

Frankie's story: Early experiences matter

by Bettye Caldwell

Sometimes we see developmental advances in a child so dramatic, so spectacular, that we have difficulty accepting the idea that ordinary growth processes are at work. The increments are too great; the direction of change has rotated 90 or 180 degrees. At such times, we find ourselves proclaiming (or mumbling, if we don't want to offend our more scientifically rigid colleagues), "It's a developmental miracle." During my many years in early childhood, I have witnessed and even participated in several such experiences. It is no exaggeration to claim that, sometimes, memories of them have kept me going when cynicism and pessimism threatened to overpower my convictions and actions. None has been more dramatic or more heartwarming than the one from many years ago that I am about to tell. I call it simply "Frankie's Story."

Background

In 1953, my husband went into the army and was immediately sent to Korea.



Dr. Bettye Caldwell has been involved in the development of high quality early childhood programs in America for more than four decades. Her work in Syracuse, New York, with famed pediatrician Dr. Julius B. Richmond, is often cited as having helped

provide the foundation to Head Start. In Little Rock, she launched and guided the Kramer Project, often described as a "school for the future."

All alone and with no children and no apartment or home, I accepted an appointment at Northwestern University in Evanston, Illinois. One day the chair of my department asked if I would be willing to do a little 'charity work' and administer an intelligence test to a little boy named Frankie Abbott Lewin, called Frankie. At that time he was a little over two years old and lived with his foster parents in Highland Park, a very upscale suburb north of Evanston. The family thought it would be wise for me to test Frankie in their home, as he was a little afraid of anything that looked like a doctor's office. I drove up to Highland Park quite timidly on a Saturday morning, with a Stanford-Binet kit on the seat beside me, not at all certain of what I was getting into.

The address took me to a very elegant house and garden, where, when I rang the bell, an attractive white-haired woman of about 60 invited me in. Grabbing her legs and scooting around, sometimes on his bottom and sometimes on his legs, and happily jabbering words that I couldn't understand, was the little boy. Frankie somehow knew that the kit contained items for him to play with, and he kept excitedly trying to grab it. We worked our way downstairs to a basement converted into an elegant

indoor playground, with every conceivable type of equipment that could help a child with locomotor problems. During the walk to the playroom I learned why I had been asked to test Frankie. He had been evaluated by a reputable psychologist who had little experience with very young children or with children whose early environments were barren of either love or stimulation. This man had told Mrs. Lewin that Frankie was severely retarded and that he would never be able to talk or walk normally. I was known as somebody "who was good with children," who would thus be able to demonstrate what Mrs. Lewin already believed to be the case, that Frankie was very bright. An assignment like that can wreak havoc on objectivity, but I tried not to be overwhelmed by her enthusiasm and convictions.

Family setting

Let me introduce the Lewin family briefly here. Mrs. Lewin was known professionally as Merriell Abbott and was the director of entertainment booking for a large hotel chain. This was a very important position, and she knew all the big entertainers of that time. Dr. Lewin, her husband, was an orthopedic surgeon and was head of the Department of Orthopedics at the Northwestern University School

of Medicine. I don't know whether he had actually operated on Frankie or had merely supervised the work of residents, but he was very familiar with Frankie's medical history and influential in arranging treatment for him. He was actually the discoverer of Frankie and the catalyst for everything that happened subsequently.

Frankie's medical history

At six months of age, Frankie had a severe case of polio — the scourge of childhood at that time. His parents were young and not well-educated, but they knew to get him to a hospital. Highwood Hospital, located in a small suburb north of Chicago, was their best choice. In the early days of his illness, Frankie nearly died, but rebounded slightly when placed on a respirator. The muscles on one side of his body were more affected than those on the other side, especially in his upper body. This caused his face to turn sharply to one side. When you looked at him head-on, you saw only one eye and a profile view. For him to look at you with both eyes, he had to turn his body sharply to the side. Frankie had already undergone several operations to relax the muscles on the drawn-up side of his neck, and he was to have several more before puberty. While still in the critical stage of polio, he remained in the hospital for nearly six months.

One day as he made rounds, Dr. Lewin noticed that Frankie was not eating, that he was losing weight, and that he was becoming increasingly unresponsive. Everyone feared that he might not live. There was every indication that, if he should ever leave the hospital, there was a strong probability that he would function on the far left side of the developmental curve. If things were to change, some serious intervention was needed. The busy hospital staff could not provide it, so help had to come from another source. That source turned out to be Dr. Lewin's wife, Merriell. Dr. Lewin men-

tioned Frankie's condition to her, and she decided to investigate. When she visited the hospital she noticed that no one fed the baby — they just brought food in and left it and that it was stone cold and not very appetizing. She began driving to the hospital every morning with freshly squeezed orange juice and hot oatmeal. Then she would hold Frankie and feed him and talk to him. Soon she began to bring little books to read to him and to teach him some words. The visits became longer and longer, and soon she was visiting more than once a day. Probably she bonded with Frankie the first time she saw him, but, if not, all those times of shared food and socialization allowed the process to reach fruition.

