CHAPTER 2

Citation: Elliot, E. (2013). Listening with two ears: Caregivers listening deeply to babies and to self. In M. O'Loughlin (Ed.), *The Uses of Psychoanalysis in Working with Children's Emotional Lives* (pp. 47-67). Plymouth, UK: Jason Aronson.

Listening with Two Ears: Caregivers Listening Deeply to Babies and to Self

Enid Elliot

A few years ago, I was facilitating a workshop exploring the losses and grief that infant/toddler educators experience in their work when a group of women burst into tears. An educator/caregiver had shared her story of saying good bye to a group of toddlers; she continued to find sadness and guilt in the memory. As she said, "…the grieving process continues outside of mundane awareness" (Elliot, 2007, p. 153). In telling her story she reminded the other women of their own narratives of grief and loss in their practice of caring for babies and toddlers. Each of them had a story of watching a child leave their care, a story of guilt for not being able to adequately support a child or family in times of need, or despair at witnessing the negligent care of a child.

I shared with them my research concerning the complexity of working with babies and toddlers in a group setting. I had heard and was continuing to hear about the complex emotions that are part of this work of caring for babies in group care. I had myself worked with infants and toddlers in a group setting and understood the tensions and pulls that were part of the job. After many years of working with children and families, creating child care programs and working with early childhood students, I had delved into the research and deeply studied a range of theoretical perspectives in order to widen my own approaches and understanding. Having had the

time and permission that a doctorate gives, I had observed, listened and engaged in dialogues with women who worked with babies and toddlers.

My research grew out of my work with infants and toddlers and the knowledge that very young children are increasingly in care outside of their family (Hrdy, 1999; Willms, 2002). While Canadian women who have been part of the workforce can take almost a year of paid maternity leave, most return to work when their children are just a year old or younger, and need either full or part time care for their babies. Without a national comprehensive system of child care, parents scramble to find care for their baby with relatives, neighbours or in a licensed group child care situation. Many of these alternative caregivers, *allomothers* as Hrdy (1999) calls them, develop deep and caring relationships with the children and come to know both children and their families well, but not all of them are able or willing to enter into such deep or caring connections. For caregivers, watching a child grow and acquire skills and experiences can be a privilege; many become attached to the children and it is with sadness that they watch them leave their care only to welcome new children on a regular basis, often filling the place of a known and loved child with a new child the next day.

The Human Dialogue

Babies enter this world ready to enter into relationships with their parents, their families, their communities and their surroundings (L. Fraiberg, 1987). As D. W. Winnicott (1987) said, "There is no such thing as a baby; there is a baby and someone" (p. xx). Babies need someone to care for them; they need human partners "who become for the baby the embodiment of need satisfaction, comfort, and well-being" (S. Fraiberg, 1987, p. 21). They seek out and connect with their parents and families joining in the on-going family dialogue, taking up the family realities, dreams and nightmares. This *human dialogue* "begins with an exchange of gestures between

parent and infant" (S. Fraiberg, 1987, p. 9) and a baby quickly learns the communication style and language of the people around her and soon she adds to the *lingua franca* of their surroundings.

Most parents can testify to the intense emotions and enormous pull that their small newborns exert on them. For example, Roiphe wrote, "I had given up my boundary, the wall of self, and in return had received obligation and love, a love mingled with its opposite, a love that grabbed me by the throat and has still not let me go" (1996, p. 6). Relationships with babies and very young children are often filled with powerful emotions. Within these relationships bonds of attachment grow, family narratives become more complex and communication with others, past and present, deepen and spread.

The protective instinct we have towards small children may be grounded deeply in us, but actualizing our protective feelings will have cultural, historical and personal roots (Gottlieb, 2004) influenced by our histories, experiences and family stories. Cultural and familial customs construct many of our beliefs about babies: when and how to respond to cries, whether a baby sleeps alone or with someone, how to speak to an infant. Each family and their community have important rules that govern relationships with babies (Gonzalez-Mena & Eyer, 2003; Rogoff, 1990, 2003) and these rules and responses, which are subtle and may involve smells, touches, sounds, and gazing, are often unacknowledged and unquestioned; yet to transgress them is often unthinkable.

Memories of being loved and loving, as well as memories of disappointment, sadness and anger, provide meanings and models for both childhood and adult relationships, Babies appeal and are appealing to the adults in their world, and their presence triggers memories and feelings of the adults in their environment. Relationships hold both positive and negative experiences. In

the “good enough world”, like Winnicott’s “good enough mother” (Lear, 1990), the baby discovers not a perfect mother but a mother who responds sensitively and carefully *most* of the time. As familial relationships grow and develop meanings, each adult contributes his/her known and unknown memories of past and present attachments.

Often viewed as passive recipients of care and concern, needing to be responded to warmly and sensitively, babies’ contribution to relationships can often be overlooked. Babies are not passive; their unique style and energy influences the tone and colour of the relationships in which they engage (Cassidy & Shaver, 1999; Degotardi & Pearson, 2009). Joining the *human dialogue* (Kaplan, 1995), babies do not take long before they have actively inserted themselves in existing and evolving conversations, learning to make sense of the dialogue and the important narratives flowing around them, experiencing their parents and caregivers’ loving care and thoughtful responses, as well as their own and others’ frustration, anger and sadness. Over time these dialogues grow in complexity and depth, with adults bringing their own dialogues that carry the ghosts and shadows from past conversations, as well as angels of benevolence from prior experiences (Lieberman, Padron, Van Horn, & Harris, 2005), all of which influence the relationships which babies experience.

Babies bring their own determination and skills to the dialogue with others. Take for example, Ashley, who had her own dialogue with her father. Ashley[i] was four months old and a beautiful baby. Round and dimpled at knees and elbows, she smiled and responded happily to people. It was a pleasure to be in her company and receive her chortles and attention. One afternoon on a warm autumn day while I was sitting beside her and enjoying the warmth and peace of that moment, I heard Ashley’s father come in; he strode into the daycare room with loud boots, despite a policy of removing shoes to keep the area clean and to create a transition space

for entry into the baby's area. He was a medium sized young man with a well-developed set of muscles that he was well aware of, as were all of us; even on chilly days he wore a sleeveless undershirt. There was an air of danger about him and we could sense the potential violence in him.

