

## **Attending to our emotions**

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Anna Freud (1974) wrote, “It is not the absence of irrational emotional attachments which helps a child to grow up normally, but the painful and often disturbing process of learning how to deal with such emotions” (p. 51). As we grow up, we learn to name our emotions and respond in ways acceptable to our families and communities, and we begin to develop our own emotional repertoires. The learning does not stop and we continue to learn through our relationships, responding to others with our heads, our hearts and our selves.

### **Telling our stories**

We often share these thoughts, feelings and ideas through narrative. Sandra Shamas (1997) said “I share my story so that you can remember yours.” Robert Bringhurst (1999) reminds us that “a story is not a solid object or a solitary entity but a transformative relationship...” (p. 47). Stories can capture layers of meaning and nuances of emotion.

Sometimes, stories stay with us so that we might puzzle over them and understand their possible meanings. As a young teacher in my first year at the Infant Care Unit in New York City, one of the first infant programs in the city run for babies and toddlers in “at-risk situations”, I struggled with the following situation.

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. He was immensely pleased with himself.

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.

Hector saw her coming and dived under the table—one of those small tables. Under the table he started hollering and holding onto the table's leg. His mother, furious, was screaming that it was time to go home and hauling on one of his legs to pull him out. Unsure of what to do I was flapping ineffectually between them. I tried to soothe the mother, explaining to Hector it was time to go home. The other two year olds stood by and watched with mouths open.

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 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. Juggling all those relationships, staying connected to babies, families, staff members and self was more than babysitting.

While I had calmed down everyone's emotions, I had difficulty handling my own. It was painful to see the relationship of Hector and his mother, to try and support each of them, and to remain present for the other children in the room. I am not sure, at that point in my life, how much I could have articulated about what I was feeling or thinking. It took several years before I could tell Hector's story and several more years before I decided to return to graduate school and come to understand this story on deeper levels.

### **Caregiving calls on our emotions: caregivers' stories**

To help my understanding about the emotional work of caregiving, I decided to ask infant/toddler caregivers about their practice. Wondering how they would articulate some of the difficult places of caring for infants, I asked for their stories (Elliot, 2002). Seven caregivers participated in my study. Each caregiver was a certified infant/toddler caregiver, with at least two years of education. They represented four different types of centres, school-based program for young parents, a work place program, a centre located at a college and one based within a large child care complex. Their narratives illuminated the complex work of caring for babies and connecting with their families. Listening to committed and experienced caregivers discuss the intensity

and complexity of their practice, I began to articulate some of the emotional, intellectual, spiritual and physical challenges of caregiving (Elliot, 2006).

Infant/toddler caregivers are asked to enter into a sensitive, responsive relationship with the babies in their care (Lally, 1995). Babies do better when cared for thoughtfully and warmly. Hopkins (1990) provides an interesting illustration of the power of responsive caregiving in her study of nurses working in day nurseries in London, where care for the babies was “fragmented and impersonal”. Those nurses, not unlike the caregivers in Leavitt’s (1994) observations in her book, *Power and Emotion in the Infant/Toddler Room*, did not respond to infants individually or sensitively. Hopkins notes that in the day nurseries, there was a high turnover and absenteeism of staff. She began discussion groups with the nurses about the needs of the babies, encouraging the nurses to talk about what they were observing in their particular infant. As nurses began to see the value of an intimate connection with the babies and began to understand the infants’ need for this connection, they began to attend more sensitively to them. Within these group discussions, they also became more aware of their own feelings and in turn they became more sensitive to the feelings of the children. As the nurses became more attuned to the babies, the children began to flourish as they needed a responsive connection. The nurses began to enjoy the job more and absenteeism dropped.

There is a common perception of “just babysitting”, but the work of infant/toddler caregivers is complex and challenging (Elliot, 2001; Gonzalez-Mena & Eyer, 2003; Lally & Mangione, 2006). Asked to enter an intimate relationship with a baby, caregivers have a choice as to whether they will become attached. Once they have made the choice to connect with the babies in their care they are connected on an emotional, intellectual, and physiological level. The work is often appreciated from an intellectual perspective and the emotional and physiological levels are discounted.

