

The Invisible Curriculum of Care

by Carol Garboden Murray

“We sometimes speak as if caring did not require knowledge, as if caring for someone, for example, were simply a matter of good intentions or warm regard. But to care I must understand the other’s needs and I must be able to respond properly to them, and clearly good intentions do not guarantee this. To care for someone, I must know many things.”

— Milton Mayeroff

“I didn’t get a master’s degree to change diapers!”

Nicole, a speech therapist who I worked with for many years, taught me a great deal about language development. We worked with toddlers in an integrated program. Nicole was not the type of therapist who came into the classroom to do a ‘speech lesson’; instead, she worked alongside me and embedded therapy naturally into every activity.



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While the children ate snacks, she ate with them and helped them learn to communicate using sign language, gestures, and words. We did therapy on the playground, and discovered the swings and slides were perfect tools for social pragmatic language. Nicole was my partner in just about every aspect of our work, except for diaper changes. When she was working with a toddler who had a dirty diaper, she would deliver the child to me. One day I said, “Nicole, it’s okay if you want to change diapers, too; the kids love you and trust you. Besides, it is an opportunity for reciprocal language and purposeful vocabulary.” Nicole turned to me, shook her head and said, “No thanks, I didn’t get a master’s degree in speech and language pathology to change diapers!”

Nicole’s comment got me thinking. When I got my degree, I did not foresee the amount of time I would spend in caring rituals either. It took me many years to see caring as the core of curriculum excellence. The deep assumption about caring is that it is something anyone can do, but we do not take care of human beings the same way we take care of a house or a lawn. In childhood, the sensations of the body are the pathways to the child’s intellect and emotions. Caring routines involve engagement around bodily functions

(elimination, cleaning, eating, sleeping) and therefore they hold the most intimate importance. The way we touch children increases or diminishes their self-worth. Our care of children’s bodies is directly connected to the care of their minds.

The ‘Pedagogy of Care’ breaks down the false dichotomy that there is a difference between early education and care. In the past, caring tasks may have been viewed as custodial. In the emerging future, care is viewed as an honorable teaching practice that requires specialized knowledge about human development.

The pedagogy of care is an applied science. Now more than ever, we possess the brain research that demonstrates children are learning from the moment they are born and the most meaningful lessons are embedded in care. Nothing drives learning as powerfully as eye contact, touch, and voice — the essential elements in caring. Responsive care grows healthy brains. As Ron Lally tells us in *For Our Babies*, thanks to nonintrusive imaging, it is possible to watch the brain grow and we have evidence that brains are shaped by the quality of interactions children have with those who provide their early care.

As we view care through the lens of science, we continually evaluate our

practices to align with research. When care isn't viewed as education, it is common to rely upon personal child rearing experiences to shape caring practices, conversations around care can become emotionally charged because the way we care for children is laden with personal stories and cultural beliefs. For example, during discussions about meals and feeding I present the research of nutritionist, Ellyn Satter, who gives us extensive resources for feeding young children. Her Division of Responsibility Model calls into question some of the traditional ways of being with children at meals, such as praising children who eat everything on their plate, making picky eaters take just one bite, not allowing toddlers to play with their food, or withholding dessert from children who do not eat their vegetables first. Satter's work emphasizes joy, competency, and trust, and it aligns with our educational philosophy that children are capable and whole, so it is a perfect example of the integration of early learning and caring rituals. I've found that when we describe care as educational and discuss it as a pedagogy, we elevate our practice beyond the confines of personal histories and embrace care as a new science.

Pedagogy of Care as an Expressive Art

Early childhood teachers practice slowing down and creating respectful, intelligent care partnerships throughout the day. In daily rituals such as hand washing, serving meals, diapering babies, and zipping coats, we transform mundane tasks into educational practices that build relationships.

Several years ago at a training institute, I had an opportunity to mentor Tanya, a new teacher. My goal was to use video of her teaching as a reflection tool for naming dispositions, skills, and attitudes that are part of the hidden

Principles of Authentic Care for Early Education

Partnership: When we see the other as competent and capable, we practice caring as a conversation — a reciprocal exchange. Following one of Emmi Pikler's principles, we find ourselves doing things "with" children instead of doing them "to" children. Following the advice of Ron Lally, we engage in relationship planning rather than lesson planning.