Ashley had also heard her father. I watched as she got ready for him to appear. She pulled in her head and pulled in her arms and legs so that she was a compact bundle. She had already learned that was the most comfortable and likely safest way to be picked up by her father. With an energetic swoop, he swung her in the air totally disregarding the need to support her four month old head. She had already done what she could to protect herself against his exuberance. Here was a thread in the human dialogue with which Ashley was already engaged.

We did not know what beliefs this young father had about babies or what narratives of care and love he brought with him. He had very little engagement with his daughter's caregiver and had shared little of himself. We can only wonder at his approach to his daughter. Fraiberg, Adelson and Shapiro (1975, p. 3) speaks of the ghosts that hover within our dialogues and un/consciousness, those "visitors from the unremembered past of the parents; the uninvited guests at the christening" in the nursery, that influence parental behavior and experience. O'Loughlin suggests, "suppressed memories are encased in our bodies and transmitted silently across generations, often with catastrophic consequences" (O'Loughlin, 2009, p 148). Children feel the presence of those "uninvited guests" and often absorb their message into their own bodies and souls. While her father was rough and unpredictable, Ashley engaged as fully as possible with him; she did all within her immense capabilities to accommodate her father's interactions. She had heard some of his narrative through her body and she had learned that in her relationship with him she should protect herself. She had a different quality of relationship

with her mother and yet another relationship with her caregiver. In other relationships she would hear different stories. Through other relationships she could learn that the world had possibilities of care and sensitivity and could be loving and responsive (Lear, 1990). Lieberman et al. (2005) speak of the "benevolent presence of angels" that counteract the negative, distraught voices of neglect and abuse in a parent's or caregiver's past. These are alternative relationships and stories that can shift the meaning and impact of ghostly dialogues and whispers.

Child care educators--joining the dialogue care/fully

Entering child care babies and toddlers bring with them their knowledge, understandings and experiences from home and as well as memories of communication with/in their families. Caregivers welcome the infant and her family starting their own dialogue with the baby, creating a narrative that will be woven into the stories already in progress and meanings already constructed. Into the child care setting comes the multiple dialogues of the families they serve. A "chiaroscuro of ghosts and angels" (Lieberman, et al., 2005, p. 506) come to peer over the shoulder of participants at the beginning of new dialogues – the ghosts both of infants and caregivers.

Within an infant/toddler program, caregivers are meant to respond sensitively to the children providing a secure and warm environment (Brooks-Gunn, Sidle-Fuligni, & Berlin, 2003). Palacio-Quintin summed up the characteristics of good child care for babies, in general, as "a qualified and stable staff, a good educational program, good teacher-child and parent-day-care relationships, groups that are not too big, a reasonable amount of safe space, and safe hygiene practices" (2000, p. 20) . Warm and sensitive care and quality interactions promote relationships of attachment. Howes, Phillips, and Whitebrook (1992) describe an engaged type of caregiving they call "involved teaching", which involves high levels of touching, hugging,

talking and engagement between baby and caregiver. Touching is one key to developing intimate relationships, and babies experience touch regularly as their diapers are changed, as they are lifted into their cribs, and as they are fed. Through touch the dialogue begins.

While providing welcoming on-going care, caregivers must respond sensitively to each baby, getting to know that particular baby's signals and cues (Elliot, 1995; Fein, Garibaldi, & Boni, 1993; Howes & Hamilton, 1993; Howes & Smith, 1995). Brazelton and Kagan, among other child psychologists and researchers (e.g., Brazelton & Cramer, 1990; Brazelton, Koslowski, & Main, 1974; Kagan, 1978, 1984) have drawn the public's awareness to the individual differences that can be seen in newborns. Lally (1995) cautioned that infants are developing an identity, and suggests that infant-toddler caregivers will "participate either knowingly or unknowingly in the creation of a sense of self and that attention must be paid to that unique responsibility" (p. 67).

There have always been *alloparents*. Communities and non-maternal individuals across all cultures have looked after children for centuries. Like parents, caregivers will and usually do develop relationships with children and those relationships contribute to children's developing sense of self. Konicheckis (2010) reminds us that "children's creative activity can develop only through the attentive and caring presence of the adults around them. It is important for the child to experience a continuity of being. The baby is autonomous enough so that she or he can modify and transform psychic and emotional experiences that threaten this feeling" (p. 5).

While children create the world into which they arrive, they also arrive at a world not of their making (Britzman, 2009) and they inherit the past dialogues of their parents and grandparents (L. Fraiberg, 1987). When we develop responsive and attentive relationships, the energy and conversations flow in two directions, affecting both participants; so if the baby

becomes attached to the caregiver, then it is possible that the caregiver can become attached to the baby. A caregiver holds a baby close and feels the weight of his body against her body, the baby nestles into the neck of the caregiver and they smell each other. The relationship between the two is as complex, multi-layered and unique, as is the relationship the baby has with her parents. While the baby learns through dialogue with the caregiver, the caregiver, in turn, can learn about herself through her connection with the baby, as she recalls her own narratives as a young child.

As we hold a baby close we feel, smell, hear, and see the particular qualities of that baby: her weight, her smell, and her sounds. Each baby is different and evokes different reactions within the adult's holding and caring for them. Working with babies is particularly intimate; the closeness and intimacy creates physiological and psychological responses in both the baby's body and the adult's body. As a caregiver comes to know a baby through the softness of her body, the joy of her laugh, the excitement of her daily discoveries she is engaged intellectually and emotionally. As the dialogue with the baby becomes deeper and more profound the caregiver may become aware of her own narrative as a baby, who was "once a child with frustrated thoughts and fears over loss of love" (Britzman, 2009, p. 17). Babies' bodies hold their stories and experiences, and listening closely to a baby may elicit embodied memories of caregivers. Staying aware of one's own past history and experiences can be uncomfortable and difficult for caregivers as they comfort a child, but naming and understanding these feelings may promote and support a genuine encounter with the baby. Emmi Pikler, a Hungarian pediatrician who ran an orphanage in Budapest after WWII, was convinced that the rights of babies could even be respected in an institution and wrote that "the infant still needs an intimate, stable, adult relationship…and a satisfactory relationship between adult and child is formed primarily *during*

the physical contacts [italics added], i.e., dressing, bathing, feeding, etc., when the adult and child are in intimate contact" (Tardos, 2010, pp. 90-91).