The message is that there are “correct” emotions to feel and that there are emotions that must be controlled or suppressed. Language, such as, “over-attached”, “cares too much”, “don’t get too involved”, “stepping over the boundary/limit” all suggest that there is a correct amount of the correct emotion that can be regulated. Once we care for someone and enter into a relationship, our heart becomes involved. We cannot measure the caring or the concern and we cannot turn it on or off.

When we hold a baby close, smell the baby, feel that baby, we have the opportunity to care about that baby. As shown in Hopkins' (1990) study of nursery nurses, when the nurses began to pay attention to the babies in their care and engaged with them, the children acquired more language. The nurses experienced more pleasure in their work, but they also experienced more anxiety about the children. To engage in a relationship-based practice so beneficial for children without having the emotions of being deeply committed to those children does not seem to be possible.

Recently, I have been looking into the physiological changes that occur in response to physical contact with others. In a recent book, Moberg (2003) writes about oxytocin as activating the system of calm and connection. She frames it as a contrast to the system of fight or flight, based on the hormone adrenalin. Touch and physical contact cause the release of oxytocin, creating a feeling of calm and well-being. Caregivers are in contact with babies closely and often. We all respond to touch and when it is nice touch, we respond positively. Who wouldn't respond to the soft head of a baby nestled against their neck in the crook of their shoulder? Hormonal changes within a caregiver's body encourage those feelings of connection with the babies. Becoming attached happens on many levels, including the biochemical.

Deeply committed caregivers experienced the joy of caring for babies. One of the caregivers I spoke with in my study worked in a program for infants in a college setting. She said, "It's the wonder for me; it's the hope of complete possibilities, like the unknown, the dream and the stars, the relationship...is just so intense." Another caregiver who worked in a large childcare centre, said, "overall there is the happiness, the joy, the opportunity to watch them grow, to teach them." This joy kept them coming to work each morning, but there were other emotions as well.

### **Attending to all our emotions...**

In my study of the work of infant/toddler caregivers I found that when connected to the babies on a physical, emotional and intellectual level, caregivers can experience sadness when babies leave their care. Grief or sadness at saying good-bye to a child cared for over a period of time was a consistent strand in the interviews I had with the seven caregivers in my study. One caregiver in my study expressed how painful it was to say good-bye to a baby for whom she had cared for over a year. Centres must keep spaces filled or they lose money. She told me, "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."

Saying good-bye can bring up grief and sadness—powerful emotions. Another caregiver who worked with a school-based program insisted it was 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." All of the seven women I interviewed spoke of the grief of saying good-bye to a child and family. Each of them had a different approach and different awareness of their grief, but they had all experienced these emotions. One said,

I get really attached to the baby and really attached to the parents. Right now in my class we are doing a lot of counseling, looking at closure. I never really thought about this for myself. Like how do I say good bye to infants and how do I separate. One good thing about where I work is that we often see the children for a very long time because they move from our centre to the toddler centre to the three to five centre. We have that ability to see them move through. But how do I deal with it? Well, you know, it's interesting, I never would have been able to articulate this until I had to. 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. Now I'm aware of it and I'm thinking, "Oh, my goodness, so 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 with the child.

As supervisors or instructors of infant/toddler caregivers, we need to pay attention to some of the emotions caregivers face—if we don't, caregivers are likely to 'shut down'. Shutting down, as one caregiver remarked, is "not a good idea; shutting down the sadness means shutting down other feelings as well". We can't just shut down the bad feelings and keep the good ones that connect us to the joy of working with babies and their families. To be responsive, we as caregivers need to be able to access all of our feelings. Our feelings give us information; they bring us joy as well as sadness. Feeling our emotions and coping with them by recognizing them and articulating/debriefing them is a good model for the children—babies and toddlers are

just beginning to learn about their emotions. Damasio (1999) makes the point that without our emotions we cannot make a “rational judgment...well-targeted and well-deployed emotion seems to be a support system without which the edifice of reason cannot operate properly” (p. 42).

