2 hours), 1 p.m. (1–2 hours), and for the youngest ones a third nap around 4 p.m. (30–45 minutes).

How babies learn to fall asleep can help or hinder as well. When a baby is used to nursing to sleep, co-sleeping, or being rocked until asleep, she may have a more difficult time adjusting to the expectation when she

begins child care that she will fall asleep independently. Extra patience is required of the caregivers and the parents. Working together to find solutions that will support the infant both at home and in care may be tricky, and fraught with emotion, but is essential. One of Magda's key suggestions was to put the child down to sleep before he or she is overtired. People tend to wait, thinking it will be easier, but this is a myth; being overtired makes it more difficult, not easier, to fall and stay asleep.

It is often not possible to replicate the family routines in child care, so it is necessary to help a baby adjust in as compassionate a way as possible, but without overdoing the empathy. Trusting that a baby is capable of a certain amount of independence if he has a chance to learn is more helpful than just feeling sorry for the baby and getting frantic to stop him from crying.

Crying is not the enemy. Lack of skill in self-regulating is. The adult's job is not so much about stopping the crying or "putting" the baby to sleep, but helping her find a way to let go of the outside world and enter the interior world of sleep. Making big changes the first week in child care may set up an unnecessary roadblock to trust. Trying to change a baby's habits before she has developed an attachment with her new caregivers will undermine both the establishment of attachment and of a workable routine. It makes much more sense to avoid a major shock to the child's expectations, and to slowly make incremental steps toward the acceptance of the culture of child care, in which children must be more independent than they are expected to be at home.

If parents know they will soon be placing their new babies in child care, allowing the infants to develop the skill of self-calming early on will make the transition to child care much easier for all involved. On the other hand, having to leave one's baby in the care of another all day makes those nighttime hours together all the more precious. Sensitivity regarding this issue on the part of the caregivers will go a long way in helping working parents feel understood.

With older toddlers, it is the regularity and activity of the daily schedule and the clarity with which nap times are valued by the educators that promote the napping of all or most of the children at the same time, even the ones who resist naps at home. In the child care program for 2- to 3-year-olds at Pacific Oaks Children's School, the primary care groupings are called "nap groups," because a long time ago the teaching staff realized that the vulnerability of tired children at the transition to sleep warrants the attention of a special person to ease them toward sleep.

A great deal of attachment is accomplished through the rituals leading toward sleep. Instead of building in work breaks just as children may need extra support, these teachers recognize that their calm and supportive presence will help the children find their way to sleep, with a few pats on the back, an extra trip to the potty, or that special favorite book being read one more time.

Knowledge of many children over time, and perhaps their own very real need for a little rest, makes clear to child care providers that napping is vitally important for the children and the program. Parents often have less experience on which to base their approach

to sleep than child care teachers, and that can make it more difficult for them to set the stage for their children's sleep.

Clarifying values is usually a good place to start when working with parents on this issue. There can never be a one-size-fits-all answer to the question of how to get the baby to sleep at the right time and for the right duration because every family has differing variables to contribute and every infant has slightly different ways of responding to his inner and outer environment. Is it more important for the baby to fall asleep independently so that he can learn to put himself to sleep because all of the adults in the house really need a full night's sleep before the next day's work? Or is it more important for the baby to feel the comfort of falling asleep in closeness with a parent even if it means a parent will be awakened several times during the night to help the baby resettle? These are very personal family issues, and I never feel it is my place to make the call when there is a conflict between core family values and "best practices" kind of advice.

On a recent beautiful summer evening at an outdoor music concert in downtown Los Angeles, I was reminded of this rock-and-a-hard-place dilemma facing young parents. They want to expose their children to the delights of life, and there are many in the city, but in summer especially, this happens after children's normal bedtime. Is it worth disrupting established sleep patterns to hear some Latin jazz? I understand exposure to different kinds of rhythms in the first year of life is very beneficial to infants' later musical intelligence, so maybe it is. However, when disruptions occur too frequently, or a regular bedtime ritual is never really established, it is not surprising that parents find their little ones difficult to manage at night. Even if disruptions occasionally occur, it is easier for children who have established patterned sleep habits to return to those patterns, often with a sense of relief.

