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Just Normal Children

Just Normal Children

by

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TO
EMILIE C. GORRELL, M.D.

WHOSE INTEREST AS A PHYSICIAN AND
A FRIEND HAS BEEN OF INESTIMABLE
VALUE IN INTERPRETING THE RELATION
BETWEEN LITTLE BODIES AND LITTLE
MINDS IN OUR WORK AT MERRYHEART

IF

your child is well and happy,
eats and sleeps and grows as he should,
causes no serious worries,
does all that other children of his age do,
talks and plays and gets into mischief normally,
this book is not intended for you;

BUT, IF

in spite of his lovableness and ability,
your child is difficult, stubborn, queer,
hard to manage, different, or nervous,
will not play or eat or sleep,
causes worries because he is a problem;
*it is for you this book has been written,
in the hope that it may help you guide
your child into wholesome normality.*

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Just Normal Children

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CHAPTER I

THE NORMAL CHILD

"The body and soul of the growing child are the most precious and also the most plastic things in the world, and all ultimate values are measured by the one criterion of how much they contribute to bringing the rising generation to an ever fuller maturity."—G. STANLEY HALL.¹

What do we mean by the normal child?

A child who has nothing so vitally wrong with him but that we hope for his continued development physically, mentally, morally, and socially.

Is a normal child always a perfect child?

By no means.

Why is a normal child not always a perfect child?

By calling him normal, we mean that he is like the great majority of people around him, capable of growth, development, and achievement. His accomplishments in any or all fields may be average, a little bit below average, or a little bit above average. A *perfect* child would be one in whom all abilities were so developed that he could in no way be made more efficient. No matter what advantages were given him, he would be no better than without them. A normal child is not a perfect child.

¹ *Morale, The Supreme Standard of Life and Conduct.* (D. Appleton & Co., New York, 1920), p. 274.

Can a normal child be made more efficient?

Yes, in almost every case.

How can a normal child be made more efficient?

By a careful and impersonal study of him, followed by an attempt at correction of all his defects, even though they be but small.

What defects is a normal child apt to have?

He is usually suffering from some physical handicap, and has inefficient habits of thinking and feeling, and behavior tendencies which are far from satisfactory.

Are all normal children suffering from the same "faults"?

By no means. Some have many more handicaps than others, or faults of a more serious nature.

What makes for such differences in the seriousness of a child's condition?

Two sets of factors:

1. The differences in his inherited traits.
2. The differences in his experiences; that is, in the training he has been given and the conditions under which he has lived.

Can either inherited or acquired traits be influenced in a manner beneficial to the child?

Yes. Both inherited and environmental characteristics can usually be "modified." If these are not as favorable as they should be, their handicap can be lightened so as to give the child a chance to be more efficient, even though it is not always possible to free him entirely from their detrimental effects. On the other hand, we have come to realize that even with the best potential characteristics, the child cannot always develop efficiently in a given environment. His setting must be favorable to his traits, in order to develop them to the maximum.

Is the changing of tendencies not apt to be very difficult?

No. Usually it is a matter of paying intelligent attention to details which makes the difference in his behavior. Change is

slow, and the development of new tendencies to replace old ones depends upon persistent training.

How can attention to details of behavior change one's inherited make-up?

It does not. The error lies in the general belief that children must be like their parents. If father has a temper, the child "inherits his father's temper," reasons the mother, and there is nothing to do but bear with him. The error lies in interpreting inheritance in this fashion. The child does not inherit full-fledged characteristics. He inherits "tendencies towards" the development of certain characteristics. These tendencies lead towards or against certain related types of behavior. By intelligent care it is usually possible to stop such tendencies, or to encourage the freer development of preferred reactions. It is even possible to turn certain tendencies into other better tendencies after it once has been determined that such a change is wise.

Is this true of environmental tendencies also?

Yes, indeed, but the correction usually seems simpler and more complete than when we attempt to correct inherited tendencies. As a matter of fact, the traits he develops from his social background and daily experience are often harder to control because controlling them means controlling ourselves and correcting them means correcting ourselves, and thus eliminating the example from which the child formed his undesirable behavior pattern.

How does one accomplish such corrections?

By carefully studying the child's condition physically and mentally, as well as by watching his behavior. A program for correction must be based upon such study.

Can any parent accomplish this by himself?

Not entirely. The child's physician should determine his physical condition. In case of any anxiety concerning his intelligence development or his mental behavior, he should be taken to a good psychologist or a psychiatrist. Usually the

social behavior problems must be worked out by the family at home, with physician, psychologist, nursery school director, or teacher acting as advisor. If a child guidance clinic is available, the whole corrective program may be directed by it.

Is an attempt to improve one's child impractical?

No. It is the basis of the fullest development for the child himself, and its success means advance for the race of which he is a part.

Is there any danger of overdoing correction?

Yes, indeed.

How may correction be overemphasized?

The overanxious, overcritical parent is very apt to attempt forcing his child to do things that are contrary to child nature, or to try to stop kinds of behavior that are normal for young children.

Is such forcing or repressing apt to be dangerous?

Yes. The child has a right to be a child. The more completely he is himself, the more apt he is to become an adult who is worth while.

Are there any corrections which a parent may be sure he has a right to force upon his child?

In general, yes. There are a few things which are accepted as essentials for normal development. Among these are right eating, right elimination, right sleeping, proper activity, suitable social adjustments to home, playmates, and education, self-control in emotional crises, and right self-help or economic independence.

Is one apt to err in developing these habits of response?

Sometimes.

How can one avoid such error?

By making the best possible use of all aids offered to parents by the community clinics and dispensaries, and by consulting specialists, books, and children's agencies.

Is it wise to seek such aid, even if the child has only minor everyday problems?

Yes, because one hour of preventive work on a young child may save months of worry and much corrective work later.

What is the aim of such corrective work?

1. To help the child be a healthy, happy child.
2. To help him correct defects and avoid forming habits which might later on handicap, or even prevent, his being a normal child, or a normal adult.
3. To accomplish this through helping the parents to intelligently make such changes as are necessary in the child's living conditions, without arousing unnecessary awareness or self-consciousness in the child, himself.

CHAPTER II

BODILY EFFICIENCY

"The primary aim of education should be health. The child's first business is to grow and to develop. Everything else can wait, but the demands of health are imperative. At present there is no consensus among educators in regard to the aim of formal education. This is amazing; but if pedagogy does not know the aim of education for this early period, then pedagogy should give place to hygiene, for hygiene does know the aim definitely—health, adjustment to a normal environment, and the acquisition of those habits of activity, physical and mental, that represent the alphabets of health for every one."—WILLIAM H. BURNHAM, PH.D.¹

Is a normal child apt to have a healthy body?

Yes. There is a far greater probability that his body will be healthy rather than unhealthy, but that does not mean that it is perfect, nor as efficient as it might be.

What is the difference between a healthy body and one that is fully efficient?

A healthy body, in the general sense of the term, means a body in which the growth and activities are near enough to total efficiency to be able to serve the child without aches, pains, or noticeable handicaps. A fully efficient body is one in which even unrecognized defects have been corrected as fully as possible.

Is there apt to be any great difference between a healthy condition and a fully efficient one?

The difference between these two is apt to be that difference of extra vitality which makes a child just normal and capable

¹ *The Normal Mind* (D. Appleton & Co., New York, 1925), p. 1.

of getting along, or so effectively normal that he has vitality enough to accomplish his ideals happily.

Who should determine the degree of bodily efficiency that a child has?

A physician.

How can the physician make a normal, average child more efficient?

It is his (or her) task to determine the child's bodily defects or handicaps and supervise their correction.

Is this necessary even though a child seems absolutely well?

Perhaps we may not say it is necessary, but it is a first essential in any program devoted to making a child as nearly perfect as possible in all phases of his development.

Why is it essential?

Because there are many ways in which a child can be below the standards of good health without such defects showing through any actual complaint or in physical symptoms which a parent would be apt to recognize.

Is such a condition likely to express itself in any other than purely physical symptoms?

Yes, quite frequently.

How will such handicaps manifest themselves?

Unrecognized physical handicaps are frequently wholly and many more times partly to blame for behavior disturbances, irritability, temper spells, moods, constant disobedience, and inability to play or study like other children. They may be back of almost any difficulty experienced in dealing with a supposedly well but "difficult" child.

Since the child does not complain of feeling badly how is his condition to be determined?

By an exact physical examination, commonly called a health examination.

Can any physician give such an examination?

Any physician could but not all physicians do.

What is the difference between physicians in this respect?

Many of our practicing physicians in every part of the country devote most of their time to individuals who are actually ill. Such experience is very apt to dull their interest in the case that has no acute symptom. The symptoms in a seemingly well child are as shadows compared with those usually treated in the sick child. As the result, a physician accustomed to treating sick children is either bored by the demands for advice from the parent of a well child, or he is very apt to miss the significance of the situation when asked to make a health examination, and to report "nothing wrong."

To what sort of a physician should one go for the health examination?

It is best to go to one who is specializing in preventive medicine, that is, in keeping people well, and who is only incidentally interested in curing them if they cannot be kept well.

Can parents judge for themselves whether an examination has been adequate?

Yes, with a high degree of assurance.

What are the minimum requirements of a complete health examination?

The physician must do more than give the child a "look-over." There are exact tables that tell how much a child of either sex, and of any age and height, should weigh. A careful weighing and height measuring are thus a first step in determining whether a child's nutrition is good or poor. A careful examination of the heart and lungs, the taking of temperature and pulse, a urinalysis, a blood test for determination of possible anemia, a general inspection of the skeleton and muscles, with especial attention to posture, and examinations of eyes, ears, nose, and throat are the least possible points that may be considered in a health examination.

Are there more intensive examinations by which it is possible to determine a hidden physical disturbance or defect?

Many.

How frequently are they needed?

Probably one child out of every five, at least, needs more intensive study from some one special viewpoint, after a general health examination has been made.

How does one determine this?

The health physician, dealing to a large extent with nearly well children, will determine the need for such further work, frequently watching a child for some weeks before coming to a final decision.

How often does a child need to see a physician for health work?

It depends entirely upon the number and seriousness of deficiencies found. Often a brief visit every two or three weeks for six months is best. Sometimes visits every month or every two months are sufficient. The physician must determine this in each individual case.

What other factors besides the seriousness of the child's defects may influence his recovery?

The most important factor, aside from the child's condition, is the faithfulness and regularity with which the family carry out the doctor's orders. Irregular giving of tonics or other medicines, irregular breaking over of bonds into indulgence in sweets, late hours, or unadvised trips, practically keep a child from improvement, no matter how much attention he is *spasmodically* given.

How long does corrective work take?

Anywhere from six weeks to six months, in the ordinary case. Two or three years of corrective work are sometimes needed in unusual cases.

Is it advisable to change health physicians frequently?

No. If a physician gives a child a thorough examination, is interested in the case, and outlines a program which it is

possible to follow, he should be given at least a year in which to build up the child.

May patent medicines be used at the same time?

No medicines or drugs other than those advised by the physician should ever be given. Even iodized salt is apt to be a distinct trouble-maker for some children and should be used only with the physician's consent.

Can osteopaths or chiropractors ever help a child?

Probably, in certain types of cases; they should never be patronized, however, without the physician's knowledge and consent.

What should one do in case a child loses steadily under a physician's care?

The physician should be given a chance to explain why the child is losing. If such explanation is unsatisfactory, or insufficient, another physician should be called in consultation or independently. *The child is always more important than the physician.*

Should health work be continued after the child is pronounced well?

Yes. All babies are usually kept under a physician's care regularly. After the age of two each and every child should be taken to his health physician at least once in six months, in order to detect the first signs of any poor physical condition.

What should be done if former difficulties flare up before it is time for another visit to the physician?

The physician should be notified by telephone at once and should be given an opportunity to see the child if he feels it is necessary.

What check upon improvement may a parent establish at home?

A weekly weighing of all the children in the family and a monthly measuring of height are great aids to one's personal

opinion. Sudden and unusual gains or losses should be reported to the physician, if they continue two weeks in succession.

Is an unusual gain in weight as apt to be due to illness as a loss of weight?

Yes. This happens in far too many cases for one to trust one's own opinion to the contrary. *The fat child is not always a well child.*

How can one locate a physician interested in health examination or preventive medicine?

Go to a child guidance or behavior clinic, if one be available, or ask at the local Y. M. C. A. or Y. W. C. A. for a physician who makes health examinations to certify for sports. Such an examining physician could undoubtedly give the desired information, if he himself did not specialize in such work.

CHAPTER III

EFFICIENT BEHAVIOR

“Certain possibilities of development and certain limits are set by heredity. To extend these is the function of the eugenicist, to make the most of them, the function of the educator and the mental hygienist. Mental hygiene shows that within the limits set for the individual by heredity, not only can mental disorders be prevented, but integration of the personality and positive habits of health can be developed.