Eager to join the human dialogue, the baby, as Kaplan suggests, "begins with an exchange of gestures between parent and infant" (1995, p. 9) and starts to develop his or her own vocabulary. Joining and adding to this dialogue, an infant/toddler caregiver must be ready to listen and watch closely. She must be present, which "requires a person to do more than merely see or hear; to be present means to be able to feel and experience what is happening" (Kaplan, 1995, p. 218).

Caring for infants on a daily basis requires thoughtful decisions and emotional connections. In optimal situations caregivers/educators work within caring relationships, juggling their responses and responsibilities to children, parents and colleagues. Each relationship demands a different dialogue and calls on skills of listening, noticing and responding. Being present to the babies and their families requires an attitude of welcome and acknowledgement. As Henri Nouwen says, "listening is an art…it needs the full and real presence of people to each other. It is indeed one of the highest forms of hospitality" (Nouwen, 1975, p. 95).

Possibilities…

To develop a meaningful relationship with an infant, a caregiver must welcome the baby, invite a conversation and begin an intentional dialogue. This begins with listening carefully to a baby with all of one's senses- to the pauses and silence, as well as the expressions and exclamations. It includes "interior listening, listening to ourselves, as a pause, a suspension, as an element that generates listening to others but, in turn, is generated by the listening others give us" (Rinaldi, 2006, p. 65). The baby is also "inviting dialogue. And because someone is responding

to this invitation, from the beginning the newborn has the impression she is entering a world that understands what it is like to be a baby" (Kaplan, 1995, p. 26). Together a space is created in which meanings and perspectives are shared and new understandings may emerge.

When a baby enters into a child care situation, she hopefully enters into a meaningful dialogue with a caregiver. Interacting with a primary caregiver in a child care situation provides the baby with one particular person with whom the baby can develop a deep conversation, allowing their relationship time to unfold. Caregivers care for infants in intimate routines: being cared for by one particular person most of the time allows for the development of deep relationships. Emmi Pikler advocated listening carefully to the baby during the daily rituals of physical care. "The care situation is the scene of the meeting of two persons. While the mother or the adult caregiver provides the infant's physical needs, she establishes a direct contact with him [sic]. The infant can experience how the adult adjusts to his signals" (Tardos, 2010, p. 3). Thus, a dance of care and response begins, while the care situation can be a space for a unique dialogue with each baby and toddler. When deep relationships of listening are established, a child is free to share their emotions. As the dialogue with the caregiver evolves, the child can extend his dialogue and his investigation with the world and the caregiver can have a richer and deeper connection with the child.

Listening closely

In one centre in which I worked, we were having a hard time with eighteen month old Jim. For weeks, he had arrived each morning and started emptying shelves and throwing toys. Once he had emptied the shelves he turned his attention to the smaller toddlers and began to push them over. As our oldest toddler, he was also the biggest and a push from him could send some of the slighter babies flying.

Jim was a sturdy boy and he had been in our program for over a year. We had seen him grow from a round smiling infant to a big toddler, comfortable with our program. His mother, Danielle, was very shy and we had taken almost a year to establish a relationship with her. For the first few months, she had said almost nothing to any of us; after a while she started hanging around more and chatting with us. She was in a somewhat unsettled and, at times, volatile relationship with Jim's father. These types of relationships and toddlers don't always mix.

We knew that things at home were difficult for Jim as his strivings for independence ran headlong into the young couple's need for his compliance. Their skills to cope with his energy were minimal. They sometimes locked him in a room when they could no longer cope. We tried our usual tactics of engaging Jim in an activity as he arrived in the morning, anticipating his assaults on the younger children, intervening and asking him to be gentle, but we were not making much headway. He talked very little and, of course, a toddler does not have the concepts, let alone the words, needed to explain what is bothering him.

Adults find it useful to have someone present for them when they are trying to understand the confusions and dilemmas that life presents. In his book, *On being a therapist*, Kottler wrote that "This healing relationship between people goes beyond mere catharsis: human beings have an intense craving, often unfulfilled, to be understood by someone else" (Kottler, 1993, p. 8). Toddlers want to be understood, too. We decided to pay close attention to Jim's commentary on his life and so we found the space and time to listen.

Following our plan, when Jim next arrived, his caregiver, Martha, met him at the door and took him to a small room where there were a few toys and pillows. The other caregivers managed the rest of the children as Martha took time to be with Jim and "listen" to what he had to tell her. She described what she saw him doing and wondered how he was feeling. It was a

"therapy" session without a great deal of words, but with an attitude of attention on Martha's part. Listening happens on many levels and is felt by both participants. Jim expressed himself to someone he trusted and he felt heard. After half an hour or so, Jim returned to the group ready to join in. This process continued for about two weeks until Jim seemed more relaxed on arrival and no longer needed a container for his anger and frustration.

What Kottler goes on to say is true of work with infants. "Intimacy means being open, unguarded, and close to another. To facilitate trust, the therapist must feel comfortable facing intimacy without fear. This closeness helps the client to feel understood and appreciated; it teaches him [sic] that true intimacy is indeed possible, that a relationship based on regard and respect is desirable" (Kottler, 1993, p. 44).

Caregivers can provide children with relationships that not only are rich, but healing as well. Within different relationships a child has different experiences. Lieberman et al (2005) suggests that the presence of angels in the nursery can "square off against their more famous siblings, the ghosts" (p. 506). Children have experiences of benevolence and pleasure, which can be a counterbalance to ghosts and provide a more "nuanced appreciation of early relationships with primary caregivers and encourage a greater sense of worth" (Fraiberg, et al., 1975, pp. 506-507).