Growth and Independence: We view care as a teaching practice that nurtures another's development, actualization, and self-sufficiency. This is the opposite of caring in a way that creates helplessness, frustration, dependency, or entanglement. Within an educational framework, caring is associated with strength and power — not passivity or weakness. The other feels his or her wholeness in our caring response.

Science and Art: The practice of authentic care is both an applied science and an expressive art. Within the pedagogy of care, we name care as educational and we make it visible. Approaches are aligned with current research about child development and teachers express the art of care through their unique gifts and perspectives. Research also includes knowing the individual child well. Through defining care as a pedagogy, we name the tangible tools that are needed in care such as low sinks, lovely dishes, comfortable spaces, and natural light. We also name the teaching tools we cultivate that are essential, but often invisible: time, pace, touch, voice, tone, volume, and listening (among others).

A Curriculum of Care: We offer children opportunities to care for materials, small animals, plants, and one another. Children have opportunities to experience the joy of belonging and being known through care. Teaching the caring response has everything to do with learning to read social cues, develop empathy, and become emotionally intelligent. In her book, *Starting at Home: Caring and Social Policy*, Nel Noddings offers an interesting analogy. She describes how educators are trying hard to increase participation in mathematics and science for girls. The rationale is that women have been deprived opportunities by their lack of preparation in these subjects and it worries our society that women lag young men in skills that are so highly valued. She elaborates that it is unfortunate society does not seem to worry that young men lag behind women in caring — in preparation for nursing, early childhood education and parenting — because these traditionally female occupations are not highly valued. Noddings makes the point that men have "long been deprived of many of the joys that accompany everyday caring and have not been encouraged to develop the skills and attitudes that make life deeply satisfying." She challenges us with the question, 'How will we make caring attractive in our society?'

Photograph by Scott Bilstad

or implicit curriculum. I began by reviewing a video of Tanya engaged in lunch with a group of toddlers.

Tanya sat in the low chairs with the children. The youngest child, who was tired and clingy, sat on her lap to eat while Tanya orchestrated lunch rituals with the other four toddlers who were happily eating. One boy spilled his small glass of water and Tanya smiled and calmly but swiftly retrieved a paper towel to help him wipe the spill. He got up from his seat and threw the towel in the garbage. She balanced herself with a child on her lap and she reached out to assist the other toddlers as they served noodles on their own plates. One child played with her bracelet while he ate an apple and in-between bites he asked questions about the colorful gems she wore. She responded by taking off the bracelet so he could look at it more closely and included the other toddlers in a conversation about colors.

When I reviewed the video with Tanya, she was at first embarrassed. She questioned why I had chosen lunchtime as an opportunity to observe her teaching. She suggested I could have recorded the morning curriculum block — her sensory activity had been carefully planned. I explained that the lunch experience provided an excellent example of her teaching. I noticed her thoughtful organization, the materials she had prepared that she and the children could easily access, and the environment where children could “do it by themselves.” She revealed her belief in the children as competent and capable as she encouraged them use the utensils, and I observed her smart judgment to at first withhold her assistance and then to step in with prompts at just the right time to scaffold the toddlers’ growing independence in an encouraging way.

The clip also showed her connection. I pointed out how she listened, asked



open-ended questions, and laughed with the children. We talked about the intelligence of her hands and body language — knowing just when to gently touch or glance in response to the children’s needs. Upon hearing this evaluation, Tanya began to cry. She was moved to tears and explained that she had not realized how caring for children during lunchtime was part of the curriculum. Caring was so close to her, she couldn’t see it. It was the invisible curriculum, but naming it as educational gave it power and visibility.

How do we create the highest quality program possible by practicing the pedagogy of care? For a starting point, we can engage in a self-study by looking closely at transitions, meals, sleeping, toileting, and dressing routines and reflecting upon our practices through the lens of the Principles of Authentic Care (see box).

Resources and References

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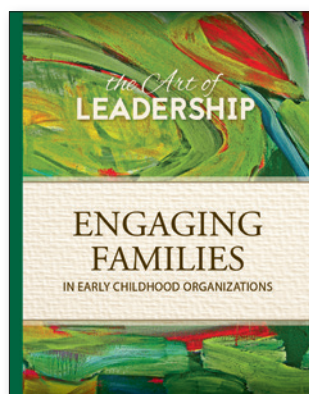
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