“To learn to face reality, to acquire habits of attention and orderly association, to develop wholesome interests, to control one’s emotions, to coöperate in a normal social group; in a word, integration of the individual character and integration of the social group, are more valuable than the acquisition of all knowledge and the mastery of all conventional accomplishments. Thus the application of the principles of mental hygiene in all forms of education, whether in the home, the school, on the playground, or in industry, is essential for efficiency, happiness, and normal development.

“Modern hygiene is positive, its aim is not the mere prevention of disease, but the development of habits of health. Neither mental health nor physical health can be taken for granted. The watchword of both is prevention; but the best means of prevention is usually healthful development—on the physical side, a high health level and habits of health, on the mental side, integration and healthful mental attitudes.”—WILLIAM H. BURNHAM, PH.D.¹

¹ *The Normal Mind* (D. Appleton & Co., New York, 1925), p. 683.

When is a child's behavior efficient?

Whenever the thing he does is suitable to the conditions under which he is acting, and sufficient to accomplish what is desired of him.

What disturbance of efficiency or behavior is one apt to encounter in raising normal children?

Any one of a great variety of disturbances. Behavior, in any one instance, may be normal. It *will* be normal in the greater number of instances in any child's life. But it may also be too intense or too great a response, it may be a weak or insufficient response, it may be a peculiar or a-normal response.

What are some of the behavior phases which frequently show disturbances in normal children?

1. There may be disturbances of mental activity. The child shows some need for help in his speech development, through low or very high intelligence rating, forgetfulness, inability to learn some one school lesson, or in some other phase of his intellectual life.

2. He may show emotional disturbances, and his days may be filled with fears, worries, tantrums, moods, antagonisms, or even with ideas that are entirely wrong.

3. He may think properly and feel normally but be socially unable to adapt himself to play with other children, new demands, changed conditions.

What can be done to help such difficulties?

Almost any of the behavior difficulties that develop in a normal child can be eliminated by right procedures and right handling of the child.

Where can such help be obtained?

From those who have specialized in interpreting and correcting the behavior difficulties of children, that is, from psychologists and psychiatrists.

Is any psychologist or psychiatrist competent to handle such problems?

No. There are many phases of psychological work and at least three phases of psychiatric work. A psychologist or psychiatrist capable of handling the behavior problems of normal children must specialize in child psychology or child psychiatry.

How can such specialists be located?

If there is a child guidance clinic or a behavior clinic near by, there will probably be psychological and psychiatric service available there.

Behavior clinics are usually similarly equipped.

Most universities and many colleges maintain psychological clinics in connection with their psychological and educational departments. Well-trained psychologists supervise and direct examinations made in such clinics.

Many large school systems support psychological clinics for the direct relief and direction of child problems in the schools.

Nursery schools and modern kindergartens, if progressive and efficient, usually have psychological service, at least consultant service, for all children under their care. Psychiatric care is sometimes available.

Any parent, by getting into contact with the nearest of such clinics, can easily ascertain where his child may be properly studied.

If none of these types of clinic is available, information as to the location of the nearest psychological clinic may be secured by writing to the Secretary of the American Psychological Association, for the names of such accredited individuals would be listed in the association membership lists.²

One hears confused usage of the terms psychiatrist and psychologist. Are the two the same?

No. A psychiatrist is usually a person of medical education specially trained to diagnose and treat nervous and mental diseases. His special training fits him for expert handling of

² Address: Secretary, American Psychological Association, Princeton University, Princeton, N. J.

disturbed behavior in children, especially that which is a-social or tends to be peculiar.

A psychologist is primarily trained to understand and cope with the problems of intelligence, its development and use, learning, and the related problems of education. In practice the fields of the two professions frequently overlap.

What can the psychologist do to help the average child?

He or she can first of all determine the mental age of the child.

What is the significance of the mental age?

It is a measure of the development of the child's intelligence which indicates any great variations from normal development, and which consequently reassures us when a child tests up to standard.

How does it accomplish this?

Mental tests are arranged so that the average child has a mental age just about equal to his life age in years and months. Thus it is easy to tell whether the total mental age which a child achieves is below, at, or above his actual age.

Is a low mental age significant?

Yes. It very often explains the behavior problem worrying the parents. Speech may be slow because development is slow. A child misbehaves because he is not mature enough mentally to understand commands, although he is old enough. Any one of fifty or more worrisome problems may be found explained when one knows the child's mental age.

Is a high mental age significant?

Yes. A child is often a problem merely because his mind is developing too rapidly, or has developed to such a point that his experience cannot balance his thinking. (See Chapter XV, Peter's Fears.)

Is an average mental age always satisfactory?

No. No matter whether a child tests high, at age, or low, there are often disturbances of the various processes. The way

he thinks is as significant as his thinking level. He may test normal, yet be unable to learn properly. This and numerous other points of variation are more properly evaluated when one knows the mental level of the child presenting such problems.

Can a competent psychologist discover these difficulties?

Yes.

What can be done for them once they are discovered?

A detailed program must be carefully worked out. This will help the parent obtain proper habit formation. Special educational methods are often needed and must be planned in detail. In cases involving actual physical disturbance the psychologist can cooperate with the physician. The psychologist then supervises the hygiene of the child's play and everyday living while the physician supervises the physical hygiene.

Can a psychological examination replace medical care?

Never. Any psychologist, or any other individual trying to help a child, works under continual handicap unless the child to be helped has, first of all, been put into the best possible physical condition.

It is a principle of child efficiency, from here on assumed in this text, that a child must first of all be in efficient health, or under medical care for that purpose, before any other attempts at correction of difficulties are begun. Without bodily efficiency, there can be no full measure of efficiency mentally, morally, or socially.

Are most disturbances of a child's intelligence or learning ability capable of correction?

Yes. A far higher percentage of cases than are usually considered hopeful can be fully corrected, while practically every condition is capable of much relief and improvement.

How often is it necessary for a psychologist to see a child for mental health work?

If thorough work is done at the first examination, the average child will not have to be seen more than two or three times,

probably at monthly intervals, to establish right conditions, but some children may need almost daily conferences for the first month or two. Probably fifty per cent of all children receive marked benefit from a single interview, but permanent improvement needs follow-up work.

How quickly will improvement appear, after a right program is started?

Sometimes a marked change may be seen within twenty-four hours, sometimes two or three months of work are necessary before the parent can see much improvement. Frequently improvement is much more rapid if the child can be placed in a nursery school, kindergarten, or grade class where the specialized treatments outlined by the clinical workers may be constantly and professionally carried out.

Should follow-up visits be continued after matters have been adjusted?

Yes. At least once a year it is fully worth while talking over the child's behavior and educational condition with the psychologist as a preventive means of keeping him normal.

What tests of efficiency may a parent apply to the psychologist or psychological clinic to be sure the work is satisfactory?

The psychologist should make the clinical examination without being told in any detail what the parent may think is wrong. If, at the end of a two- or three-hour examination, the psychologist cannot tell the parent some of the child's characteristics in a way that agrees with the parent's experience with the child, the work has not been individual enough to enable the psychologist to apply special information to help the child.

Is there any test of a psychologist's actual training?

Yes. A clinical psychologist is not fully trained unless he has an accredited Ph.D. This degree is as much his mark of training as the M.D. is for the physician.

Can a psychiatric examination replace the clinical psychologist's examination?

No. They are entirely different. A child might be referred for a psychiatric examination from the psychological examination but this would not replace the psychologist's evaluation.

Do most children need a psychiatric examination as well as a psychological examination?

No. The psychiatrist's study is valuable when the child tends to definite abnormality of emotional life and to behavior which shows a disturbed personality, but it is not a necessity with most children. A reputable psychologist refers cases of proper nature to a psychiatrist.

What services beyond diagnosis should be expected from the psychological study of a child?

Outlines for right home training, suggestions for special training when it is needed, contact with proper schools, advice as to disciplinary methods, and an interpretation of the child's individuality so that one knows better how to deal with him.

Should such psychological study, plus psychiatric study as needed, bring the desired improvement in a child's condition?

It should either bring the desired change or a clear understanding of the child's handicaps which make such improvement impossible.

Is there any other important factor in securing the desired change?

A very important factor! The parents must be willing to carry out the corrective program as planned. Unused medicines never effect cures. Unfollowed plans never promote miracles of improvement.

CHAPTER IV

LAPSES FROM NORMALITY

“Prediction . . . is rarely certain when it comes to human behavior, but I believe it is possible for any normal child in six years to learn to talk and walk so straight that in later life it can be diverted from the straight path only with the greatest difficulty, if at all. This all seems simple enough. It is simple. But the child left to itself, or to an ignorant nurse, is hardly likely to form at the proper time such a set of useful habits as will carry it through life. Not only should every parent realize the enormous importance of these early habits in the future welfare of the child, but they must be willing to give time and patience and intelligence to the formation of these habits. . . .

“Every great man learned his first lessons at his mother’s knee. Into every mother’s lap comes human behavior in the making. Better to be born of a wise, patient, and loving mother than descended from a long line of kings. Better to be guided by a sympathetic and understanding father than to inherit the accumulated wisdom of all the ages.

“Study your child, yes; but first make certain that you know yourself.”—GEORGE A. DORSEY.¹

How is one to know when a child’s behavior should be corrected, or his physical condition given extra consideration?

Any child who demands special attention, who is not easily managed, or who causes worry in any way, would be helped

¹ “How to Make or Break the Child,” in *Building Character* (Chicago Association for Child Study and Parent Education, Chicago, Ill., 1928), pp. 173-184.

more by attention and time directed toward correction of his difficulties, than by energy expended in useless wondering as to why he is as he is.

Does not every child have some traits that worry his parents?

No. *Most* children have, but it is not necessary that they should have. A perfectly well child who has been properly trained gives no real worry. Such a child goes to sleep when bedtime comes, sleeps the right length of time, wakes up in a happy frame of mind, eats the food he should, makes his own play interests, amuses himself, teethes without trouble, needs no special appliances to learn to walk, nor help in learning to talk, but gains in physical and mental independence and ability daily. A child who does not develop thus needs special attention to make him as nearly normal in development as possible.

How can one estimate the special traits in a child which most clearly indicate the need for correction?

It is always hard for one who knows a child well to estimate his faults. One sees excuses for them, even though one recognizes their disagreeable character. Moreover, one knows so few children intimately that it is hard to draw conclusions as to the seriousness of any one trait.

Because of this difficulty in being impartial, the following list of questions is presented as a suggestion for observing and judging one's own child. Read each question and, without prejudice, consider the child's everyday behavior from that angle, then mark the appropriate answer. If the issue is doubtful use a question mark placed between *yes* and *no*. Try to avoid over- or underestimating the situation. Do not spend too much time on any one point.

PARENTS' PROBLEM MEASURE

- | | | |
|--------------------------------------|-----|-----|
| 1. Is he underweight? | No | Yes |
| 2. Is he overweight? | No | Yes |
| 3. Is he over height for his age? | No | Yes |
| 4. Is he under height for his age? | No | Yes |
| 5. Does he eat any food he is given? | Yes | No |

LAPSES FROM NORMALITY

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6. Does he eat less than a normal amount?	No	Yes
7. Does he dawdle over his food?	No	Yes
8. Does he prefer eating between meals, to eating properly?	No	Yes
9. Is he very fond of sweets?	No	Yes
10. Does he have difficulty eating breakfast?	No	Yes
11. Does he drink a quart of milk daily?	Yes	No
12. Does he eat green vegetables daily?	Yes	No
13. Does he sleep at least twelve hours at night?	Yes	No
14. Does he take at least an hour's nap daily, if under school age?	Yes	No
15. Does he cry out in the night?	No	Yes
16. Does he walk in his sleep?	No	Yes
17. Does he talk in his sleep?	No	Yes
18. Is he a quiet sleeper?	Yes	No
19. Is he often listless or tired?	No	Yes
20. Does he seem lazy?	No	Yes
21. Is he irritable?	No	Yes
22. Has he a high temper?	No	Yes
23. Does he suck his thumb or chew his hands?	No	Yes
24. Does he eat things that are not food (if over eighteen months of age)?	No	Yes
25. Is he restless, unable to sit still?	No	Yes
26. Does he chew at or pick at his fingernails?	No	Yes
27. Does he unconsciously make "faces"?	No	Yes
28. Do muscles of the face twitch unexpectedly?	No	Yes
29. Does he stutter, even occasionally?	No	Yes
30. Does he keep using baby talk even though corrected?	No	Yes
31. Is it hard to understand what he says?	No	Yes
32. Does he have difficulty understanding what is said to him, when the significance is within the limits of his intelligence?	No	Yes
33. Can he use both hands well in play?	Yes	No
34. Is either shoulder carried higher than the other in walking?	No	Yes
35. Does he drag his feet?	No	Yes
36. Does he walk heavily, with stiffened ankles, in climbing stairs?	No	Yes
37. Do his shoulder blades stick out?	No	Yes
38. Is either eye crossed?	No	Yes