Barriers to listening…

But not all children have relationships with *allomothers* that can provide a positive and caring perspective on relationships. Not all caregivers will engage deeply in dialogue responding to a child in a manner that acknowledges her emotions and experiences. This deeper and more profound dialogue can be avoided and in its place a monologue can occur. The caregiver

objectifies the child into *diapers* and *feedings*; the care routine, rather than the child, becomes the focus (Elliot, 2007). Imagine the effect on the babies and toddlers.

Tillie Olsen, feminist author and activist, tells of her first child who was a "miracle to me" (Olsen, 1961, p. 10). Being young and deserted by the father, she "had to leave her daytimes with the woman downstairs to whom she was no miracle at all, for I worked or looked for work…" (p. 10). Returning home her baby "would break into a clogged weeping that could not be comforted, a weeping I can hear yet" (p. 11). Babies have no words to explain their misery or ways to comprehend the unhappiness of others who might not want to care for them. But with what memories and shadows are they left?

Leavitt (Leavitt, 1994, 1995; Leavitt & Power, 1997) shared her experiences and observations in infant/toddler programs, where she found a silencing of children, a disregard of children's emotional experiences, and the lack of nurturing relationships. These relationships, so lacking in compassion and nurturance, are reflections of the fact that the caregivers have little emotional engagement with the babies in their care. Seeing the routines of changing diapers, feeding children and putting them to sleep as chores to be managed rather than opportunities for connection put babies at the mercy of their caregivers, who may end up seeing babies as objects to be serviced, not subjects to be cared for. Thus caregiving becomes the delivery of a set of technical and managerial skills, rather than the possibility of a relationship to be nurtured and sustained. Among Leavitt's caregivers, there is no listening, no responsive dialogue that creates relationship; they are emotionally disengaged and being disengaged, their "abilities to comprehend and respond to the perspectives of the children" are inhibited (Leavitt, 1994, p. 60).

Relationships such as these do not provide children with a sense of being seen or heard. Children form many relationships- with their family, their peers and their environment- and

learn, sometimes for better or worse, from each one, but they depend on the adults to form a safe circle within which they can explore the potentials of each of these relationships. Responsive relationships with adults provides a sense of a good enough world, "a lovable world is a loving, responsive world…in tune with the infant's needs and who can satisfy them in a reassuring and caring way" (Lear, 1990, p. 185). The caregivers Leavitt writes about are not attuned to the children in their care.

Caregivers engaging emotionally

Caregivers are encouraged to create responsive and sensitive relationships with infants and toddlers as this is considered good practice (e.g., Doherty, 1999; Lally, 1995; Lally et al., 1995; Whitebook, 2003). When entering into responsive and caring relationships with babies, caregivers are necessarily engaged emotionally with them. While there is an increasing trend to establish a primary care model for infants in child care (Raikes & Edwards, 2009), a system in which an infant is attended to by one person rather than several, primary caregiving is not a recent idea. In the 1970s, for example, Provence, mentions primary caregivers in her description of her day care program for children under the age of two at the Yale Child Study Center. She states, "We gave each child a primary caregiver… because of the stability of our staff --there was very little turnover--it worked out that the children came to know all of the child care staff very well. Nevertheless, to have the person who knew him best available through most of the day was important for obvious reasons, making him more secure and comfortable" (Provence, 1974, p. 11).

More recently, others have associated primary caregiving with good practice (Lally, et al., 1995; Lally & Keith, 1997). An advocate of primary caregiving, Lally et al. wrote "… when the separation-individuation process is considered as an important component of the child care

experience, it makes great sense to limit the number of caregivers with whom a child must interact each day and to structure his experience so that it is easy for him to form an intimate relationship with a known and trusted adult. This is best done by assigning a primary caregiver to each child" (1995, p. 64).

An early proponent of primary caregiving was the Hungarian pediatrician Emmi Pikler, who began her work in the 1930's. Pikler, aware of the ideas of Bowlby and his colleagues and aware of the psychoanalytical trends of the time (e.g., Bowlby, 1951; Freud & Burlingham, 1974), began to develop her ideas of respecting infants and their innate abilities. In her work with parents and babies, she emphasized the autonomy of the infant. She believed young children to be competent, and believed infancy to be a stage of life with experiences as vital and meaningful as those of adults (Penn, 1999). Pikler (1979a) was also clear that the infants should be active participants in their dialogues and relationships with the world and their caregivers.

In North America, the primary caregiver system has focused on the relationship between caregiver and infant, rather than on that of infant and environment, or infant and peers. In Pikler's institution, caregivers remained with their infants maintaining consistency and continuity of care, but she also felt the physical environment should be constant and predictable in order for babies to have "freedom for activity and adequate space. Their environment must be stable, varied and colorful" (Pikler, 1979b, p. 91). In that sense, she was anticipating later research demonstrating that children become attached not only to their caregiver, but also to the physical surroundings and the other children as well (Whaley & Rubenstein, 1994).

Primary caregiving can be seen as a commitment to developing an in-depth dialogue with a family and their baby, and this commitment can arouse fears in staff who worry there will be a baby they might not like, or that the child will get "too attached" to them, or that it will be too

difficult for other staff if a child's primary caregiver at the center is away. To invite someone to join you in a dialogue, to listen and to be heard, is to be vulnerable within that encounter. Becoming vulnerable we open to our own possibilities and growth. We also open to our own ghosts and fears. As Bakhtin suggested, we learn of ourselves through engagement with the other; "the two languages frankly and intensely peered into each other's faces, and each became more aware of itself, of its potentialities and limitations, in the light of the other" (Bakhtin, 1994, p. 465). As the dialogue deepens and each starts to learn the other's language, babies can become attached to caregivers other than their parents and so the caregivers can become attached to them.