Post-hospitalization arrangements

Eventually the hospital had to discharge Frankie. The parents, now expecting another baby, felt that they could not take Frankie home with them and provide adequate care to a seriously disabled child. They asked for information about an orphanage that might take their son. At that point Mrs. Lewin stepped in and offered to take Frankie to her home and continue his care there, assuring the parents that they could visit whenever they liked. Probably with some reluctance, but with a desperate need for help, Frankie's parents acquiesced. From that time forward, Frankie lived with the Lewins. Visits from the biological parents became less and less frequent, and, after a year or so, formal adoption by the Lewins was arranged. So the little boy who was almost destroyed by a crippling disease, whose parents were not able to care for him, found a new life that moved him from the far left of the bell curve of developmental prospects over to the far right. To borrow a song title from *Evita*, he now could "Practice the art of the possible." But, of course, he didn't do it by himself. Help came from a childless middle-aged couple who came to love him, taught him, and took care of his overwhelming health needs, thereby leading him into a

life that few would have dreamed possible. Charles Dickens, who wrote several novels about abandoned and abused boys who managed to leave poverty and make their way to security and affluence, could probably not have dreamed up a more miraculous story than Frankie's.

Frankie grew up with the Lewins, went to all the best schools where he made good grades and had many friends. As I left Evanston not too long after my early encounters with the family, I saw Frankie only a few times. For several years we stayed in touch by phone and letter or through brief visits when I had a meeting in Chicago, but, as tends to happen, those contacts dropped away. The last time I saw them, Frankie was an adolescent. He had obviously had more surgery, as his head appeared less drawn to the side. At the time he was preparing for his Bar Mitzvah. It was inspiring to be in the same room with Frankie and the Lewins; you knew you were witnessing the maturing of a miracle. These adults had enriched the life of a seriously disadvantaged and compromised little boy, and the child had blessed the otherwise childless adults with love and loyalty.

Recent history

I had some misgivings about writing up this story without information about Frankie's adult years. Without proof that the early environmental enrichment provided by the Lewins had had a lasting effect on Frankie, could I legitimately conclude that a developmental miracle had occurred? The story I am telling here took place 56 years ago, and my last contact with the family was about 40 years ago. I did not even know if Frankie was still alive. After all, he had a devastating childhood illness (polio) that has a way of reappearing and causing serious health problems long after the actual illness is over. From time to time I have heaped blame on myself for letting my contacts with the family disappear. But perhaps you can understand how easy it is to let

that happen when one is frantically busy with a family and a demanding professional career.

Yet all these years I have wanted to share Frankie's story with my early childhood colleagues because of my deeply held conviction that favorable early experiences can have a profound and lasting effect on children. Over the years, any time I became discouraged about our effectiveness, I could remind myself of Frankie and have my faith renewed. Then, once I started writing the story, I became obsessed with finding Frankie and learning something about his adult life. I used all the computer skills I possess to try and locate him through such things as Google® and White Pages, all to no avail.

Then one day I was talking on the phone to a pediatrician friend, Dr. Ralph Chase, in San Angelo, Texas, and mentioned by chance that I was trying to find the address of a 58-year-old man somewhere in the Chicago area, probably one of the northern suburbs. It turned out that Dr. Chase had been a pediatric resident at Evanston Hospital at the time of my meeting the Lewins. He was optimistic that one of his pediatric friends, still practicing in the area, would be able to locate Frankie. Within 24 hours we had his telephone number. Within 24 more hours, I was talking to him.

The three conversations Frankie and I have had — and there will be many more — have been most gratifying. He has an absolutely beautiful voice and flawless language. He remembers me, partly from that last visit described earlier and partly from remarks of his mother. As he said, "My mom talked about you a lot; she said you were a really neat lady." Right now I consider that one of the nicest compliments I have ever received. At this juncture, there is still much about Frankie that I don't know, all of which will come in time. For this story, suffice it to say that he has continued to disregard prob-

ability and practice the art of the possible. The dramatic changes that were manifested in his first three years of life were not transitory. Frankie graduated from the University of Colorado, has worked in a variety of settings, and is now a businessman in the Chicago area. We are both scheming about where and when we can meet.