39. Does he break things easily?	No	Yes
40. Does he stumble frequently or seem clumsy?	No	Yes
41. Is he restless, and unable to play unless an adult plans his occupations?	No	Yes
42. Does he find his own things and play at least an hour and a half each morning without bothering to be amused (if over eighteen months of age)?	Yes	No
43. Can he be trained easily to let things alone?	Yes	No
44. Does he get into everything and pull things out of place?	No	Yes
45. Does he pinch, bite, kick or hit other children without sufficient reason?	No	Yes
46. Does he destroy toys?	No	Yes
47. Is he uninterested in toys?	No	Yes
48. Does he have some one occupation such as tearing paper, twirling twine, hitting things, smelling things, which he uses constantly?	No	Yes
49. Does he damage property or furniture?	No	Yes
50. Does he come the first time he is called?	Yes	No
51. Does he wet or soil his clothes (if over two years of age)?	No	Yes
52. Does he say sentences of three or four words distinctly (if two years old)?	Yes	No
53. Can he undress himself if helped with buttons (if two years old)?	Yes	No
54. Can he dress himself with help (if four years old)?	Yes	No
55. Can he feed himself with despatch, if not with neatness, when two years old? With neatness, if three years old?	Yes	No
56. Can he be sent successfully on an errand to another part of the home (if three years old)?	Yes	No
57. Does he cry without sufficient reason?	No	Yes
58. Does he become wildly excited over small events?	No	Yes
59. Is he jealous of other children?	No	Yes
60. Does he tell tales about other children?	No	Yes
61. Does he run away from home?	No	Yes
62. Is he stubborn?	No	Yes
63. Will he sometimes refuse to do things he may willingly do at other times?	No	Yes
64. Does he do unexpected and naughty things when there is company?	No	Yes

65. Does he demand too much attention from adults?	No	Yes
66. Does he scream if crossed?	No	Yes
67. Was he slow cutting his teeth?	No	Yes
68. Could he sit up, propped up with pillows, by seven months of age?	Yes	No
69. Did he creep or slide around the floor by ten or twelve months of age?	Yes	No
70. Could he take steps, if led, when one year old?	Yes	No
71. Could he walk and run everywhere when twenty to twenty-four months old?	Yes	No
72. Is he inclined to be solitary?	No	Yes
73. Does he have difficulty getting along with other children?	No	Yes
74. Is he afraid of fire?	No	Yes
75. Is he afraid of strangers?	No	Yes
76. Is he afraid of animals of any sort, without real reason?	No	Yes
77. Is he afraid of new places?	No	Yes
78. Is he afraid of the dark?	No	Yes
79. Does he lack normal fear or so-called "caution"?	No	Yes
80. Does he have some one unreasonable fear or desire?	No	Yes
81. Does he bump his head when angry?	No	Yes
82. Is he sly or secretive?	No	Yes
83. Will he tell a lie, although he may not understand the full significance of it?	No	Yes
84. Is he selfish?	No	Yes
85. Does he always want the things with which other children are playing?	No	Yes
86. Is he antagonistic, moody, or negative in attitude?	No	Yes
87. Can he adapt to changed conditions of eating, sleeping, etc., without resisting them?	Yes	No
88. Does he whine and continue teasing for something he has been denied?	No	Yes
89. Does he prolong situations by arguments?	No	Yes

What is the significance of such symptoms?

Every symptom in which the child's condition has been indicated by a mark under the *right hand* answer is one which proves the child's need for specialized attention in order that the cause underlying that trait or condition may be eliminated, or at least be partially corrected.

Are all the symptoms of similar or equal significance?

No. The first twenty-six are practically all symptoms which need immediate attention from the health physician and which will, in most instances, yield to medical correction alone.

Are there children in whom they will not yield to purely medical treatment?

Yes. Now and then one finds a child in whom the physical symptoms persist until a correction of the mental condition has been effected, then better health follows.

Do any of the symptoms listed sometimes come from such conditions?

Yes. Occasionally, many of the first twenty-six symptoms listed will yield only to understanding usage or correction of the child's ideas, feelings or desires. The symptoms listed in number 27 to number 42 are those in which the psychological or mental aspect must usually be considered in connection with the medical features of the condition, while those after number 42 are symptoms which usually need special emphasis upon the psychological handling of the child. The last fifteen are especially indicative of the parent's need for further education in methods of handling the child.

How may best results be obtained if any of these symptoms is an everyday part of the child's condition?

By getting, at once, expert medical care for the child, following the physician's directions constantly and faithfully, and then, in all cases where symptoms persist over more than a few weeks, by consulting the best available habit clinic, psychologist, or preschool clinic, *if it has medically and psychologically trained workers* as well as dietitians and educators.

What can parents themselves do for the child in case expert help is not available?

Make use of the best possible family physician and then work out, through reading, the logical things to try from the mental and behavior standpoints.

It is for just such parents the rest of this book is meant. It is written from the psychologist's standpoint, and presupposes that everything that can be done medically is being done.

Are all the symptoms of disturbance which a child may have included in the list herein given?

No, merely those found most frequently in dealing with the average child. There are usually some new or different symptoms in any child one studies. Those enumerated are merely frequent and obvious.

Can all the conditions mentioned be cured?

No. Most of them can be, but a few are apt to have serious underlying causes and may never completely disappear, although they may be greatly relieved.

Is it wise to wait until the child is old enough to be "reasoned with" before attempting correction?

No. The sooner correction is begun the better in every case. A policy of waiting is the worst possible policy.

Does any one symptom make a child a serious problem?

By no means. Sometimes one problem is much more serious than other individual problems. But whether it be serious or not, the thing that is wrong keeps the child from being his best self, and, no matter how trivial it may be, correction is the child's right.

CHAPTER V

POLLY WOULD NOT SLEEP

Polly was a good baby. From the very first week of her life it was easy to establish habits that made her merely a joy to the household. She was breast fed, and thrived as she should on regular feedings, regular nap times, baths which arrived on schedule, and a wakeful play hour about four o'clock in the afternoon. Of course her mother admitted that the experience gained through taking care of Brother Paul had been a great help in keeping Polly more completely on schedule. But even this generous concession to the help Paul had given seemed almost unnecessary, for Paul himself had never known a moment's illness or any symptoms of disturbing behavior in his whole three years of active living.

Polly's history was not quite so happy as the parents had hoped it might be. When she was thirteen months old cutting teeth became a very difficult matter. At first she was merely fretful and would whimper a little when bathed or put to bed. In the course of a week she began to refuse her food, would cry without apparent cause many times a day, and went to sleep much less quickly for her morning and afternoon naps, although she still slept well at night. The family physician said she was "teething" and would be all right if the teeth once came through the gums.

During the next week Polly grew thin and lost her rosy cheeks. Her night sleeping became more irregular. She wakened frequently and cried in the tones of true distress which a parent recognizes instantly as different in quality

from tantrum cries or demands for attention. Finally, her gums were lanced, but the teeth did not come through, nor did the former sleeping habits reestablish themselves.

Five weeks after the beginning of the whole period of upset, the mother asked for some psychological help on the situation. It did not take long to fill in the picture of factors which seemed to have a definite bearing upon Polly's symptoms at that time.

The father and mother were both of southern families. The mother's people had lived for three generations in Florida, the father's family had been among the first to help settle Texas. Both parents were individuals above the average in intelligence, associated in their professional work, and admittedly people of constant nerve tension. The father frankly reported that he had never slept well after he left Texas to go to college, until he had moved to Florida to go into professional practice six years before the time of the interview. The mother usually worked at an intensive rate for several months, and would then become extremely tired and have to rest most of the time for a couple of weeks. Recovery was always much more prompt if she could get down into Florida for a week or so. Both babies were born in Florida and the winter of Polly's first birthday was the first that the family had spent in a moderately cold climate.

It took merely a short period to determine that Paul had suffered, even though to a lesser degree than Polly, from the winter in the north. He had not gained weight at his earlier rate, nor did he always take his afternoon nap, although put to bed regularly. The mother had thought this was probably due to his greater age and had not been disturbed about it.

An inquiry into the family histories brought out only one characteristic that was other than perfectly normal. Both families tended to be overtense and to "keep going all

the time." The father reported: "Polly is named after her great-grandmother and she must be like her. From all reports grandmother would have been mayor of the village in which she lived if there had been a mayor. She had six children and did all her own housework, yet, they say, she would often ride miles into the country and settle a family dispute between young people and they would listen to her. She taught a little school in her own home for children too young to go the distance to the district school. She dried herbs and supplied the local doctor with tonics and bandages and lint, and is said to have 'supervised' his treatments. We think Polly has probably inherited her energy."

A study of Polly without any attempt to apply unsuitable psychological tests to an irritated, tired, sick baby gave certain minor disturbances which fitted into this picture of family tendencies. Polly herself was overtense, noticed the slightest sounds from outdoors, attempted to play with her balls and a doll, but would stop in irritated fashion and throw them away, then restlessly pick up something else and wander around with it. She walked with fairly good control but would frequently lose her balance and sit down with a hard little bump. She did not seem to mind the fall, but rather gave the impression that the physical shock was a relief, and would then sit still and play normally for a few moments. The parents both reported that she had been walking without so many falls for nearly a month before this sleeping trouble began.

Questioning brought to life some contributory factors. Polly's diet had been directed by a pediatrician and was thoroughly satisfactory. Her daily program was a model and had not been changed at all recently. But, she was a member of a family which had evidently maintained its health by living in districts where the climate allowed a maximum amount of direct sunlight exposure. Even with

this factor more favorable than in ordinary instances, there was a family tendency to overtension. Polly had not had the benefit of this same environment. She had passed her first winter in a gloomy district where the number of bright days that winter was far less than the average. Besides this, they had lived in an apartment from which it was difficult to get her coach to the ground floor and her outings had been more circumscribed than any one had realized. She had slept on a screened-in porch but it had not had much direct sunlight.

Because of the overtension, irritability, sensitivity to sounds, lack of concentration on play, restlessness, and the poorer motor control, associated with a history of family tension and constant need for maximum sunlight, Polly was at once referred to a nutrition expert. Within the day her calcium (lime) deficiency was definitely determined. This deficiency was the primary factor in the disturbance associated with the slow development of her teeth. She was immediately started on ultraviolet ray exposures and given a small extra quantity of calcium (lime) in a properly prepared form. On the fourth day of this treatment she slept properly at night. By the ninth day the afternoon naps were again established. At the end of the second week there were three new teeth proudly displaying themselves. Within a month she was her normal self again, with eating, sleeping, play, and weight reestablished.

After this experience the family watched very carefully for any signs of a renewal of disturbance but Polly went on through her second northern winter without the slightest trouble. Needless to say she was again given ultraviolet ray treatments as well as the cod-liver oil which she had had from birth.

When she was within a month of her third birthday there came another flare-up. Suddenly her sleeping habits changed. From being a child who had always slept well,

except for the one disturbed period, she developed the most extreme types of night irregularities. From the fifteenth month of her life she had been dry throughout the night. This habit lapsed and she would wet her bed two or three times a night, then immediately call for attention and dry clothes. She had always slept regardless of radio or piano. Now the slightest noise of the dog barking or father running the car into the garage late at night was complained of. Covers did not suit. One night she was too cold, the next too hot, although the room temperature and ventilation were all that could be desired. She would get up out of bed and wander through the house, giving the most plausible arguments as to why she was where she was, when found. "I had to get somefing to eat. I'se hungry." "I had to get my Teddy. He's afraid." "I heard Paul call me and Alice (the nursemaid) didn't hear." (Not true.) "I wanted my daddy." "I had to go to the bathroom." "I wanted to get a hot water bovel."

This time the parents recognized the need for a determination of the physical condition and took her for a medical examination, but no disturbance of any sort could be found. The preventive care she had been given had eliminated the possibility of the same sort of trouble as she had previously had.

The family then tried discipline, rewards, sleeping in the same room with her parents, eliminating afternoon naps to get better sleep at night. They finally tried fastening her in bed in such a fashion that she could not get loose. Each new method worked for two or three days, then lost all of its effectiveness.

Finally she came for further psychological work to see what might be suggested. This time Polly was given a full laboratory examination. She was three years one month of age and had a mental age of five years on the Stanford Binet. The relation of mental age to actual age

is usually expressed in a per cent relationship which is called the I.Q. or intelligence quotient. Polly's I.Q. was 162. This is a great deal above the average rating for a child of her age. It gave the fact that she was mature enough intellectually to be able to help herself on her problem. She had ability to coöperate far more than an average three-year-old could. In all of the tests which constituted the mental age findings she showed an overrapid rate of reaction and a tendency to too much tension, but neither of these was extreme enough to be pathological.