Once engaged in caring for and about a child, the caregiver can experience joy in the child's joy and concern for a child's situation and sorrow at the child's departure. Open to experiencing joy in the baby's pleasure and the baby's very physical presence, the caregiver also becomes vulnerable to the feelings of sadness and anger that arise when caring for and about someone. Children come and go from a child care program and caregivers welcome them and send them off. As one caregiver told me, "they are not your family. They are not your children. But in the same sense, you are offering them care. There is no fine line, it's sort of like a weaving" (Elliot, 2007, p. 87)

Learning from Hector…

I have memories of my first experience as a caregiver in an infant/toddler program, one of the first in New York City. 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.

Remembering my own vulnerability as a child and my own fear at an adult's anger, I empathized with Hector. I also knew his mother was young and was impatient when he did not move fast enough. I understood impatience from my own need to move fast. I also liked to keep things tranquil as I liked that tempo for the group; I was happy when everyone was playing and engaged in their particular interest. As Hector clung to the table leg while his mother screamed and pulled at him, I remember having a sense of his anxiety, as well as what seemed to be his mother's anxiety, the other children's anxiety, and my own anxiety. The tension of that moment

seemed resolved when they left the room, but on a closer look, it remained with me. I had an awareness of the quality of relationship between Hector and his mother, and I needed to maintain relationships with both. I had also been reminded of my own feelings as a child when helpless.

While being in relationship, there is always a risk of losing one's own sense of self, of empathizing so closely that one loses perspective. Caring for another also means being vulnerable to grief at the loss of that person, of that relationship. Psychologist Robert Kegan (1982) wrote, "we can never protect ourselves from the risks of caring. In running these risks we preserve the connections between us. We enhance the life we share, or perhaps better put, we enhance the life that shares us" (p. 20).

The caregivers spoke of a range of griefs that may appear small, but these daily small sorrows come from being attached to children and families. When caring for very small children and becoming attached to them, one does so with an awareness of their future departure. Saying good-bye to children as they move to another situation means the caregivers experience a loss—an anticipated loss—but a loss nevertheless. Caregivers also grieve the circumstances in which some babies live, e.g. the poverty, or the chaotic family situations that the babies live within. Were caregivers to ignore these realities of separation and loss, or deny the reality of the lives of some children, they would be in danger of distancing themselves from the children in their care.

When the incident with Hector happened, I was unaware of all the pulls on my emotional equilibrium; I just felt overwhelmed. Fortunately, I worked in a therapeutic nursery so there were colleagues with whom I could debrief and reflect. I had people I could consult--a psychiatrist headed up the project and there were experienced caregivers present (Resch, Lillesov, Schur, & Mihalov, 1977). Most caregivers working in the emotionally fraught world of infant care are not so fortunate.

Grief, Anger and Caregivers

Maintaining a sense of self within a web of relationships proved challenging at times for the caregivers with whom I spoke. Maintaining her own values while accepting parents' voices and values could stretch a caregiver's empathy. Being critical of parental approaches could create distance with a family, while staying open to a family's lifestyle required a willingness to be open to compassion and understanding. This can be an uneasy balance, maintaining one's beliefs in the face of parental styles and behaviours.

Caregivers who are not involved in a primary caregiving system, share the responsibility for the entire group of eight to twelve children with other co-workers. A caregiver's patience and skills are spread out over all the children as they try to maintain relationships with all the children in the group and there is limited time and energy left over to respond to parents. In this situation sensitive responses to children and to parents can be difficult and create tensions within a caregiver and within the program. One caregiver expressed her frustration to me when faced with a sick child and parents who kept sending the child into the centre, saying, "Something that most of us at work get really frustrated about is when children are sick. You've called and talked to the parents to come pick them up and then the next day they are back again and you are thinking, why? You choose to have your children, you choose to raise your children but sometimes it seems that the work is more important and they can't take that time to nurse their child back to health" (Elliot, 2007, p. 121).

Her frustration was understandable. A sick child needs extra attention, and parents working in jobs with little room for sick time often are caught between the needs of the child and the demands of a job which they need to support their family. Part of the problem is a system that

does not give parents sufficient options and does not seem to value the work that caregivers do. Frustration causes the caregiver to find a source on whom to both direct and project her anger.

Another primary caregiver, who was responsible for three babies and their families, found it easier to feel the difficulty of each. Her sympathies were with the child, yet she also understood the parental dilemma: "Sometimes they would send their children in and I don't think they were healthy enough to be here. The child will need one on one and will be upset and you can tell they are obviously not feeling well…the tough part is you feel bad for the child and you know the parent is needing to be at work and they have their own pressures" (Elliot, 2007, p. 121).

Caregivers must constantly address the conflicting feelings that arise from the commitment and caring they have for the child. Judgments must be re-framed so that both parent and child are encompassed in understanding. Caregivers spoke to me of learning from these places of uneasiness. Anger and sadness can be triggered by such caregiving situations. A woman I worked with for several years admitted, "I don't like to say good bye. I would rather not go to work [on a child's last day]. I thought, yes, this is something I need to work on" (Elliot, 2007, p. 121).

Saying good-bye is hard; struggling with the emotions of the job takes active engagement. Becoming conscious of and acknowledging feelings, caregivers learn about their own fears and histories. Turning away from the self-awareness that emotions offer could be a temptation in order to simplify the process of caregiving, but to adequately meet the needs of the babies caregivers cannot turn away. Becoming aware of one's vulnerabilities to doubts, fears and painful memories is challenging. Clinchy (1996) argues that "fully developed connected knowing requires that one 'affirm' or 'confirm' the subjective reality of the other, and

affirmation is not merely the absence of negative evaluation; it is a positive effortful act" (p. 217). Emotional difficulties seemed to loom in many caregivers' minds, and perhaps the lack of willingness or ability to engage in "fully connected knowing" was the path chosen by the caregivers described so poignantly in Leavitt's (1994) work.