Effects on me

At the time I met Frankie, I had not yet received my calling to work with young children. I was really groping for what I should do with my life. When my husband came home from Korea and we returned to St. Louis, I was offered what seemed like a strange position for me at Washington University School of Medicine: the directorship of a new clinical facility designed to help young retarded children and their families. One of the first things I did was to set up a small preschool for the younger children three mornings a week. As there was very little professional material written about such efforts those days, I often thought of Mrs. Lewin and what she had intuitively done: fed, talked to, read to, and loved the child that fate brought to her. It seems that I have spent most of my professional life trying to validate what she did intuitively.

With this experience under my belt, I was ready for what was waiting for me in Syracuse, New York, when my husband completed his surgical residency: the opportunity to pioneer the development of the Children's Center, usually accorded the accolade of being the first high-quality infant child care center in America.

Although Frankie's miracle had occurred 10 years earlier, little shafts of the light that glowed from it still offered inspiration to me. It would not be an exaggeration to say that what

happened to Frankie had a lot to do with what happened to me. I found myself hoping that in some small way my work could catalyze other developmental miracles in the lives of children.

Early childhood miracles

I tend to use dramatic language and to think in superlatives, for which I hope you will forgive me. As a consequence, in this telling of "Frankie's Story," I have repeatedly referred to what happened to Frankie Lewin as a developmental miracle. I have done this as a way of reminding us of the possibility of such occurrences in our own professional work. Certainly Frankie's story has a moral for all of us who work with young children. Most of us don't have the financial or emotional capital to orchestrate a major movement across the bell curve for a child all by ourselves. But we have more than enough resources to allow us to be significant participants in the process. And, when this happens, we will benefit just as the children do. You don't stand within the radiance of a miracle without catching a few of the light rays emanating from it.

Teachers and caregivers have daily opportunities to be the catalysts for spectacular developmental advances for children who otherwise seem destined to end up in a developmental wasteland. We help provide love and attention, a healthful environment, good nutrition, and appropriate interpersonal interaction day after day. So, whether we think of these dramatic changes as miracles or simply developmental advances, they are all around us, just waiting for a chance to happen — and waiting for us to help. The opportunity to be part of such miracles in the lives of young children is a bonus of our professional work that should not be taken lightly.

My Role in the Drama

I played only a very minor role in Frankie's drama — a walk-on part, we might say. But it was the kind of role that early childhood professionals often have a chance to play; that is, we can provide direct experience or peripheral support that will catalyze major developmental advances. Mrs. Lewin was a smart and cagey woman. Despite her strong bond with Frankie, she might not have adopted him if she had thought he was destined to be seriously retarded. (Remember that she had been told that before I came into the picture.)

I knew almost nothing about Frankie's health and family history before coming to the house to test him. At the time I was not very experienced clinically and did not know much about how to interpret wide scatter in a test performance. Nor had I had much experience testing children who could not sit still for the duration of the test. I knew only that I saw flashes of brilliance in some of the things he said and did, and I was absolutely convinced that he was not and would not be retarded. He just needed to have the gaps in his experiences filled. I felt that once that happened, the wide scatter on the test items would disappear and everything would cluster toward the upper end. I told Mrs. Lewin all of that, did not give her a written report, and she thanked me profusely. After all, I had confirmed what she knew all along to be the case. But had I not found those teasing bits of higher potential scattered among the failures, and had I not told her honestly what I had seen, the dramatic changes in Frankie's life circumstances might not have occurred. I went back to the house on several Saturday mornings to finish the test, and Mrs. Lewin wanted to pay me for my time. I was too young to know about consultants and consulting fees, and I declined. Besides, in my regular Northwestern teaching I didn't get to spend much time with children. Playing with Frankie for an hour while I tried to complete the test was a treat for me. But Mrs. Lewin insisted that she wanted to do something for me. She had a small choker of pearls made for me (my first *real* pearls) from the end pearls of her favorite necklace. I have worn those pearls with pride for more than 50 years and still see them as a symbol of what can be done for children.

Have you witnessed or been part of a developmental miracle for a young child?

If so, send a brief description to:

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She is interested in compiling a book of such stories to be used as evidence of the power of early childhood programs to enhance the lives of young children.

A christmas story. Years ago, there was a very rich man whose main interest in life was art collecting. He was a widower and he had an only child, a son, who from an early age shared his father's passion. Together they travelled around the world, buying the finest pictures for their collection. Priceless works by old masters as well as pictures by Picasso. Van Gogh and Monci adorned the walls of their house. The old man looked on with satisfaction as his son became an experienced art collector. The young man had a trained eye and sharp business mind and his father beamed with pride as the Frankie and Johnny isn't explicitly about queer relationships or classical music. What did you know that inspired you to write it? I was just turning 50, and I was thinking, "œls it over for me?" Audra McDonald and Terrence McNally Daniel Kuykendall. Where does Frankie and Johnny's fear of intimacy come from? The city was going through a very grim period. AIDS was rampant, but it wasn't just AIDS.