On all supplementary tests she scored from four to five years. She was less competent on tests involving the use of big muscles than on anything else. This instituted further inquiry into her everyday life, and brought out the fact that her daily play periods were practically all spent in a room about twelve feet square, and her outside playtime was devoted to walks to and from the park. She had no swing, no bicycle, no scooter, no hoop, nothing for active play. The family still lived in the apartment in which her babyhood had been spent. No other factor of any significance could be obtained although Polly worked and played two half days in the laboratory. Strangely enough, the report came back from home that she took her nap and slept well at night both days after her exciting and new experiences with tests and observation play.

The first general advice given was that the parents consider moving to a home where the children would have facilities for true outdoor play. As a secondary recommendation, to take care of Polly until such a readjustment might be feasible, it was suggested that she be placed in a nursery school where she would have the opportunity for free outdoor and indoor play that might exercise and tire her large muscles sufficiently so that she would sleep when she went to bed. This plan was at once adopted. Polly went on the whole-day nursery school schedule which re-

ceived her at eight in the morning and kept her until four in the afternoon. The first day she did not go to sleep during the whole of the enforced rest period. The second day she went to sleep within the first fifteen minutes. After that, sleep was a matter of course. The night time sleep did not yield so readily to the enforcement of good tendencies. It was fully a week before she was staying in bed all night without a disturbed period or any tours over the house. After several months the mother felt that it was unnecessary expense to keep her any longer in the nursery school, so she returned to her previous schedule, although, since the weather was warmer, she did get to spend more time outdoors. Four weeks from the time she went home she was reëntered after a week of increasingly difficult sleep. The family felt that the proof was conclusive and set about hunting a house with right quarters for a small child. After they were nicely settled in the new home Polly went back into the home, on a schedule of all possible time out in her own yard.

Once more everything went well until the middle of the next winter when Polly was four. At that time she again developed the propensity to prow around the house at night. Again the health condition was confirmed and the attempt made to psychologically analyze the situation. This time there was no possible clue to disturbance in any phase of the daily program. However, the psychological findings revealed that Polly now tested almost seven years mentally. This meant an intelligence high enough so that she was probably craving more companionship than she received from Paul, who was in school most of the day. Questioning the nurse confirmed this probability. She reported that Polly wanted stories, a companion in play, begged for some one to teeter with her, and preferred to stay indoors with the nurse rather than play in her yard alone. There were no possible playmates of her own age in that neigh-

borhood so Polly was again entered in the nursery school. Since she was there for occupation and companionship only, she was put on a morning schedule, and went home for her lunch and nap at 11:45, then spent the rest of the day on the home schedule.

Sleep again straightened out and life has gone along peacefully for a year and a half. Polly is now getting ready to enter first grade in September, a month before she will be six.

Of course it must be pointed out that lack of sleeping ability would not always follow from such causes or conditions. With Polly the disturbance of the sleep habit was determined when she had the first episode of disturbed sleep, which was actually physical in its causation. This experience laid the *pattern* for wakefulness in any later stressed, strained, or unsatisfactory condition. At later periods it was not necessary to have an actual physical disturbance. The emotional disturbance, or the incompleteness of experience which was partly physical, partly mental, and partly emotional, was sufficient to cause a return of the disturbed behavior pattern. Polly responds with sleeplessness in any crisis because her earlier experience taught her that type of response. Another child might respond to the same factors with an entirely different set of experiences, but they would be those learned by experience in earlier childhood.

No matter how carefully we guard against it, we may expect Polly to always tend to react to any crisis in life by insomnia. All of our corrective work will be aimed to prevent it, but it is her probable difficulty of adult life. Sleep will be a sign that life is normal, sleeplessness the indication that something needs readjustment. With our understanding of her, passed on by intelligent parents to her as she gets older, we may hope to prevent her going the rounds of physicians' offices seeking help for insomnia. Instead she will recognize that insomnia is probably but a sign of

some unmet or unsolved difficulty and will make readjustments accordingly.

Is it very important that a child sleep the right number of hours?

Yes, indeed.

What is the result of too little sleep?

The child is decreasing his rest time, which is the time in which he stores up energy, and increasing his activity time, in which he uses the energy stored up in his sleeping periods. Sooner or later the increased demand upon his nervous system uses up *all* of the *reserve energy* he has stored up through his babyhood and childhood. He then begins wearing out. His fatigue changes from incidental, everyday fatigue to chronic fatigue, which becomes more and more marked.

What is the result of such overuse of energy?

The nervous system gradually becomes less and less able to meet, in a normal or healthy fashion, the daily overdemands made upon it. It begins to use makeshifts, or to respond in an abnormal or fatigued fashion.

Does this have any bad effect upon the child himself?

Yes. He changes in his so-called temperament, his play, his interests, and his learning ability.

Harry was eight years old. He had never been able to learn well in school. He began well in the fall each year, but in two months he "wasn't fit to live with," cross, irritable, forgetting all he knew. He slept about eight hours a night, staying up until the family went to bed. He was fearful, shy, a crybaby, and could not learn. Careful and detailed examinations, both physical and mental, indicated insufficient sleep as the only important factor.

He was taken out of whole-time school, given a two-hour rest in the afternoon, and was put to bed in time to get at least eleven hours of night time sleep. In a month he was gaining markedly. In three months he was happy, alert, active, interested, and learning at a slow normal rate in school. With continued rest, other conditions have continued improving.

Are such changes noticeable after a day or two of poor or lessened sleep?

Not usually, if it is the first time in his life the child has suffered from such a difficulty.

What effect may be noticed?

Sometimes children show the loss of even one nap or of a few hours of the night's sleep by being irritable, cross, crying easily, refusing the regular amount of food, or by demanding an extra amount of parental attention, tiring of toys easily, fighting brothers and sisters, or even by refusing to do anything and everything asked of them.

Does disturbed or broken sleep affect the child like the loss of sleep?

In just the same way, but the symptoms of disturbance are usually slower in making their appearance.

How are the effects of continued loss of the right amount of sleep different from the effects of a single night of poor or little sleep?

They are far more marked, usually appear earlier in the day, and are much less apt to yield to slight distractions or changes in the living schedule.

What are the chief causes of too little sleep?

1. Poor sleeping environment.
2. Poor nutrition.
3. Overexcitement or stimulation from activities during the day.
4. Poor daily schedule.

ENVIRONMENT AND SLEEP

What is meant by a poor sleeping environment?

The conditions under which a child is expected to go to sleep or stay asleep are not satisfactory.

What are some such conditions?

1. There may be too many distractions in the bedroom itself. It seems to be a modern fashion to allot each child his own bedroom and then to have all his toys and games (and later his study table) in that same room. Only too frequently one finds a child's room in which twenty to a hundred attractive toys—dolls, tea sets, stoves, engines, tractors, aquariums, games without end—suggest play and activity, especially when it is a daylight sleeping time. The brighter and more active a child, the more such "silent suggestion" is apt to delay sleep, or even prevent its coming at all. The writer is inclined to believe that less individualism in sleeping quarters with a separate playroom is far more satisfactory from the standpoint of obtaining right rest and relaxation at bedtime. Sleep is the most important habit of the young child. It needs every consideration.

2. The sleeping quarters themselves may be wrongly stimulative and suggestive. Walls should be free from vivid and too bright colorings. The patterns in wall papers and hangings should be unstartling and simple enough that they do not suggest weird or fearsome sights to the imaginative child. Even the coverings of comforts must be watched from this standpoint. If Mother Goose or nursery papers are used, be sure to present no impossibilities such as Jack tumbling down hill with no place to land, due to the nearness of another scene, or the cow jumping over the moon with every intention of landing on Humpty-Dumpty.

3. Light may cause too much stimulation, even with blinds or curtains that seem suitable. An overexcitable, irritable, or nervous child frequently is oversensitive to even a small amount of light and will get enough stimulation from light shining on white or bright articles to keep him from sleeping.

4. Insufficient or too heavy covers may cause enough discomfort to keep a child awake, even though the discomfort is not enough for him to know he is too warm or too cool. Children feel changes in temperature more quickly than adults (they have a larger area of skin surface per unit of body weight), and are frequently restless even in the warmest

weather, unless protected by a certain weight of covering. When covered, they sleep soundly, being able to relax more completely. In general their sleep seems more apt to be affected by too little rather than by too much covering.

5. Noises in the household and around the home are very apt to influence sleep. A child who wants to do things, and who hears sounds suggesting that others are so engaged, is not apt to sleep well. Noises which occur constantly are usually adapted to and ignored, but unusual, irregular, or interesting noises are apt to interfere definitely with sleep, especially with the afternoon nap.

6. Ideas often interfere with sleeping. These may be of two kinds, fears and desires. The fears are usually a part of a general fear situation. To understand them one must understand the whole problem of the child who fears. This will be discussed in another place (see Chapter XV, Peter's Fears). Desires which keep a child from going to sleep are usually those which relate to the activities of other children not in bed. He wants to stay up and do as others do. It is not possible to send the ten- or twelve-year-old, or all adults, to bed at the same time the five- or six-year-old goes, but the programs should be arranged so that the younger child sees less attraction in staying up.

How can the attraction of staying up be minimized?

Daytime naps can always be arranged so that they are practically over by the time the older children return from school.

If children have school in the forenoon only, should they take an afternoon nap?

Yes. There is a chance that the child of seven, eight, or nine may not always sleep but he should regularly have the rest period with the hope that he will sleep occasionally. The period should be called a rest period, not a nap period.

How can desires be adjusted for the earlier evening bedtime?

By seeing that the pleasure hour of all the children comes before the younger ones go to bed. If pleasure is over and Big

Brother and Sister are settled at evening school tasks when Small Brother and Sister go to bed, there is very little probability of discontent. The child of only three or four recognizes that school and school duties (and privileges) are things he will grow into as he gets older.

Should one keep from small children the knowledge that parents are going out after the children are in bed?

No, and if no suggestion is ever made that they are expected to make a fuss they will not. They do not expect to imitate parental behavior as closely as they do that of older brothers and sisters.

Should children of school age be made to take naps in vacation times?

They will undoubtedly benefit by an afternoon rest period. This rest period one can enforce, but sleep itself cannot be enforced.

Ought one to insist upon a child's trying to sleep at rest time?

Not too forcefully. It is better to suggest rest and gain consent, and thus get relaxation, so that sleep is apt to come, than to insist upon sleep and cause such a state of nerve tension, through trying to sleep, that no sleep comes.

Is there any preferable time for the afternoon rest?

It should come immediately after the noon meal.

Why should the nap immediately follow the noon meal?

Because the change of circulation caused by eating puts the child into the best physical condition for relaxation and sleep. If putting to bed is delayed, the child begins to feel rested and refreshed by the food he has eaten and is digesting. Sleep is less apt to come easily.

Should children be undressed for their naps?

Undoubtedly. Undressing itself makes them realize they are *in bed to stay awhile* and probably does more than any one other thing to bring the same attitude towards sleep as the child

usually has at night, that is, that it is inevitable and to be expected.

If a child sleeps more than two hours in the afternoon should he be awakened?

Not unless he has begun a bad habit of long-nap-and-late-to-bed. Then he should be awakened. But ordinarily a long nap means a long stride towards a better physical condition and should not be shortened in any way.

Does a child always feel better after a long nap?

No. Frequently an unusually long nap is a first indication of relaxation from an overtense condition and on waking the child feels *worse* than he previously has.

Is this a true indication of his being in a worse condition?

No. It usually means that he has merely rested enough so that his nerves register better a condition which is far from good. It is the first stage of recovery and more such naps rapidly bring *feeling* better as well as *being* better in health.

NUTRITION AND SLEEP

How does poor nutrition affect sleeping?

By upsetting the normal balance of the body impulses so that normal relaxation is impossible.

How does poor nutrition do this?

Poor nutrition means that there is a certain lack in the food supply so that all of the hunger demands of the body are not supplied and satisfied. Hunger always means tension and irritation of the nervous system. When these are only partly relieved chronic overtension is apt to be one of the results, with inability to relax readily into sleep as one of its most prominent and earliest symptoms.

Will poor sleep appear before loss of body weight?

Often. A child will frequently keep up to average weight and yet stop taking naps, beginning to take naps again as soon as a pound or so of extra weight is added.

Is extra milk at bedtime of any help in these cases?

It usually helps and sometimes is an aid sufficient to correct the whole condition.

Are any special types of nutrition disturbance more apt to bring lack of sleep than any others?

Probably. In the writer's experience the children who are poor milk drinkers seem to be more easily disturbed in their sleeping habits than cases of more general malnutrition. Such cases are limiting the food which is the most abundant source of calcium (lime) and calcium in abundance seems necessary for satisfactory sleep.