More than special occasions, it is the daily events that more often than not have a disruptive effect on the establishment of regular sleep patterns in infants. Perhaps the parents have irregular work schedules and the child stays later at child care on some days than others. Perhaps the grandmother, who is the caregiver, has to pick up the older sibling from school right at the baby's nap time, and when the mother gets home from work at 7:30 p.m., she needs time with the baby even though the baby normally would go to sleep at 7:00 p.m. Or maybe the mother is a night owl and just does not quite notice that it is too late for the baby to be up.

The point is that most people do not live in a time or place where life shuts down at sunset, or where everyone can take an afternoon



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**Allowing infants to develop self-calming skills can ease the transition to child care.**

nap to make up for the times the baby woke up at night. People's lifestyle and biology are at odds. Adults use electricity, caffeine, and other substances to help them through the day, but they want babies to do it naturally. Of course, many new parents are ready and happy to make the changes raising a family inspires, and lucky are their children.

The messages that Magda offered about sleep is that it is a wonderful privilege and babies are lucky to get to go to sleep whenever they are tired. She always recommended putting them in their beds just as soon as the very first sign of tiredness occurred, when they rubbed their eyes or yawned once. If a baby still could not go to sleep easily, the next night put her to bed even earlier. This is the method used at The Pikler Institute, and the infants there seem to put themselves to sleep peacefully. Each baby is given a soft "love" cloth for use in self-soothing, and finger and thumb-sucking is seen as healthy. (I have observed children there giving each other their soft cloths for comfort.) Sleep is highly revered, and it is a given that a tired baby should be in bed.

It has been my experience that it is this sort of clarity that promotes acceptance, by the baby, of the adults' values. When parents get very, very clear in their own minds about what they need to do to solve a problem on their children's behalf, the children fairly quickly get on board, whether it is about weaning, bedtime, or whining.

Magda helped me as a new mother to see the value of creating a sleep-time ritual that would be calming to my baby and help him to let go of the waking world, to know that it would still be there when he awoke, and to transition peacefully to the world of sleep. My husband and I used *Goodnight Moon* by Margaret Wise Brown (1947) to provide structure in our son's nighttime routine. When the book ended, we said goodnight to all of the toys and pictures and furniture in his little half of a room. Of course, in all honesty, the difficult part started when I put him in his crib and walked away. He did not want to let go of the comfort of a parent just because he was going to sleep. My ambiguity kicked in when he cried out. It was fueled by dueling values and beliefs, based on my exposure to multiple sources of advice to parents, such as William Sears's (1985) book, *Nighttime Parenting*, which espoused cosleeping, and the opposite, Richard Ferber's (1985) *Solve Your Child's Sleep Problems*. Ferber (2006), it is gratifying to note, has recently recanted his earlier blanket negative evaluations of cosleeping (Coukell, 2006). My family and I found our own way, on the basis of sometimes conflicting values and tolerance for sleep deprivation.

In working with families who are trying to transition out of "the family bed" and into

more segregated family sleeping arrangements, I often quote sleep clinician Klaus Minde, from Montreal, Canada, who spoke at the ZERO TO THREE National Training Institute in 2000. He said he always tells parents who are at their wits' end with the difficulties surrounding their child's sleep patterns that even though their child may cry and protest, making the necessary changes in bedtime routines does not undermine the basic trust that their child has in them. It may feel horrible to listen to a crying baby or young child, but it is truly in the child's best interest to learn a way of sleeping that creates peace in the family, and the child will not lose faith in the parents if the parents are attentive and sensitive as a general rule all day and truly have the child's best interests at heart. The other thing he said at that conference that I have never forgotten is that if one studies the sleep patterns of families who come to his clinic for help and families that do not consider sleep to be a problem issue, the patterns are basically the same. It is the discomfort of the parents that define the problem. Meredith Small (1998) says the same basic thing in *Our Babies, Ourselves*, as does Janet Gonzalez-Mena in *Diversity in Early Care and Education: Honoring Differences* (2008).