We live in a culture, as adults and professionals, which values rationality, clear-headedness and predictability; emotions are perceived to be neither. Attachment is seen to be less desirable than detachment, as child development theories describe children moving from the infantile state of attachment, to the adult stage of detachment (Cannella, 1998). Yet emotions guide our thinking and who is truly independent as an adult?

The emotions of grief, despair and fear are uncomfortable emotions. While we welcome joy and happiness we try to ignore or discount grief and fear (Greenspan, 2004). We avoid our feelings also by envying them or projecting our feelings on to others. Our sadness or anger at children’s difficult home life can cause us to not see the parents in an empathetic light. In saying good-bye without acknowledging our own grief we can become overly concerned about children’s reactions. Our emotional responses often have a personal historical basis and are not necessarily connected to the rational information we have about caregiving. We have a tendency to separate thinking from feeling.

The grief and joys of which my caregivers spoke may appear small, but these daily small sorrows and joys come from being attached to children and families. If these realities of separation and loss are ignored or the reality of the lives of some children denied, caregivers are in danger of distancing themselves from the children and families in their care. Bowlby (1973) speaks of anger which becomes despair and despair which becomes detachment in children who lose an attachment figure or figures and have no support or caring people in their lives. Perhaps this sequence is true for caregivers.

### **Emotional support for caregivers...**

Being a “special person” to a baby or a family is rewarding, and involves being vulnerable to the actions of those particular people; when a caregiver is engaged so are her emotions. A hug or a teasing exchange with a parent or a child celebrates the closeness and makes connecting easy and warm. Saying ‘good bye’ to a young friend is

sad; having a parent angry at you is frustrating; helping an emotionally distant parent acknowledge her child is overwhelming. Working in relationship means finding ways to connect despite anger, frustration or overwhelming feelings. Saying 'good-bye' fully, solving angry situations, or naming overwhelming emotions can provide unexpected satisfactions.

How caregivers handle their feelings of loss and yet remain available to the children for whom they care should be of interest to anyone promoting good care for young children. For example, a woman who attended my presentation on this work at NAEYC, wrote to me about the process of saying goodbye to the toddlers she cared for as she moved from one coast to the other. She ended her narrative with:

Although I felt satisfied with the way I prepared the children for my departure, it wasn't until I started to tell my story at your NAEYC presentation that I paid attention to how little I had done to acknowledge the depth of my grief at leaving them. I still miss them. A month after my departure, this is still a tearful story to write. I plan to send them a picture of myself in front of my new house with a letter. Although this feels like the right place to stop writing it doesn't feel like the end of my story. Taking the time to write this much of it reminds me that a grieving process continues outside of mundane awareness and in a sort of alternate universe: the one where I cared deeply for individual children who each needed me in a different way and who each trusted me to care for them in a way that gave our relationship meaning as well as purpose."

We urge children to speak of their feelings, to express how they feel when they are hurt, sad, or lonely. I am sure we have all been in a child care program and heard an adult tell a child, "tell her how you feel." Children are encouraged to understand their feelings and act with knowledge of another's feelings. Caregivers and childcare practitioners also have emotions. Can they encourage children to name their feelings without being in touch with and aware of their own? How do they use and find expression for those feelings that arise in their work?

When there is little or no support for the emotional work of caring for babies, caregivers may choose to not engage in relationships with children or families. Aware that the anticipated grief of saying good-bye or that the anger directed at a neglectful parent may be too much to bear, caregivers may simply choose not to invest themselves

in authentic relationships. Yet the caregivers I interviewed had learned to deal with their emotions with the support of co-workers and the help of supervisors, as well as through their own willingness to look inside themselves. Staying in touch with one's emotions can provide direction and guidance for practice; when they are aware of their feelings, caregivers can then take responsibility for them. Working within relationships, caregivers can understand what is possible for a child and her family.

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