Jack was two years old and his mother could not get him to sleep in the afternoons. He kept going from seven in the morning to seven or eight at night. He was overtense, lacking in concentration on his play, cried very easily, and was afraid of all noises. He had been difficult to feed as a tiny baby and was very slow getting to a normal baby diet. Recognition of this factor with increased calcium feeding, under the direction of the health physician, brought naps within a week. In the course of a month his mother reported that he seemed like a different child. Formerly his amusements or occupations had to be suggested every ten or fifteen minutes. In the course of a month his improvement was such that he played an hour and a half at a time "without bothering." His fear of noises had definitely decreased and has since disappeared. The calcium lack had caused overacute hearing which made for fear, and this was relieved. Sleep has been maintained normally for nearly two years, without any return of earlier symptoms.

OVERSTIMULATION AND SLEEP

How does excitement or overstimulation affect sleep?

In just the same way that speeding at sixty miles an hour in a big car makes it impossible to stop in fifteen feet. The action started is too great to be checked easily when one wishes to stop it.

How is this apt to affect the child?

The excitement, whatever it may be, arouses the child's keenest interest and attention. He gives all of his energy to it.

Thus he tires rather quickly, but keeps himself stimulated by the newness or delightfulness of things until he is far more tired than usual when his bedtime comes. By that time he has developed the beginnings of a nerve habit of continued activity and the memory of the day's activity replaces actual activity, going "round and round" in his mind. As long as this continues sleep is practically impossible.

How can one correct such a condition?

Physical relaxation may be aided by a slow, warm bath, soft rubbing, and, if cool enough, by a warmed bed and a hot water bottle. A glass of warm milk may also be given if this does not interfere with the child's diet restrictions.

Mental relaxation is apt to be aided by changing the conversation to everyday topics as the child gets ready for bed, by telling a well-known story, by mentioning ordinary play interests for the next day, and often by a few minutes of good but quieting music.

How may one prevent such overstimulation?

By limiting definitely the number of strangers a child sees in any one day.

By limiting new experiences to not more than one or two a day.

By not allowing him to play with too many children in any one day.

By seeing that all new and exciting experiences come far enough before the child's supper hour so that the excitement has worn off by that time.

The young child should never have new and exciting experiences after his supper hour.

SLEEP AND SCHEDULE

How does a poor schedule affect sleep?

Several ways have already been indicated. A good schedule makes use of a child's natural and normal tendencies to sleep. Such a tendency makes sleep easier immediately after a meal. This should guide the noon meal and nap time, as well as the

evening meal and bedtime. Excitement of any sort should be so planned that it interferes with none of these times. Again, a child's nap may come too late in the day and he is consequently not tired enough to go to sleep when bedtime comes again.

Is there such a thing as a child's being too tired to sleep?

Yes.

What should be done for it?

Every possible excitement should be eliminated from his daily schedule. Every means of getting relaxation (see above) should be used. A mid-morning rest period of at least an hour should be added to his regular rest schedule.

May a child be allowed to play quietly with toys during his rest periods?

Most certainly not! He is merely substituting mental activity for physical activity and the fatigue is apt to be more marked than if he were up and at play.

What incentives may be used?

A doll baby taken to bed is often a help, as is any other single favorite stuffed toy. A tiny, sleepy, live kitten taught one of the writer's very tired little pupils to rest. Watching clouds, goldfish, swinging lanterns, a dim burning candle have all proved very effective. For the briefer morning rests it sometimes helps to set an alarm clock and let the child lie and listen to it ticking, waiting for it to ring so that he may get up. Older children often rest far better in the afternoon when they know they will not be allowed to get up until called. They are far more apt to sleep knowing the time of getting up is not theirs to decide.

Should children be allowed to have a light at night?

If the light means better sleep and freedom from fear, it is a habit far better indulged than to run the risk of prematurely trying to make the child sleep in the dark. The light habit can easily be broken once a child knows how to sleep. It can-

not be decided the same way for all children. But, whatever the decision, the need for sleep at all costs should be recognized.

Should children always sleep alone?

This, again, is a question of relative values—good sleep with companionship, or poor sleep without. Which shall it be? Sleep is the essential. Once a child has slept well, with confidence that all is well, with no fear aroused, for six months, or a year, or two years, one can easily break off undesired habits related to sleep.

How can undesirable sleep habits be broken?

Usually rearranging the sleeping quarters of the family is the easiest method. A new bed, the *privilege* of a room alone with paper of a favorite color, candles that burn out instead of a permanent night light, praise for growing big enough to sleep alone, are incentives which usually achieve what one wants, and keep the child's normal sleeping habit at the same time.

Should breaking off of such habits be forced if it disturbs sleep?

No. *Sleep is the fundamental need if one is to be healthfully normal.*

What is a suitable daily program for a healthy, normal child?

The following is merely a tentative program, presented chiefly for the purpose of giving the reader an outline to criticize and modify into a program satisfactory for the child under consideration. All activities may begin earlier or later, and playtimes outdoors and in the house may be reversed in place. The requirements of the individual home must decide all details. Children over seven may occasionally stay up a little later.

- 7:00 Called or taken up.
- 7:15 Has been to the toilet.
- 7:45 Is washed and dressed.
- 8:15 Is through with breakfast.

- 8:30 Has been to the toilet.
- 11:00 Has had two and a half hours of play. At least an hour and a half of this time he should amuse himself with little help. As much of the whole period as possible should find him outdoors. Probably one half hour should be given to a walk which may be on some household errand. Properly supplied with galoshes, raincoat, and umbrella, even bad weather should not keep the child of three or more indoors.
- 11:15 Has put away toys and wraps. Goes to toilet if he was not called in from play for that purpose about 10:30.
- 12:00 Has helped to undress self, taken his bath, and is eating dinner.
- 12:30 Has been to toilet and is in bed.
- 2:30 May still be asleep. Should have fallen asleep within five minutes of being put to bed. Goes to the toilet when he wakes.
- 4:30 Has gotten up and dressed himself with as little help as possible. Then either went out for a walk, outdoors, to play, for a ride, or played indoors by himself.
- 5:30 Has had a quiet playtime with Mother or Daddy, and is ready for his supper.
- 6:30 Begins getting ready for bed.
- 7:00 Asleep for the night.

CHAPTER VI

JOAN WOULD NOT EAT

Joan's mother came to apply for her admission to the kindergarten. She wanted her enrolled for the whole day as she "needed the discipline." Inquiry brought out the definite need of such help. The mother had worked before she was married. She had gained one promotion after another in the office of a good company and they wanted her back. Returning to work meant more money to make a better, permanent home for Joan, for five years of married life had taught Joan's mother not to expect too much from the achievements of her husband, "He works, but he just doesn't seem to get ahead."

If she went back to work it meant that the small Joan would be under the all-day care of her grandmother and, she admitted, "Grandmother spoils her in more ways than one." The chief difficulty was tantrums, which could start over anything, but which nearly always began about meal time and would usually develop into a refusal to eat food given her. Sometimes she would eat but then regurgitate. As a result she had not gained weight as she should nor grown as she should, and was becoming more and more of a problem to manage.

When questioned as to the beginning of this eating conflict, Joan's mother gave a history of numerous cases of difficulty in eating and regurgitation, throughout the father's family. The father himself could not eat a normal meal, and had always been little and thin. His sister and one of two brothers were similarly affected. His mother, that

is Joan's grandmother, and several of his uncles were also "poor eaters" and regurgitators. Joan had regurgitated food whenever crossed or aroused to any emotional extreme, from the time she was a baby. The family physician advised training, as there was no physical basis for such trouble. Another said she was abnormal and always would be.

Before attempting any correction or even promising such an attempt, Joan was given a careful psychological examination. She was then four years and six months of age. Her weight for her height should have been thirty-six and three-quarters pounds, but she was only twenty-nine and one-quarter pounds. She needed to gain at least twenty-five per cent of her weight. This is a difficult feat when a child is willing to eat and cooperate, but, with Joan's resistance, meant a prolonged period of training. The important question was whether or not she had mentality sufficient to cooperate, and whether she was adaptable enough to be led to cooperation.

On the Stanford Binet scale she had a mental age of five years which gave her an I.Q. of 111. All mental processes seemed proportionately well developed except that she was relatively low in muscle coordination. This is a condition which is quite frequently found in undernourished children, so it merely confirmed the seriousness of her condition and did not make predictions poorer. On imitative tests Joan scored normal, but in tests of adaptability she scored six years. This promised well for adaptability on the eating problem. Consequently, with all indications pointing to the normality of the child and her ability to cooperate, she was entered in the all-day players group of our preschool.

For a few days all went well. The novelty of eating with other children carried her through a first week's experience of food supposed to be eaten without argument or disturbance. There was a consequent gain from Monday

to Friday of three-quarters of a pound, which had all been lost when she came in the following Monday. That week a gain of three-quarters of a pound was made of which one-half pound was retained after a week end at home. The third week showed a gain of seven-eighths of a pound. By the fourth week the novelty had worn off the situation and Joan was ready to create her own excitements.

The children were always allowed to help serve themselves. An attitude of its being a privilege to eat at school had been held from the very first day and accepted by most of the group.

The only rules relative to eating were:

1. Only children whose plates are completely emptied are given dessert.

2. Only children who have emptied their plates by 12:25 (thirty minutes after serving their meal) are given dessert.

Joan had adapted to the rules beautifully, but all at once, the middle of the fourth week, she announced, "I don't like spinach and baked potatoes. My Grandmother gives me fried potatoes and peach pie." No mention was made of the fact that she had eaten both articles of food the previous week. The only reply given was, "But, Joan, we eat spinach and baked potato and all these other things at school, so we'll get big enough to go to grade school." Grade school being her ideal of achievement, Joan said nothing, but ate very slowly, chewing each mouthful in prolonged fashion. Just about the time the other little folk were ready for dessert, she regurgitated the little she had eaten. Drastic action followed *at once*. A glass of water thrown into her face checked the straining to void more matter, and cleared the mental atmosphere. Then followed our routine procedure:

1. The offender cleans up the offensive matter.
2. The offender goes into isolation.
3. The offender eats another serving of the same food,

being told there is plenty more if that is not kept swallowed.

This procedure worked with Joan for the time being, but a week later there came another episode, which responded to similar treatment. The following week she was absent, presumably with a cold, although Joan herself reported, "Mother was going out so much she couldn't take time to get me ready." Whatever the cause, the result was apparent—a loss of all weight gained in the past month.

We started over again. Joan was more difficult to please, more critical of the food served her. Seemingly no attention was paid to her comments, but they were silently noted and helped to build up a picture of the family life in which Joan heard and experienced all that occurred. "I don't like prunes; my Grandma says they aren't fit to eat." "We don't make jello. We eat pie." "I don't like tomatoes, because they haven't vinegar on them." "I like icing on cake." "I like lots of jelly on bread." Despite these barometric indications of a storm coming she slowly gained weight, taking seven weeks to gain back our high point of the first month, but not refusing food.

Then came a period of extreme resistance and repeated regurgitating of food. At this time the mother reported that Joan had been much better at home but had begun a series of terrible tantrums the previous Saturday, "Just after I'd taken her with me on a trip to C——, because I thought she'd like it." (Two hundred miles in a Ford coupé, standing most of the way as "the seat was full with Uncle and Mother," Joan reported!)

Whatever started it, trip, fatigue, wrong feeding on the trip, loss of interest in preschool food, Joan gave a demonstration of the most marked degree of refusal of food. One point was quite apparent, however. She never refused or regurgitated milk given at 10 A.M. or after her nap. Because of this a different procedure was adopted.

When she came into the dining room expecting a chance to refuse or "unswallow" food, she was led on through to a serving room and given a full quota of food in liquid form, either eggnog, broth with strained vegetables, orange juice with egg, or oyster broth, and then taken straight to her nap without the sight of solid food. At this time the value of being allowed to eat dinner with other children was briefly suggested in the remark, "I'm sorry, but we can't allow children to eat our food when they just spit it up and don't use it to grow fat."

A week of this program brought a gain of half a pound. The next week she gained a quarter of a pound, being back at the table with the other children. The next week she tried once more to gain attention by regurgitation and was given more than she desired. Since she had always been spanked at home, the need for association of discipline at school and home had been considered and a spanking was in order for this offense, experience having shown us she could retain food and gain on it. So when trouble started, she was thoroughly spanked, by hand, and carried upstairs, shoes slipped off, and dipped, dirty clothes and all, into the bathtub which stood ready with water at room temperature. The spanking had not made her cry but the insult to her clothing did. For the first time she seemed to realize the personal unattractiveness of her behavior. With help, she scrubbed her clothes and washed herself. Then, ready for bed, she drank a full quota of soup. After her nap she had to stay "isolated," wrapped in a blanket until rough-dried clothes were ready to wear home. The family were meanwhile notified of her experiences but were warned to make her tell on herself when she came home, and to show no sympathy. Needless to say, they co-operated fully.