That is why, as an interventionist, I do not promote a certain pattern of sleep, although I do promote the idea of enough sleep. I listen to the parents. If they express that they are having a sleep-related problem, I help them analyze their values and their situation, and I give them some information from various sleep researchers. They usually come up with their own solutions. A very helpful finding by British researcher Ian St. James-Roberts and his colleagues (St. James-Roberts et al., 2006) reported in *Pediatrics* supports the benefits of responsive high-contact care during the day combined with structured independent sleep at night. They found that the infants of parents who combined a low-contact style of daytime parenting with low-contact nighttime parenting had infants who slept well, but cried more during their waking hours. The researchers also found that the parents they studied who were highly responsive to their infants and did a fair amount of holding during the day, but who provided a bedtime routine with infants sleeping in their own cribs, had babies who cried less at night and slept more than infants who were held most of the day and slept in their parents' beds at night. (See box Sleep Time Is Not Playtime for some of Magda Gerber's practical advice on sleeping.)

## Feeding

As a new mother, I remember when my first child first started eating regular food, I called my mother in a panic, saying, "How will I know what to feed

## SLEEP TIME IS NOT PLAYTIME

One of Magda's practical pieces of advice to parents about sleep was to be really, really boring when responding to a baby's night waking. If Mommy shows a happy face at 2:00 a.m., baby will expect a prolonged interaction, even playtime. An uninteresting and sleepy face will show the baby that it is not playtime. Even if it takes thespian skills from an adoring new mother to feign boredom at the sight of her baby, it is in the interest of the baby's eventual self-regulation to act bored.

him?" My mother reassuringly said, "Oh, you will just know." When I asked Magda the same question, she replied, "Well, what does he like?" It sounds obvious, but at the time, it was a good reminder of a couple of things. One was that the best way to care for my child was to know him well. The second was that I needed to be responsible about what foods he was exposed to, or he would develop bad eating habits. In this culture, that is much easier said than done. As Magda once said about feeding: Adults decide *what* and *when*, and the children decide *if* and *how much*. How much clearer of a guideline could one ask for?

A reasonable approach to feeding is to give babies and young children whatever foods they like. However, this can backfire if the foods they have access to are unhealthy; salt, sugar, and excess fats are seductive. As with so many things, the most difficult part is for parents to discipline themselves. If adults want children to learn to love fresh fruits and vegetables, lean protein sources, and whole grains, that is what they must make available—and model the enjoyment of. However, if children know when they refuse these foods the parents will give them the junk food kept in the refrigerator, bad habits are reinforced, which may have serious health consequences down the road.

Childhood obesity is a genuine worry. Well-informed adults know there are many factors that contribute to it. Some are large issues that will take a consensus of society to mitigate, like poverty, unsafe neighborhoods, and advertising to children. Even too little sleep and air conditioning may be culprits, according to a recent study (Keith et al., 2006). However, on a day-to-day basis, one thing that can be done, if worked at hard enough, is to control young children's access to unhealthy food choices. (All this is said with the full recognition that families in low-income neighborhoods often do not have access to the best fresh foods. However, canned peaches are still healthier

than potato chips.) There are many resources on child nutrition available, so I will leave nutritional advice about what to feed to those experts. How to feed is the area in which the RIE approach can be uniquely helpful.

### *Feeding Infants*

The relationship-building function of feeding an infant is an obvious one. Feeding an infant in a way that is warmly interactive sets up an association in the mind–body of the baby between the psychological nourishment of love and the physical nourishment of the food. Said simply, a baby will learn that needs are met best by loving social interaction, more than by objects. Propping a bottle for an infant to self-feed gives the opposite message. Spoon feeding several infants at once lined up in high chairs also makes the food more important than the person because the infant does not get sufficiently personal attention. The reason often given for group feeding infants is timing; everybody should eat lunch at 11:30 a.m., for instance. There are logistical problems to be solved, of course. The problems, however, are worth solving because, if the goal is to promote attachment between the child and the caregiver, having one-on-one mealtimes is an important element of a child care program.