In a workshop I delivered for infant/toddler caregivers, a strong objection to primary caregiving was raised. There was lively and heated discussion, not necessarily the usual response in a workshop of ninety people who have come together for the afternoon. A group of people with a strong spokeswoman felt that having one primary caregiver was detrimental to the child because the child would be too attached to the caregiver and too sad upon saying good bye. Eventually, it was revealed that this individual had had a babysitter who had left town after a year of caring for her after school and on holidays. This caregiver had missed her babysitter terribly when she left, and felt that the sorrow was unbearable. How the rupture took place was unknown, but the feelings of abandonment were there and the grief was painful enough for her to want to avoid further feelings of loss. Her emotions of grief and loss coloured her approach to her caregiving practice and as she was an influential member of the community, and this had an impact beyond her own decision-making sphere.

Caregivers do experience sadness at the departure of the babies and toddler they have fed, nurtured and rocked over weeks and months. About saying good-bye to some of the children in her care, a caregiver told me:

> I'm always bawling. I'm the one in the centre who is always crying. That's just the way it is. I think because of the person I am, I really, really care. It's hard. It's really hard. I mean some are harder than others. You know, because, you know. . . you have not your favorites, but you have children whom you are really connected with. And this year I

> actually have three whom I have been with for two years. It is the first group that I have had all of them—being with them and working with them all the time. It's going to be a hard year, because the moms are already talking about it. So they are feeling it too, which is incredible. (Elliot, 2007, p. 122)

Being aware of parents' loss as they move on and being able to discuss it with parents, a caregiver can understand and appreciate her own, as well as the other's feelings. The child can learn from the adults about ways to negotiate these emotionally difficult times. As one of these caregivers said, it is important to feel the sadness of saying good bye, because "it actually hurts more to shut it down, because it is incomplete, it is unresolved." To leave the emotions and connections unacknowledged has the potential to do more harm than good. It is painful to turn from saying good-bye to a baby who had been in one's care for a year or more, and to welcome a new baby immediately. I was told, "And then, you know, you may have a new baby the next day and it is like, 'I don't want my new baby yet, I want my old one back'. This one you don't know yet. It's tough, you've got to put them in the old baby's bed and it is very hard. Often the next day it happens."

While it might be important and appropriate to acknowledge the feelings of loss and sadness of the caregivers, there is usually no time for them to grieve given the practical realities of having to fill the empty space. Throughout their training, caregivers do not have the opportunity to talk about the built-in sense of loss that they should feel if they truly attach to and care for babies and infants, and neither do they learn to understand their feelings or how their histories and experiences shape their responses to emotionally difficult places. The injunction to respond sensitively to a baby and to the family, to create relationships, does not acknowledge that to do this one must also be affected and vulnerable emotionally. Caregivers happen on this

knowledge of the reciprocity of relationship in different ways. Further education was a door for some. This was shared with me by a woman who went back to finish a BA several years after her early childhood education training:

> I get really attached to the baby and really attached to the parents. And actually it is interesting, because right now in my class we are doing a lot of counseling things and about closure. I never really thought about closure for myself…Like how do I say good-bye to infants and how do I separate….But how do I deal with it? It's interesting, I never would have been able to articulate this until I had to [for her class]. I just ignore it is even happening. And I was never even aware that it was even happening. I'm the kind of person who would leave a party without saying good bye. And I never realized I did that. But that's how I deal with it. So now I think, let's go to a different place with this now. I'm ready to move to a different place with it. Really experience it. For me, I think it was about that loss of relationship. (Elliot, 2007, p. 123)

Allowing herself to experience the loss of her relationship with a child deepened her practice and also connected her to the loss the child was experiencing. Staying emotionally present to the tensions created by the losses kept the caregiver involved in her work and her practice dynamic.

Naming the emotions they struggled with, the losses they were experiencing and by looking at it from all angles, caregivers grew and learned about themselves and their practice, both within and through relationships. Benner and Wrubel (1989) suggested that "the person who learns to 'manage' (ward off, distance) emotions effectively eliminates the guidance and direction provided by those emotions" (p. 60). Wien (1995) said, "At the points of conflict lie the routes to change" (p. 131). Places of sadness, places of discomfort, can encourage reflection and

discussion. At these points if caregivers can stop to look within and find "what works for them," they can bring an understanding to issues of separation. Some centres have made space or time for reflection, for the articulation of and discussion of difficulties. Paying attention to these uncomfortable feeling can teach us, and by bringing this discussion more clearly into our practice we honor the caregiving process.

Telling stories of our own grief at separation, our own helplessness and vulnerability opens up space for empathy on many levels. Sharing with colleagues allows us to "place our own present in relation to the other's past" (Britzman, 2009, p. 120) and sharing stories allows for us to have "resources for our conversations" (Gergen, 2006, p. 204).

Dealing with grief

These emotions of grief can be shared with colleagues as the caregivers work to understand the deeper meanings of the sadness experienced. When we feel safe, we can begin to uncover our own ghosts in the nursery, delving into our own stories of disappointment, rage and sorrow. Grief, once triggered, can remind us of other griefs and sadnesses that have overwhelmed us in the past and continue to cast shadows into the present. Becoming aware of the connections to our own earlier experiences and memories and their influence on our present reality helps to free us to feel the immediate loss of a child's presence or concern over a child's circumstance.

To avoid visiting our places of sorrow and grief may be tempting, but the energy and defensiveness required to do so creates a rigidity that threatens to negate all feelings and disrupt any possible dialogue. The "magic of intimacy", as Winnicott calls it, contributes to "a sense of feeling real and of being, and of the experiences feeding back into the personal psychical reality, enriching it, and giving it scope" (D.W. Winnicott, 1986, p. 31).

Caregivers who form responsive relationships with babies should be able to stay open to the relationship and dialogue in which they are engaged. As Bakhtin suggests "the word in language is half someone else's" (Bakhtin, 1994, p. 77). While we cannot see ourselves as others can, others can give us the gift of their sight of us as well as the context in which we are embedded, and we, in turn, can share what we see of them and their context.

The words we use, as well as the discourses within which they are embedded, structure our vision, understandings, and perspectives. As O'Loughlin (2009) reminds us, "subjectivity is actively constructed at the vortex of ancestral memory, sociohistorical circumstance, local discursive practices, and the mediating influences of language, schooling and other official regulatory processes" (p. 22). Meanings can shift and fracture depending on the context, speaker, and history; any utterance is "overlain with qualifications, open to dispute, charged with value, already enveloped in an obscuring mist" (Bakhtin, 1994, p. 75).