And then? There has been no "afterwards," save the continued development of a very nice, much more mature

little girl. Her earlier tantrums at home had happened once or twice a week. There have been none at home or school for seven months. Joan is gaining weight slowly. She has been ill with grip and then with a bad cold, losing a week or more each time from preschool. Unluckily there was also a Christmas vacation. After each of these periods of absence she has come back with nearly all her gain in weight lost again. Relatively, where she was seven and one-half pounds under weight last summer, she is now only six and one-quarter pounds under weight, having gained in weight more than she has in height.

Her big gain has been in mental attitude. She wants to eat and tries to eat, even though the amount is not always large. With such an attitude, her promise for the future is better, although one feels it a difficult matter to inoculate a five-year-old with attitude and habits normal enough to withstand the suggestion of pernicious family habits, so deeply seated and widespread that correction in the adult members of the family has so far been a hopeless aspiration.

What can be done with a child, when he will not eat?

Let us first get all possible sidelights on the matter. It is often a child's lack of appetite, and not a lack of hunger, that makes him uninterested in food.

How are appetite and hunger different?

Hunger is the actual body need for food. Appetite is the way this need registers in the mind.

What is the importance of appetite?

It makes food interesting, pleasant, and desirable.

What causes a disturbance of appetite?

It is always disturbed when hunger itself is disturbed but there are many additional things which may affect appetite but which do not affect hunger.

What is apt to affect hunger?

Almost any real illness affects hunger.

Why does a real illness affect hunger?

Because in any illness there are a number of body activities which are more or less disturbed. Some organs are more active than in health, while others are inactive or sluggish.

How does this affect hunger?

In two ways:

1. The disturbance of body activities lessens or increases the general demand for food.
2. The body fatigue from unusual demands gives the child too little energy to use much of it in digesting food.

Is appetite disturbed when these conditions are present?

Yes.

Under what other conditions is appetite disturbed?

1. When a child has been emotionally upset.
2. When he has formed a habit of emotional upset in relation to meals.
3. When there are too many distractions at meal time.
4. When he is overstimulated generally.
5. When he has some mental need for attention.
6. When too much solicitude about his eating is expressed to him.
7. When he is overdisciplined in relation to eating.
8. When he sees too much food.
9. When he wishes to express any one grievance against the world. He may hold this grievance consciously or subconsciously.
10. When he cannot concentrate on eating.

EMOTIONAL UPSET

How does an emotional upset affect eating?

The child is either depressed or exhilarated by some experience. If he is depressed everything in the world looks less

attractive. He is viewing things through tinted lenses. We might say that things look a "sickly yellow," a "boresome blue," or a "threatening black" to him. His *will-to-live* is lessened, all things lose value, and so desire to eat, which is his everyday expression of the will-to-live, is lessened.

Is the child aware of his change of viewpoint?

Only in a vague fashion. He is uncomfortable or more or less unhappy. He does not reason out *how* to express this in actions. The general change in the way he feels automatically affects his everyday habits.

Does such a condition ever grow more serious?

Yes. Sometimes a child literally expresses the idea of being "sick of it" by nausea, that is, by actual vomiting.

Is such behavior to be taken seriously?

Yes, but the child must not be allowed to realize that his behavior is a matter of personal concern to those dealing with him. Usually the child is treated as though he were actually ill, given attention, nursed, waited upon, and amused. When later depressions come, he is very apt to repeat the same sort of behavior to gain similar attention. Thus a basis for chronic illness which has only a mental cause may be laid. Hysteria grows out of such opportunities.

Can such vomiting or illness-simulations be cured?

Yes. One needs right understanding of the child, right suggestions to give the child, and right discipline.

Odiene was such a child. She disliked kindergarten because there, for the first time in her life, she met discipline, kindly but firm. One day, when reproved, she happened to say she was ill. She was immediately sent home. After this she was frequently "ill." One day when they tried to keep her in school, her "illness" grew to the point of actual vomiting. A short time after this she began vomiting at home, to avoid other issues. She was observed and examined carefully, to make sure there was no chronic physical reason for the nausea, then cured by being made to clean up the offensive matter, and then being given small amounts of such food

as she had eaten at her previous meal, thirty minutes after the disturbing episode. Of course this treatment was accompanied by simple psychoanalysis. Needless to say, Odienne does not, now, spend all her time on the street between school and home, going home "sick," or coming back "not sick," as she did two years ago.

FORMATION OF EMOTIONAL UPSET

How is a habit of emotional upset in relation to meals formed?

Usually in one of two ways:

1. A small but constant amount of bickering and disagreement between parents, or other older members of the family, at meal times, gradually leads to the expectation of such unpleasantness as a part of the meal itself. This decreases the pleasantness of the meal, and so lessens appetite.

2. Some extremely unpleasant thing happening just once, at meal time, may make enough of an impression for the memory of it to continue vividly enough to diminish appetite for months to come. For instance, being disciplined at dinner time for one's bad behavior during the earlier part of the day is enough to form such a habit of emotional disturbance.

How can such conditions be avoided?

By making it a fixed rule that only pleasant conversation is indulged in at meal times. Food will become more acceptable.

By avoiding all reference to the misdemeanors or blunders of any member of the family while at the table.

By never speaking of medicine to be given later.

By not reading aloud the accident, murder, fire or kidnaping stories from the newspapers while children are at the table.

By never speaking of money or other chronic worries at that time.

Gwen was a very bright child of eight who all at once stopped eating a normal amount. She seemed tired, weak, and on the verge of tears most of the time. It took weeks to learn the reason. A new and dearly loved baby brother had come to join Gwen and two other brothers. Gwen, already too much aware of family financial problems, heard the nurse say to a friend, "Another mouth

to feed. I don't see how they are going to make it." Gwen argued in her own mind that if she ate less there'd be enough for the baby, and fear for its safety helped her keep her resolve to eat less. It took months to restore a normal appetite, and for several years the slightest worry would mean absolute inability to eat.

DISTRACTION

How do distractions affect eating?

No sane person would expect a child to study his lessons while sitting on a curb with a circus going by. Yet many an American family stages in the home a circus of equal interest to the wee child, demanding that he ignore it and eat oatmeal. Any one can predict the result. The daily life of adults is full of interest to children of two, three, four, and five. Add to this constant interest a spice of excitement, and food can wait. Father hunting frantically for his brief case, brother rushing around while the school bus toots and honks, sister jumping up from the table to telephone, the puppy chased from chewing a curtain, who could want more fun or distraction? Who could find equal joy in consuming cereal?

How can such distraction be relieved?

For the sake of the whole family such rushes should be stopped if possible. Twenty minutes of evening planning will quiet most family breakfast hours. It is breakfast time which is most apt to suffer such upset or hurry.

If the general excitement and hurry cannot be eliminated, what can be done to keep the young child's breakfast hour quiet?

Let him have breakfast after the others have left the house. Or put him in the kitchen alone instead of in the dining room.

Let him eat before the others are ready. This is quite possible as his breakfast cereal should be cooked overnight, and his other foods can usually be prepared more quickly than the general breakfast. Of course if he has a nurse there should be no trouble. He can have his food in his own room.

OVERSTIMULATION

How does overstimulation affect eating?

Usually in one of two ways:

1. The overstimulation tires the child to such a point that he is too tired to feel hungry.
2. He is tired to even a more extreme point where he cannot relax but craves more excitement.

How can the first result be corrected?

By giving a rest period of fifteen or twenty minutes before each meal. If this is not sufficient, the rest period should be planned for, then a slight amount of stimulative liquid such as broth or hot tomato juice may be given, then another rest period of about the same length should be enforced. By that time the child is usually ready for his usual amount of food.

Will this hold true for a child chronically overstimulated?

No. He is then chronically fatigued and the non-eating has formed a *habit* of indifference to food which does not yield readily to such simple treatment.

What can be done for such chronic cases?

Eliminate the overstimulation, if possible. Then increase the daytime rest periods. Give a morning rest period of half an hour or more as well as the afternoon rest. Add fifteen-minute quiet periods before dinner and supper. Give extra feedings if necessary.

Nance suffered such overstimulation. She was two years old and tested nearly four, with an I.Q. of 190. For several weeks she had been eating less than forty per cent of a normal amount. The pediatrician found nothing wrong. Inquiry into her daily program and the development of the inability to eat soon showed that it began about a month after she had entered a fashionable kindergarten-nursery. The fatigue accruing from too much formal training there had been accentuated by many "town rides" with mother to the shops and to market. It took three months of absolute isolation from other children and all strange adults, with extra rest and extra feedings to redevelop right feeding habits again. A

year later her appetite suffered for a day or two after a long trip to the shore, but was then quickly regained with a little extra rest. Since then nearly two years have passed without further disturbance and she is now in kindergarten, without showing susceptibility to overstimulation from any phase of her work.

How can overstimulation from chronic fatigue be helped?

By a longer period of the same sort of correction, with even more strict observance of the avoidance of unnecessary stimulation.

What sorts of things cause overstimulation?

Too many trips to town, or shopping.

Too many playmates. Every young child should play alone part of the time and he should seldom play with more than two or three other children unless under expert supervision.

Movies. They are unnecessary pleasures.

Theaters. Even trips to pantomimes and children's plays should be limited to one or two a year for a child under six or seven. They are better left unknown.

Too much contact with adult visitors.

Unnecessary trips to restaurants.

Too many toys.

Too many stories and other adult suggestions for play and occupation.

Too many vacation trips.

MENTAL NEED FOR ATTENTION

How does the mental need for attention affect eating?

The child breaks away from his regular eating habits to attract some one's attention to him.

How does he break away from his regular habits of eating?

In various ways. He may refuse almost any one food. He may refuse all. He may demand something never allowed. He may seem to forget how to eat properly, and drop his food over the cloth and himself, use his fingers instead of a spoon, take large mouthfuls, dawdle along, eating very slowly, or do any one of a number of unpredictable things.

Is it not foolish to explain such "naughtiness" as a desire for attention?

No. Child nature is so constructed that it craves attention, even plus unpleasantness, more than no attention plus no unpleasantness.

Why does the child need such attention?

Usually to balance the attention he sees being given to another, most frequently, a younger child.

Is it possible to change such behavior into good behavior?

Yes, by suggesting the desired behavior and praising it, ignoring the naughtiness, except to accept it as a *sign* of the need for attention. If the trouble continues, the child should be made to eat in isolation.

SOLICITUDE OR CONCERN

How does showing too much concern for the child's eating affect eating?

It is just as apt to decrease the amount of food eaten as is the need for attention. No better picture of the effects of too much concern can be found than the following sketch from the May, 1926, number of *Mental Health*, a leaflet published by the Mental Hygiene Society of Maryland.

A mother sits down to the table with her child. She is very solicitous of his appetite. She watches every motion. She makes every motion for him. She encourages him to eat. She wishes him to eat certain things. She warns—she scolds—she threatens.

She is very solicitous of his appetite.

* * *

A child sits down to the table with his mother. He has no appetite. He cannot eat. He knows she is solicitous of his appetite. He knows also he does not have to move. She will tell him to, or she will move for him. Unwittingly he spontaneously finds something he wants and starts to eat.

He must not eat *celery*—he must eat *peas*. She wants him to eat yet she will not let him! He does not understand. He does

not eat—he cannot eat—he has no appetite. She scolds, she threatens.

She scolds because he is not hungry. He does not understand why he is naughty because he cannot eat.

His mother is solicitous of his appetite.

She watches every move.

The child has no appetite.

OVERDISCIPLINE

How does overdiscipline affect eating?

It may decrease eating, or it may make the child eat, but if he does eat he is apt to suffer a stomach or intestinal upset afterwards.

Why does it decrease eating?

All punishment brings a certain amount of unpleasantness and usually some fear. Fear and unpleasantness cause muscle tension and a general physical attitude of resistance and paralysis. Punishment, causing fear and unpleasantness, usually *stops* activity. It is impossible to hope to use it in relation to food to *force* activity. Desire for food disappears under this new form of unpleasantness.

Why is such unpleasantness apt to affect digestion?

A state of fear and body tension has been found to interfere with the normal flow of the digestive secretions, such as the gastric juice, and the saliva. Consequently there is no right chemical basis for proper digestion.

SIGHT OF FOOD

How does too much food affect eating?

The sight of the food is enough of a food sensation so that it dulls appetite. Sometimes a child even becomes nauseated by being given a plate with too much food on it.

Is this a normal characteristic?

No. It means that we probably have a child with little appetite to begin with, and an oversensitive nervous system, which is very apt to be a tired nervous system.

What can be done for such a child?

All that is usually needed is to give small servings and not have other food in sight.

What is to be done if the child still refuses to eat?

Give a small amount of broth or milk, and wait fifteen minutes, then offer some other food. Do not inform the child of this intention (to offer food the second time) before it is carried out.

Why does telling the child that he is to have more food affect him?

If he has a sensitive enough nervous system to be affected by the sight of too much food; the very idea of food is usually enough to decrease his ability to eat.