Infants cannot read the clock, and food can be kept warm somehow. When a predictable feeding rhythm can be established, infants will learn to wait until their turn to have that doubly special time with their primary carer. At The Pikler Institute, infants are always fed in the same order so that they learn the pattern. Although an infant may not be happy about having to wait, the value of the one-to-one interaction is more profound than the speed at which his hunger is addressed. Infants actually learn self-regulation from the waiting, as long as they have a general idea how long they usually have to wait. (Chaotic changes in schedule, however, undermine this important self-regulatory practice.)

How can adults make feeding infants peaceful and pleasurable? They can do this by following the same principles described in the bathing process. Have everything ready: food, drink, bibs, cloths for cleaning hands and face. Everything needed is placed on a table next to a comfortable, but not rocking, chair. Hold the baby on the lap, supporting the spine and neck, at an angle that makes visual contact attainable and swallowing safe and comfortable. Hold the bottle or spoon up just above the baby's eye level and give her a chance to decide if and when to open her mouth, speaking quietly to her about what is being offered, what her reactions are, how she seems to be feeling. Always wait until the baby shows you she is ready for the next spoonful, which is generally demonstrated by

the baby by opening her mouth or removing her thumb. Pace is determined by the baby; sometimes the adult has to hurry to keep up, sometimes she has to slow down. Also, a certain amount of time is devoted to each child's feeding, even if the child does not eat much. A time of relaxed communication is as important to the baby as the calories and other nutrients at feeding time. Love, peacefully communicated, is the best digestive aid known to humankind.

The most important thing for an adult to remember when feeding a baby is that only the baby can know when he or she has had enough. Coaxing the baby to eat "just one more bite" is coercive and teaches the baby to disengage his highly sensitive internal feedback system. There are many physiological processes involved in appetite, and they are very efficient, even in young infants, and are probably more efficient than adults', which have likely been interfered with. It is really, really difficult for most adults to respect infants in this way, for myriad personal and societal reasons. It is worth the effort when adults determine to retrain their impulses, though, because infants are internally programmed to eat when hungry and stop eating when they have consumed enough. A healthy infant in the context of healthy attachments will almost always eat and drink the right amount for his biological needs without coaxing. The overall goal is for the food to meet the infant's biological needs and for adults' attentiveness and caring to meet his psychological needs.

When a baby is able to put herself into a sitting position, usually during early toddlerhood, it is a good time to transition her to a low table and chair. Even better is the type of "weaning chair" used at The Pikler Institute because it is like a tiny one-person restaurant booth. Toddlers can climb in and out of it independently, yet the table is attached to the bench, so they cannot push backward, the way they are inclined to do when sitting on a stool or small chair. (It is so fun to test the adult's patience this way!) The important points with using a low table and chair are (a) that the toddler's feet should be able to rest comfortably on the floor so that she feels in control of her body and well grounded, and (b) that she continues to receive the adult's undivided attention. It is still a one-on-one activity until she is able to self-feed. The adult's full attention scaffolds keeping the child's full attention on the task at hand. This, again, is an instance of "wants something" quality time.

### *Feeding Toddlers*

When two children in a group have mastered the one-on-one weaning chair routine, they can be put together to eat, usually after

they are 18 months old and are able to say a few words. This gives them the opportunity to have a bit of structured social interaction with a peer and to learn to share the adult's attention, which will now be divided between the two children. Their skill at pouring their juice from a small pitcher, and serving themselves from the serving dish can be supported without too much disruption. When a pair of toddlers is ready, they can be joined by another toddler of similar skills, and then another. A group of no more than four toddlers is ideal. A key to success in group dining is that the adult should stay with them, remaining attentive and attuned.

Anyone who has experience sharing meal or snack time with a small group of toddlers knows the inherent pleasure and rich learning opportunities of the activity, especially in language learning. Although topics of conversation may start out tied to the objects and activities associated with mealtime, eventually, the sky's the limit and one finds out many wonderful things about a toddler's life at the table—like how many hippopotamuses were at the zoo, or what kind of airplane they got for their birthday. Readiness is an important part of the success of group activities of any sort.