Bakhtin speaks of language and Winnicott speaks of actions and presence. With both actions and language we bring our own fears, ambiguities and narrative fragments to the dialogue with the infants for whom we care. Our life histories are "always full of ruptures, uncertainties, contradictions, and inconsistencies" (Ruti & 2011, p. 367). If we must be in responsive relationships with young children and families to offer them the possibility of dialogue that is rich and nurturing, then we are challenged to become aware of the ghosts that trouble us and the places of discomfort that confound us. Britzman suggests, "if we have the strange work of trying to understand the minds of others and still keep our own mind, if we have the work of welcoming what cannot be understood and the responsibility for a hospitality without reserve" (Britzman, 2009, p. 44) then our education and understanding can begin.

Within safe spaces and trusting environments we can share our stories of loss and create other stories that bring different meanings to our understanding of leave taking, of letting go and of caring for others. Speaking of her experience with babies, one infant/toddler caregiver said that in school she did not learn "any of the stuff I'm learning now…the attachment, the caring, the love, the emotional connections, the relationship building. I learned a lot through the moms and the babies I work with…And working with other people. I've gotten a lot from the staff that I've worked with, so much… the emotional side of it" (Elliot, 2007, p. 122).

These narratives can hold our emotions and allow us to look at them. Elfer and Dearnley speak of a process of "enabling people to think about and talk through threatening or anxiety-producing ideas with someone who can listen and think about them, returning them reframed in an emotionally more manageable way" (Elfer & Dearnley, 2007, p. 269) to help nursery nurses deal with the emotional demands of their jobs. Finding a path through the powerful emotions elicited by children and their families and sharing narratives that make sense of those emotions can be a comfort and allow caregivers to continue to be present for the children in their care. This path is not easy or untangled, "the intention to understand is already an emotionally wrought experience, for it returns us to times when we cannot understand and when we ourselves feel misunderstood "(Britzman, 2009, p. 95).

Becoming curious about their places of discomfort and uncertainty, combined with a willingness to investigate these spaces, may help caregivers stay present to their dialogues with babies and their families. Acknowledging their emotional connections to the babies in their care may support these investigations and allow for a deeper look at the affects that interrupt and disrupt caring.

References

Bakhtin, M. M. (1994). The dialogic imagination (M. Holquist & C. Emerson, Trans.). In P. Morris (Ed.), *The Bakhtin reader; Selected writings of Bakhtin, Medvedev, Voloshinov* (pp. 74-80). London: Arnold.

Benner, P., & Wrubel, J. (1989). *The primacy of caring, stress and coping in health and illness*. San Francisco: Addison Wesley.

Bowlby, J. (1951). *Maternal care and mental health* (Vol. 2). Geneva: World Health Organization.

Brazelton, T. B., & Cramer, B. (1990). *The earliest relationship: Parents, infants, and the drama of early attachment*. Reading, MA: Addison-Wesley Publishing Company, Inc.

Brazelton, T. B., Koslowski, B., & Main, M. (1974). The origin of reciprocity: The early mother-infant interaction. In M. Lewis & L. A. Rosenblum (Eds.), *The effect of the infant on its caregiver* (pp. 49-76). New York: John Wiley & Sons.

Britzman, D. P. (2009). *The very thought of education: Psychoanalysis and the impossible professions*. Albany: State University of New York Press.

Cassidy, J., & Shaver, P. (Eds.). (1999). *Handbook of attachment: Theory, research, and clinical applications*. New York and London: Guildford Press.

Clinchy, B. M. (1996). Connected and separate knowing: Toward a marriage of two minds. In N. Goldberger, J. Tarule, B. M. Clinchy & M. Belenky (Eds.), *Knowledge, difference, and power: Essays inspired by Women's Ways of Knowing* (pp. 205-247). New York: Basic Books.

Degotardi, S., & Pearson, E. (2009). Relationship theory in the Nursery: Attachment and beyond. *Contemporary Issues in Early Childhood, 10*(2), 144-155.

Doherty, G. (1999). Elements of quality. In S. Sullivan, K. Bose & L. Levesque (Eds.), *Research connections Canada: Supporting children and families* (pp. 5-56). Ottawa: Canadian Child Care Federation.

Elfer, P., & Dearnley, K. (2007). Nurseries and emotional well-being: evaluating an emotionally containing model of professional development. *Early Years, 27*(3), 267-279.

Elliot, E. (2007). *"We're not robots": The voices of infant/toddler caregivers*. Albany, NY: SUNY Press.

Elliot, E. (Ed.). (1995). *An introduction to attachment theory*. Victoria, BC.

Fein, G. G., Garibaldi, A., & Boni, R. (1993). The adjustment of infants and toddlers to group care: the first 6 months. *Early childhood research quarterly, 8*, 1-14.

Fraiberg, L. (Ed.). (1987). *Selected writings of Selma Fraiberg*. Columbus: Ohio State University Press.

Fraiberg, S. (1987). The Origins of Human Bonds. In L. Fraiberg (Ed.), *Selected writings of Selma Fraiberg* (pp. 3-26). Columbus: Ohio State University Press.

Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired infant-mother relationships. *Jurnal of the American Academy of Child Pyschiatry, 14*, 387-421.

Freud, A., & Burlingham, i. c. w. D. (1974). *Infants without families and reports on the Hampstead Nurseries 1939-1945*. London: Hogarth Press and Institute of Psycho-Analysis.

Gergen, K. (2006). *Therapeutic realities: Collaboration, oppression and relational flow*. Chagin Falls, Ohio: Taos Institute.