Is ignorance of what food is to be eaten a good thing?

Usually it is.

Why is it good to keep children from knowing what food is to be served?

Because the sight of the food is then more stimulating to appetite. No time has been given for the child to think up reasons why he will or will not eat a certain thing. When he sees the food on the table, appetite is apt to register before he thinks up reasons for refusal, and he is surprised to find himself eating.

Helen, five years old, and testing seven, is a good example of this tendency. She had been delicate as a baby and the family had fallen into the habit of asking her what she would eat. When consulted as to her preferences for the next meal she would very royally refuse most foods suggested and then condescend to say she would eat others. When these appeared, ready to eat, an hour later, she would refuse them. In kindergarten she ate any lunch given her. When a change was instituted at home and she found she had to eat of what was given her, she realized that her reign of independence was gone, was bright enough to conceal her annoyance, and now eats what she is served.

Why is it sometimes wise to let a child anticipate a certain food?

If he is to have a greatly liked dessert the pleasure of anticipating this is more apt to make him eat the earlier part of his meal properly, *if* he has been trained to know that he will get no dessert until his meal proper is eaten.

GRIEVANCES

How does a grievance affect eating?

In much the same ways as a direct emotional disturbance does.

How does a grievance differ from an emotional upset?

It is not purely a temporary thing, but some idea or group of ideas about which the child has developed a set feeling of being injured, hurt, resentful, cross, or antagonistic.

What is such a grievance apt to be?

It is usually an idea about the food he has to eat or the food he is not allowed to eat. He may refuse milk because he resents his father's having coffee. He may refuse eggs because he is not allowed to have them fried. He may refuse anything because Mother feeds the baby but makes him feed himself.

Will the child tell about such a grievance?

Almost always if he is questioned easily and quietly. In some cases only a person experienced in such work can find the clew.

What should be done when it is discovered?

He must be reëducated on the whole matter, if possible. Explain very simply that he wouldn't grow big enough and strong enough to go to school if he ate thus and so, but that when he is grown up he may do like Daddy or Mother. Or praise him for his attempts to handle his own adjustment until he loses his grudge in forgetfulness since he is praised.

INABILITY TO CONCENTRATE

How does inability to concentrate affect eating?

A child who cannot concentrate usually shows this disturbance in eating almost as quickly as in play or simple tasks. Instead of it taking unusual excitement and unusual occurrences to get his mind away from eating, he is overattentive to all around him and so has less time and effort to put on food. Bells, whistles, noises, telephones, autos, the maid, the ice man, the washwoman, the baby, a picture, a toy, anything is attended to, save food.

How can such lack of concentration be helped?

A temporary help may come from having the child eat absolutely alone. Scolding will not help, nor will punishment. Lack of concentration is not a habit but a symptom of something wrong with the child's nervous system and must be dealt with from that angle. (See Chapter XII, Phyllis Could Not Concentrate.)

What are the things which should be planned so that they help a child's development of right eating habits?

1. A right schedule of meal times
2. Proper food
3. Proper preparation
4. Right presentation
5. Suitable environment
6. Child in the best possible condition to eat in body, ideas, and feeling
7. Intelligent management of the child
8. Right incentives to encourage eating
9. Constructive discipline, if any needs to be used

MEAL SCHEDULE

Who should determine the feeding schedule?

The child's physician should decide the food intervals from the day he is born, and make the changes in these as needed.

Does this determine the hours at which the child is to be fed?

No. Such hours are best for any one child as fit best into the family schedule. For instance, a nursing schedule which brings the baby's feeding at the family dinner hour or breakfast hour is usually unsatisfactory and should be gradually shifted, unless it is a schedule from which the child is to be changed within a week or two.

Why is such conflict of times undesirable?

Because the mother has to attend to the baby's needs at the time she should be having a leisurely period for her own meal. Also, any meal time interruption that leads to delay of the baby's nursing is apt to mean fretting and crying which naturally takes away even more from the mother's interest in her own food.

Is this more important in some families than in others?

Decidedly. If a family can afford sufficient help so that the mother has no actual need to busy herself with details of family meals, it is less important when the baby is fed. If a mother has all, or most, of the responsibility for meal-getting for other children, and for the baby, the matter is of vital importance.

Does the same hold true for older children?

Yes. There are entirely too many families in which it is taken for granted that the children's meals must be a matter of inconvenience to the family in general. For instance, the physician may have suggested breakfast at 7, dinner at 11:30, and supper at 4:30 or 5. The mother accepts this schedule unquestioningly and sets askew their whole custom of living to meet it. The family gets up earlier and loses part of the evening leisure hours since earlier rising means earlier going to bed. Sometimes the family schedule may be shifted to later hours in the same fashion.

Is this unnecessary?

Absolutely. There is no reason why the whole schedule cannot or may not be shifted to suit the needs of that family. On

one hand even an earlier breakfast (6:30), earlier dinner (11:00), and earlier supper (4:00), may be proper. This is undoubtedly true in many workingmen's families. More frequently, however, a later schedule of breakfast, 7:30, 8:00 or even 8:30, dinner, 12:00 to 1:00, and supper, 5:30 to 6:30 may ease the care of children ten to twenty per cent.

Is there any other reason besides simple convenience for the later schedule?

Yes. In many families the only time the father has in which to know his children and share the responsibility for them is after 6 in the evening or on Sundays. A child given supper at 4:30 or 5:00 should be going to bed by the time his father gets home, with the result that the child never sees him in time to actually know and play with him.

PROPER FOOD

Who should determine what food is proper for the child?

A physician skilled in health work and the nutritional problems of young children.

Is there any responsibility which should be taken by the family in this respect?

Yes. 1. Every child should be weighed daily for the first three months of his life, weekly until two years of age, from that time on at least every two weeks until five years old, and then monthly until grown up. This weight should be recorded as soon as it is taken and should be taken on a fixed day of the week or of the month for all children past the daily weighing age.

2. When a feeding schedule is given the mother should ask the physician when to report, or when to expect a change in it, and act accordingly.

What should be done if a child does not gain or if he even loses weight?

It should be reported promptly to the physician regardless of whether the parent has been told to report "later," "next

Friday," or any other time. With this report should go the statement of anything which is thought to have affected the gain, especially any of the mental factors which might have interfered with normal eating habits.

PROPER PREPARATION

What is meant by "proper preparation" of food?

Balanced thoughtfulness in handling food, and right methods of cooking.

What are some typical errors?

Mrs. B. bought most expensive baby milk. The nursemaid served it without washing the bottle caps or tops. Only a few milk companies use the all-covering top which prevents such carelessness bringing a fresh contamination.

Mrs. X.'s nurse carefully sterilized the bottles and pasteurized the baby's food, then thinned it with water taken right out of the faucet.

Mrs. C. was told to give John eggs "any way he will take them." He didn't like them soft boiled so she fried them. He had them fried every day for about five months and then the mother wondered why he didn't seem to be gaining. When tried, it was easily found he liked eggs poached, shirred, in omelet, and raw in orange juice.

Mrs. P. went to an expensive specialist and was given a proper baby dietary for her six-months-old baby. When seen at nineteen months of age the baby was still being fed the same diet, and they brought him for examination fearing mental deficiency, "because he seems weak in the legs and can't walk." They never thought he might need more food.

Mrs. H. complained because her four-year-old boy was not eating all the doctor said he might, and yet was getting more and more overweight. Investigation brought out that the "poor child" was allowed to help himself, at any hour, to any food in their grocery store.

The B. baby wouldn't eat cooked cereals. It took only a few minutes to learn they were never cooked over ten minutes and he was supposed to eat them without milk. "He had milk in his cup."

Benny would not eat any green vegetables. They were always

served with cream sauces. When his were taken out before sauces were added the difficulty disappeared.

Don's mother found he refused food un'til he had been coaxed to eat nearly the whole meal. Then he ate readily. A little experimentation proved that he would eat much more readily when the food had stood until it was *nearly cold*. He was simply over-sensitive to heat.

RIGHT PRESENTATION

What is meant by right presentation of food?

Just enough food in the serving, not too much.

Right seasoning.

Variation in dishes. No child should be expected to eat from the same plate or bowl, week in and week out.

Suitable short-handled spoon, later a short-handled fork, much later a short-handled knife. Some babies who are slow learning to feed themselves do better with the fork at first, rather than with a spoon.

Food properly minced or cut so the child is not exasperated by being unable to get what he wants.

Table or tray at the right height, *not too high*.

Right bib or napkin protection so he need not be disturbed by being constantly cautioned to keep his clothes clean.

If the young child eats with the family it is a wise family that rules, without apology to guests, to serve children under six years of age first, and then to turn their attention to the social needs of guests, family, and other older children.

SUITABLE ENVIRONMENT

What environment is suitable for the young child's meals?

It should be quiet so that he may attend to eating, itself.

People should not constantly be passing in and out.

Windows should not face too exciting street life, such as numerous automobiles passing.

It should be comfortably cool, comfortably warm, and pleasantly light.

May the place of eating vary?

Yes. Often a child will eat better if he has dinner on a shady porch, in the garden, or even in the kitchen.

Should a child eat with the family?

The child under three should preferably eat alone, or with other young children, but under supervision. Then he may gradually learn to eat, as the family do, with the family.

How can eating alone be carried out when the mother has no helper?

By giving the child his meal the half hour before the family meal, while the latter is in preparation. This keeps him out from "under foot." He should then be taught to play quietly, with no expectation of special attention, while the others are eating.

CHILD'S CONDITION

What can be done to put the child in the best possible condition for eating?

He should be clean, dry, warm but not overheated, quieted down from exciting or overactive play.

How does cleanliness affect eating?

The child cannot help but be more comfortable if clean, so he eats with more pleasure, and then, more important than that, is the need to get rid of all possible germs which may have been picked up by face, hands, and clothes while at play.

How does dryness affect eating?

There is a comfort side to dry diapers and rompers, of course, but there is another more important angle which may be mentioned. There is, normally, a deep connection between food and the elimination of waste products through the bladder or bowels. It is a very unwise thing to allow anything to strengthen this association more than it need be. Such an association is strengthened by any *awareness* from bowels or bladder during eating. One may avoid this sort of experience

by changing a child, as soon as he is wet or soiled. This is not merely a common sense act, but it may prevent further disturbance of the child's ideas concerning food, cleanliness, and sex.

How does a comfortable body temperature affect eating?

Just as it does in adults, only more so, in many cases. Little children are more sensitive to changes in temperature, more affected by them, although they are often unable to tell what is wrong. An overheated child cannot eat as well as if he waits till he is cooler, and a chilly feeling affects appetite just about as much.

Why should the child wait until he is quieted down before eating?

Because, as has been explained, any emotional disturbance affects appetite and digestion. The child who is still excited about play is *attending to the ideas of that play* and is not ready to attend to *eating*. Give him a few minutes for play memories to be talked out and grow dim, and he will **turn much** of the play vivacity into interest in eating.

MANAGEMENT

How does the way the child is "managed" affect his eating?

A child's ability to eat may be increased or decreased by the way one handles him. If he is told he *must* eat, he may immediately resent the suggestion and prove that he need not eat by refusing any or all of his regular food. Similar results are apt to appear if the one who supervises his meal shows too much concern over him.

How should one handle the child who does not want to leave what he is doing to come to meals?

This is largely a matter of general discipline, but there is one special point that should be mentioned. A child coming to his meals should be called enough in advance, so that he may have five minutes or so in which his toys can be adjusted to the order in which he sees fit to leave them. There must also be

plenty of time for washing, and for a few moments of quiet waiting before the meal is served.

INCENTIVES

What are some of the incentives that may be used in trying to improve a child's eating?

Use a bowl or plate with pictures at the bottom to be seen as the plate is emptied. This is preferable to too many pictures on the *outsides* of dishes, for they merely distract from the idea of food.

Vary the china.

Vary mugs, glasses, and cups.

Use soda straws to make milk more attractive.

Use vegetable coloring, or a bit of fruit juice coloring, or flavoring, to make milk attractive.

Serve small amounts of food and show great surprise at the number of times the plate has to be refilled.

Let the child serve himself as though he were "grown up."

Eat in various places.

Have something "hidden" in the food. A bit of currant jelly under the meat, a preserved or canned cherry at the bottom of the glass of milk, a special sandwich under bread and butter sandwiches.

Can play be made a help at meal time?

Imaginative playing often aids eating, especially with frail or delicate children who need an incentive to eating.

How can play be used?

Have the spoon feed a fairy who comes when no one is looking and eats the food.

Be a giant and eat up mountains of potatoes, rolling pea automobiles, long string bean bridges, nice spinach woods.

Have bears, or elephants, or dogs, or anything else eat up the whole country.

A soda straw makes a wonderful "vacuum cleaner" to empty out a glass of milk or eggnog.¹

¹ For this game I am indebted to a helpful little friend, Martha Ellen Temple, who made it up when she was a good sick child.