As Magda often pointed out in discussions about feeding infants, there is more to be gained by the infant from one-on-one mealtimes than being lost in the shuffle of a group experience. Our own memories of family mealtimes are almost always after the age of 4 or 5. In Magda's ideal scenario, it is not appropriate to have young children at the adult dinner table before they can participate in real conversations. I always thought it was her European background that kept her from fully understanding the American value of the family dinner hour with its mild chaos and lively conversation. She and I had friendly discussions about this difference. Parents I work with often feel they want to include their babies in the family dinner. As was pointed out by researchers in Hawaii, who studied diverse groups in that location, the typical Anglo American family dinner, where the baby is pulled up to the table in the high chair and allowed to fend for herself while everyone else does the same, may be an important cultural learning experience in how loud to yell to get one's needs met (Martini, 2002).

That scenario probably would not meet program standards for most child care programs, although it may actually work fine for some families if dinner is early enough. However, eating at 7:00 or 7:30 p.m. is very late for infants and toddlers. They are usually hungry by 5:00 or 5:30 p.m., and would then be ready for bed by 7:30 p.m. Babies and toddlers will do their best to accommodate their parents. They will try to "keep it together" for

a late dinner and later bedtime, but it is really better for them to eat earlier and go to bed earlier (Gerber, 2002).

For anyone who has attended or observed the banana and chamomile tea (or water) snack at RIE parent–infant classes, this may sound like a contradiction because the group of older infants are invited to join the snack table for a simple group experience. It is amazing to see how interested they are in participating. It is sometimes a little difficult to manage a group of young toddlers, as they are just learning that they must let their hands be washed, allow the bib to be put on, and sit at the table to eat. From my observations, and from the parents I work with daily, it seems as though the majority of infants and toddlers are allowed, even encouraged, to eat absolutely anywhere while walking around or playing. This is neither safe nor is it helpful in establishing mindful and healthful eating habits. Mindless eating is entrenched in our culture, unfortunately.

Although I am not against having a treat at the zoo, for instance, habitually using food to transition toddlers from one place or activity to another is an unhealthy use of food, although it is done all the time. Transitions are small stressors for toddlers and the adults who have to manage them. Using food to distract from these minor daily sensations of discomfort sets up an association between food and stress that might have unfortunate long-term consequences in how they manage stress throughout life.

In reshaping the “dining behavior” of the infants and toddlers at RIE and Pacific Oaks, my colleagues and I rely on the parents or each other to gently usher toddlers back to the table with their bananas. Snack is an important relationship-building event between the facilitator/teacher and the children. I enjoy the opportunity to be known, and loved, as the banana giver as well as the dispute facilitator. It makes sense to say, “The food stays at the table” so that little ones can come and go at first. If the food stays at the table, eventually they stay so they can eat.

Parents benefit from seeing facilitators or teachers set expectations in a respectful yet firmly consistent way as the personal and social skills that go along with eating in a group are taught. Parents are usually amazed that their toddlers will behave so maturely in class, and they often take the cue to begin setting some limits and holding up some age-appropriate expectations for their children at home. We stay calm, keep our voices low, make our requests for their cooperation politely, and trust that the children will, over time, learn to enjoy following the rules. It is so easy to get the message across when food is involved. There is little room for misinterpretation when we say, “I will give you more banana when you are sitting [i.e., not standing] on your stool.” No big commands or demands are necessary; a simple if/then or when/then works like a charm. In addition, the same request is not said over and over to the children. It is assumed they heard us the

first or at least the second time. If they balk, and protest because they either are not used to being expected to sit while eating or they simply must test, that is okay, but they do not get a banana unless they are sitting. I make occasional rare exceptions for the extremely slow-to-warm-up child, who may be allowed to sit in his parent’s lap at the table for a while.

It really is a great chance to show parents that toddlers can actually be quite in charge of their behavior and to emphasize that the process is more important than the performance. There are some children who would rather play than eat, and they are not required to join, but the great majority get on the bandwagon. They often sit as soon as the table is set up, or even point out when the facilitator is falling down on the job. If the facilitator does not notice the time, some young person will invariably point at the kitchen door and say, “Ba’na?” and she knows it is time to get hopping.