Gonzalez-Mena, J., & Eyer, D. W. (2003). *Infants, toddlers, and caregivers* (sixth ed.). Ohio: McGraw-Hill College.
Gottlieb, A. (2004). *The afterlife is where we come from:The culture of infancy in West Africa* (first ed.). Chicago and London: University of Chicago.
Howes, C., & Hamilton, C. E. (1993). Child care for young children. In B. Spodek (Ed.), *Handbook of research on the education of young children* (pp. 322-336). New York: Macmillan.
Howes, C., Phillips, D. A., & Whitebrook, M. (1992). Thresholds of quality: Implications for the social development of children in center-based child care. *Child Development, 63*, 449-460.
Howes, C., & Smith, E. W. (1995). Relations among child care quality, teacher behavior, children's play activities, emotional security, and cognitive activity in child care. *Early childhood research quarterly, 10*(3), 381-404.
Hrdy, S. B. (1999). *Mother Nature: A history of mothers, infants and natural selection*. New York: Pantheon Books.
Kagan, J. (1978). *Infancy: Its place in human development*. Cambridge, MA: Harvard University Press.
Kagan, J. (1984). *The nature of the child*. New York: Basic.
Kaplan, L. (1995). *No voice is ever wholly lost*. New York: Simon and Schuster.
Kegan, R. (1982). *The evolving self: Problem and process in human development*. Cambridge, Massachusetts and London, England: Harvard University Press.
Konicheckis, A. (2010). Being in movement. *The Signal, 18*(3-4), 5-6.
Kottler, J. A. (1993). *On being a therapist*. San Francisco: Jossey-Bass.
Lally, J. R. (1995). The impact of child care policies and practices on infant toddler identity formation. *Young Children, 51*(1), 58-66.
Lally, J. R., Griffin, A., Fenichel, E., Segal, M., Szanton, E., & Weissbourd, B. (1995). *Caring for infants and toddlers in groups: Developmentally appropriate practice*. Washington, D.C.: Zero to Three.
Lally, J. R., & Keith, H. (1997). Early head start: The first two years. *Zero to Three, 18*(2), 3-8.
Lear, J. (1990). *Love and its place in nature: A philosophical interpretation of freudian psychoanalysis*. New York: Farrar, Straus & Giroux.
Leavitt, R. L. (1994). *Power and emotion in the infant-toddler day care*. Albany: State University of New York Press.
Leavitt, R. L. (1995). The emotional culture of infant-toddler day care. In J. A. Hatch (Ed.), *Qualitative research in early childhood settings* (pp. 1-19). Westport, CT: Praeger.
Leavitt, R. L., & Power, M. B. (1997). Civilizing bodies: Children in day care. In J. Tobin (Ed.), *Making a place for pleasure in early childhood education* (pp. 39-75). New Haven: Yale University Press.
Lieberman, A., Padron, E., Van Horn, P., & Harris, W. (2005). Angels in the nursery: The intergenerational transmission of benevolent parental influences. *Infant Mental Health Journal, 26*(6), 504-520.
Nouwen, H. J. M. (1975). *Reaching out: The three movements of the spiritual life*. New York: Doubleday.
O'Loughlin, M. (2009). *The subject of childhood*. New York: Peter Lang.
Olsen, T. (1961). I stand here ironing. In T. Olsen (Ed.), *Tell me a riddler* (pp. 9-21). New York: Dell Publishing.

Palacio-Quintin, E. (2000). The impact of day care on child development. *Isuma, 1*(2), 17-22.
Penn, H. (1999). How should we care for babies and toddlers? An analysis of practice in out-of-home care for children under three (pp. 66). Toronto: Childcare Resource and Research Unit, Centre for Urban & Community Studies, University of Toronto.
Pikler, E. (1979a). Forms of hospitalism in our days. In M. Gerber (Ed.), *A manual for parents and professionals: Resources for infant educarers* (pp. 95-102). Los Angeles: Resources for Infant Educarers.
Pikler, E. (1979b). A quarter of a century of observing infants in a residential center. In M. Gerber (Ed.), *A manual for parents and professionals: Resources for infant educarers* (pp. 90-92). Los Angeles: Resources for Infant Educarers.
Provence, S. (1974). A program of group day care for young children. *Psychosocial process issues in child mental health, 3*(3, Spring 1974), 7-13.
Raikes, H., & Edwards, C. P. (2009). Baltimore: Paul H. Brookes.
Resch, R. C., Lillesov, R. K., Schur, H. M., & Mihalov, T. (1977). Infant day care as a treatment intervention. *Child Psychiatry and Human Development, 7*(3), 147-155.
Rinaldi, C. (2006). *In dialogue with Reggio Emilia: Listening, researching and learning*. London and New York: Routledge.
Rogoff, B. (1990). *Apprenticeship in thinking: Cognitive development in social context*. New York and Oxford: Oxford University Press.
Rogoff, B. (2003). *The cultural nature of human development*. Oxford: Oxford University Press.
Roiphe, A. (1996). *Fruitful: Living the contradictions: A memoir of modern motherhood*. New York: Penguin.
Ruti, M., & (2011). "Winnicott with Lacan: Living Creatively in a Postmodern World". *American Imago (Assn for Applied Psychoanalysis) (Baltimore, MD), 67*(3), 353-374.
Tardos, A. (2010). Introducing the Piklerian developmental approach: History and principles. *The Signal, 18*(3-4), 1-4.
Whaley, K., & Rubenstein, T. S. (1994). How toddlers do friendship: A descriptive analysis of naturally occurring friendships in a group child care setting. *Journal of Social and Personal Relationships, 11*, 383-400.
Whitebook, M. (2003). EArly education quality: Higher teacher qualifications for better learning environments--A review of the literature. Berkeley, California: Center for the Study of Child Care Employment.
Wien, C. A. (1995). *Developmentally appropriate practice in "real life": Stories of teacher practical knowledge*. New York: Teacher's College.
Willms, J. D. (Ed.). (2002). *Vulnerable children*. Edmonton: University of Alberta.
Winnicott, D. W. (1987). *The child, the family, and the outside world*. Reading, MA: Addison-Wesley.
Winnicott, D. W. (Ed.). (1986). *Home is where we start from*. New York: W. W. Norton & Company.

[i] All names are pseudonyms and all identifying information has been disguised to protect the identity of families.

Deleted: pseuodynm
Deleted: a
Deleted: idenity