The children at RIE have made it clear that routine is a pathway that leads to the joy of being able to anticipate pleasurable events, to the development of the important ability to wait for delayed gratification (e.g., nobody gets banana until everyone’s hands have been cleaned and bibs put on), and to the security of knowing the rules, few that there are. Routine provides a framework so that each day need not be a new invention, but is an opportunity to fine tune one’s orientation to the world. It takes on the spirit of beloved ritual that nurtures relationships as much as bodies. ♪

## References

- BRAZLETON, T. B. (1992). *Working and caring*. New York: Perseus Books.
- BROWN, M. W. (1947). *Goodnight moon*. New York: Harper.
- CHESS, S., & THOMAS, A. (1987). *Know your child: An authoritative guide for today’s parents*. New York: Basic Books.
- COPPLE, C., & BREDEKAMP, S. (Eds.). (2009). *Developmentally appropriate practice in early childhood programs serving children from birth through age 8* (3rd ed.). Washington, DC: National Association for the Education of Young Children.
- COUKELL, A. (2006, May 30). Dr. Ferber revisits his “crying baby” theory. *Day to day* [Radio program]. Washington, DC: National Public Radio.
- ERIKSON, E. H. (1950). *Childhood and society*. New York: W. W. Norton & Co.
- FERBER, R. (1985). *Solve your child’s sleep problems*. New York: Simon & Schuster.
- FERBER, R. (2006). *Solve your child’s sleep problems* (Rev. ed.). New York: Simon & Schuster.
- GERBER, M. (Ed.). (1979). *The RIE manual for parents and professionals*. Los Angeles: Resources for Infant Educators.
- GERBER, M. (2002). *Dear parent: Caring for infants with respect* (expanded edition). Los Angeles: Resources for Infant Educators.
- GONZALEZ-MENA, J. (2008). *Diversity in early care and education: Honoring differences*. New York: McGraw-Hill.
- GONZALEZ-MENA, J., & WIDMEYER EYER, D. (2008). *Infants, toddlers and caregivers*, (8th ed.). New York: McGraw Hill.
- KEITH, S. W., REDDEN, D. T., KATZMARZYK, P. T., BOGGIANO, M. M., HANLON, E. C., BENCA, R. M., ET AL. (2006). Putative contributors to the secular increase in obesity: Exploring the roads less traveled. *International Journal of Obesity*, 30, 1585–1594.
- MARTINI, M. (2002). How mothers in four American cultural groups shape infant learning during mealtimes. *Zero to Three*, 22(4), 14–20. *Oxford American Dictionary & Thesaurus*. (1996). New York: Dorling Kindersley & Oxford University Press.
- PERRY, B. D. (2004). Understanding traumatized and maltreated children: The core concepts. *ChildTrauma Academy Educator’s Package: Series 1 CD-ROM*. Houston, TX: ChildTrauma Academy.
- SEARS, W. (1985). *Nighttime parenting: How to get your baby and child to sleep*. Franklin Park, IL: La Leche League International.
- SMALL, M. (1998). *Our babies, ourselves: How culture and biology shape the way we parent*. New York: Anchor Books.
- ST. JAMES-ROBERTS, I., ALVAREZ, M., CSIPKE, E., ABRAMSKY, T., GOODWIN, J., & SORGENFREI, E. (2006). Infant crying and sleeping in London, Copenhagen and when parents adopt a “proximal” form of care. *Pediatrics*, 117, e1146–e1155.
- TARDOS, A. (1996, May). *Disciplining toddlers*. Paper presented at the pre-RIE Conference evening for RIE Associates, Los Angeles.
- TARDOS, A., & APPELL, G. (1992). *Paying attention to each other: Infant and adult during the bath* [DVD]. Budapest, Hungary: The Pikler Institute.
- WEISSBLUTH, M. (1999). *Healthy sleep habits, happy child*. New York: Ballantine Books.