The Clean Plate Club has a charm of its own where there are several children in the family. A simple chart is made of a piece of plain paper. Each child gets a star drawn on it every time he eats all the food that is placed on his plate and drinks all his milk. Every two weeks the child with the most stars earns a new cup or glass to use at meal times, or some treat for which he is host to the other children. This suits best the child over four years of age. One may use with younger children a shoestring apiece on which is placed, each time the plate is completely emptied, a bright new wooden bead. These chains may be worn or may hang on the children's dining room chairs.

What is the most important factor in trying to use any of these aids?

The attitude of the person using them.

Why is the adult's attitude such an important factor?

Because it is the attitude of the adult which gives the child his sense of value in the privilege, or game, or record. Even a young child knows that some things mean more than others. He does not decide all of these values for himself but accepts most of them at the value given by the older people around him. If he finds some one laughing at him for earnestly trying to earn a star, or sees his precious beads, earned by meals manfully eaten, thrown away as trash, he loses his trust in the values given him by adults and is apt to be even more contrary and unwilling to follow suggestions than he was in the beginning.

What is the mental keynote to forming good habits of regular eating?

Praise. A child likes a reward because it is praise that he can see. He likes to be admired for eating his meals. He likes to hear Mother tell Father, or Nurse tell Mother, that he eats so nicely that she is proud of him. He is just like a grown-up. He will do more for praise, given sensibly and not overdone, than for anything else.

DISCIPLINE

What sort of methods may be used in disciplining a child in relation to eating?

Only methods which direct effort towards eating and not away from it.

What method may be used to avoid a child eating only one item of food and leaving the rest?

Usually the food so eaten is a favorite food. The easiest thing is to show the food but explain that it will not be given until a fair serving of other foods has been eaten. Treat it as a dessert or reward for other food eaten. Milk must often be kept back this way. No normal child should ever be given any dessert unless other food has been eaten properly. It will not take many meals to give an increased value to the dessert when it is withheld thus. Some special children with very peculiar food likes and dislikes have to have special rules worked out for them.

How may one keep a child from dawdling over his meals too long a time?

Even a two-year-old may be trained to eat promptly by showing a clock and pointing out that all food uneaten will be taken away when the hand reaches a certain point, *but* the food must then be promptly removed and no more given until the next meal. As desserts are served last this gives the penalty more emphasis than it might otherwise have.

Do children usually have many special food likes and dislikes?

Not really serious ones, as a usual thing.

What causes special food dislikes?

Often some chance association of ideas which may be forgotten if no fuss is made about the matter at first.

Sometimes it is merely imitation of the dislikes mentioned by adults or other children; these will usually be forgotten.

Occasionally a child has a fixed and definite food dislike. This should be investigated by an expert if the food in question

is one of importance such as milk, eggs, fruit, or numerous vegetables.

Should a child be forced to eat a food he dislikes?

Not *forced*, but gradually taught to try a bit of it, in the hope he will learn to like it.

What should be done for the child who is always hungry, and never satisfied, no matter how much food he is given?

There are several possible reasons for such a continuous appetite.

1. The mother or nurse may have no true idea of what a child should eat. To check this, diet lists should be kept for several days and the actual amounts of foods eaten should be computed in calories.

2. The child may have a definite physical disturbance, and not be gaining sufficient nourishment from the food taken, due to poor assimilation. Such children need reference to their health physicians. (See also Chapter VIII, Hilary Is Backward.)

3. The eating may be merely a habit that yields to right discipline and right prevention of extra eating between meals.

4. The craving for food may be merely one sign of a child's overtension and nervousness. An oversensitive nervous system may register hunger too constantly simply because the nerves cannot relax. (See Chapter XII, Phyllis Could Not Concentrate.)

CHAPTER VII

MELISSA IS "LAZY"

Without warning, one warm October afternoon, there arrived for help and advice a worried but wholesome-looking mother of about thirty, and her little six-year-old Melissa. They had just come from a pediatrician's office, where the mother had been shocked by the suggestion that the child might be feeble-minded and would probably never be able to advance in grade work, in any school.

Melissa did not look like a defective or even a backward child. She was chubby, solemn, alert, but silent. Dark circles under her eyes indicated a disturbance of some sort. Monosyllabic answers to friendly advances suggested harsh treatment somewhere or uncertainty as to her own ability. However, a first casual inspection gave no indication of any lack of appreciation of the world in general such as a deficient child usually shows to one who knows the condition.

The general policy of conducting psychological examinations at only such times of day as would bring a child to his examination in a well-rested condition was ignored and Melissa was given as thorough a testing as the remainder of the afternoon would allow. In this instance, the important issue was the immediate relief of the mother's uncertainty regarding the child's condition. A first survey of the child would give this, and the finer degrees of discriminating fatigued and non-fatigued ability could be wisely left for a later determination.

The visit to the physician that very day had been the

first step in an attempt to solve Melissa's school problem. Fears as to her lack of ability had been aroused by the report from school at the close of six weeks in the first grade. Melissa had entered kindergarten at four and one-half years, and had spent a year and a half in the two levels of kindergarten work. She had been promoted to first grade, because she was six, the previous June. After six weeks' trial, the first grade teacher reported her as unable to carry any of the first grade school work. The principal confirmed this report and recommended another half year in kindergarten. The mother realized that this was not the sort of record a six-year-old ordinarily made on entering first grade. Her first thought was that there was something wrong physically, but the pediatrician, hearing the story and examining the child, interpreted the difficulty from a new angle. The mother shrank from the idea, but faced the need for knowing the situation as soon as possible.

Melissa was six years three months of age. On standardized tests she had a mental age of five years eight months. This gave her a retardation of seven months, and an I.Q. of 91. Of course this was low, as compared with a standard of 100, but so many children constantly test that much above or below average, the significance for diagnosis was little. It merely meant that Melissa was a "slow" child. The manner in which she did the tests was more enlightening than the final value in mental age. Melissa seemed interested, and tried to answer questions, but she would often droop in the middle of a test series on which she had been succeeding and fail merely because she seemed too tired to keep up satisfactory responses long enough to score. As all the individual test series demand only very short periods of concentration, this tiredness seemed most significant. It showed on all types of supplementary tests and rapidly became much more marked.

Some measure of fatigue enters into the work with all children, but this was so much more extreme that any further attempts at trying to determine her ability to learn were postponed, and, instead, a more detailed picture of the child's day was obtained from the mother.

The family history was uneventful. Both father and mother belonged to that reliable group of parents who, with little opportunity in their own childhood, work constantly to give their children better opportunities. Several distant relatives had been more or less nervous, but there was no deficiency, mentally or physically, nor other serious peculiarities that might have thrown their handicapping shadows over Melissa's future.

In covering the routine questions of food, sleep, and play, no apparent disturbance of normal conditions was found. Melissa lived under regulations which should have helped develop a healthy child, ready for work and schooling. But an unsuspected fault in her habits showed up at once when the subject of afternoon naps was approached. Melissa had suffered from a matter of chance. Her surname came in the last half of the alphabet. True to the custom, in a rich community trying to economize on its schools, the kindergarten was run on a double system, and Melissa had been, because of her surname, in that half assigned to afternoon kindergarten. For a year and a half she had arisen at seven, eaten breakfast, played actively all morning, had her lunch, and then—tired out, ready for bed—had been taken to school to be trained and prepared for the first grade. From the very first she had come home irritable, tired, and ready for arguments. Only the firm, sensible discipline of a most sensible mother had kept her from being an actual behavior problem.

With some children this program might not have mattered, but in Melissa circumstances had unfortunately combined strain with a body not any too energetic, as she had

been healthy, but with little reserve energy from birth. As an only child, in a family where two other babies had died, and where children were desired, one can imagine the concern which this initial failure in school had aroused.

As a result of that first examination, there seemed no reason to think that Melissa would not be able to do normal school work if she were given normal opportunity to regain an unfatigued condition, and were then kept as nearly free from fatigue as possible. A tentative program was planned, by which she went into a small private school for mornings only, and spent the first two hours, at least, of each afternoon in bed. Naturally, no miraculous gains in learning were apparent the first few weeks. She was given, first of all, a chance to unlearn the troublesome mix-up of partial information that she had grasped at out of the daze of overstimulation with which school had surrounded her. She was so tired at first that even a five-word sentence would sometimes be mixed in repetition, or words of two and three syllables would be used in jumbled fashion. She spoke of going home on the "star-creet," of doing "readmetic," of eating "corn-flums." Her attempts at writing were so overtense and tiring to her that she was put on purely large muscle activities for a first six weeks.

During this time the mother conscientiously put her to bed right after lunch and kept her there for a two-hour rest, although day after day went by without sufficient relaxation being gained to bring sleep. With some children the wiser plan might have been to put the child to bed for the whole time until rest habits had been established, but in Melissa's case the need for the formation of corrected habits of learning, and the parents' need for reassurance as to her ability to learn, made it more practical to have her started on a more or less permanent program.

The middle of the second week of the new program, the

mother called one afternoon to report that Melissa had finally fallen asleep. Three hours later, she called again to say that she was still asleep and to ask what to do. She was assured that the prolonged sleep was not, in all probability, any illness, but just what we had been working for, namely, complete relaxation, and she should be allowed to sleep. At dinner time she called again, and after talking the matter over once more, felt somewhat reassured, woke Melissa and gave her some hot milk, then let her go to sleep again. The child slept through the night and actually showed more desire to do things the next morning.

For several weeks these prolonged naps occurred almost every day. Gradually they dropped to three-hour length and then to approximately two hours. By this time Melissa was gaining in weight and height, had lost her speech twisting propensity, and was making slow steady progress in first grade work. Six months after the first examination she was six years nine months of age and had a mental age of six years eleven months, with an I.Q. of 102, and was ready for the advanced half of first grade work.

Melissa was then placed in public school classes as her condition did not warrant the continuation of unnecessary expense for private school tuition. She carried the work of the group in which she was placed quite normally for three months, and then was reported as "lazy" and "not trying." The principal suggested that perhaps the mother was not coöperating! A reëxamination at that time showed renewed fatigue symptoms although her school attendance had made allowance for, and provision for, an afternoon nap. She was watched for another month, with extra precautions to ensure rest at home, but the disturbance became more marked, and her school progress was less each week. She was finally taken out of school, and placed on an intensive rest program, of twenty-four hours in bed, with little amusement and no excitement. Despite these precautions

she manifested more marked symptoms of fatigue and finally showed some of the minor but definite signs of chorea, or St. Vitus' dance. Fortunately, the program she was on was the only program for that condition, so the rest was systematically continued, improvement being gradual, but constant.

After four to five months of rest, sunshine, and proper feeding she was ready, again, to start further school work. One experience of relapse was sufficient, and Melissa has, since this recovery at the age of seven and one-half, been attending a small private school where the educational demands are varied according to her varying ability to study and attend school. At the beginning of the year after her attack of chorea she attended school on Mondays, Wednesdays, and Fridays, staying home in bed the other two days. Then she stayed home Wednesdays and went the other four days. The following year she was able to attend practically every day, being occasionally kept home for an extra day in bed as she seemed to need it. She never attended more than morning sessions, and never missed her afternoons in bed, night time sleep being watched with equal constancy.

To-day Melissa is twelve years old. She has done four grades of school work in five years, with the tremendous handicap of a body chronically "tired." Mentally, she scores just where she should for her age, her I.Q. being 101. Socially, she is mature, poised, eager for all new experiences but content to keep to the restrictions which have brought her limited hours of activity, but all sorts of wholesome activities in those hours. One of her most recent acquisitions is a sense of humor, which all those knowing her have hailed as a true sign of increased physical reserve. A "tired" person cannot see humor in any situation. Melissa is no longer habitually tired. She is now building up reserve against future situations in life which may demand more than an average quota of energy.

Melissa has had her ups and downs. She has been constantly under health advisement, has had colds, tired spells, irritable spells, and occasional times when she has deliberately been "naughty." Naturally she has been disciplined when necessary, but, secretly, her parents and her teachers have rejoiced at any sign of enough energy to enable her to ignore regulations and be a "regular" child. The one constant prescription for all phases of her past five years has been rest; more rest when irritable; more rest when tired; more rest to help fight infections; more rest and less school work when lessons have gone poorly; continued rest when everything is going well.

A tired child learns slowly, forgets easily, and tires quickly. A chronically tired child suffers for prolonged periods from all of these handicaps. Melissa is still paying for the overstrain of indiscriminately applied educational regulations and methods. Whether she will ever completely outgrow the handicap she was given, only time and continued care will tell.

What do we mean when we say a child is "lazy"?

We make two statements in one. First, we indicate that there is an activity desired from the child which is natural and possible for the child. Second, we suggest that the child's ignoring of the need of such an activity is due to an inertia which he *could* overcome, if he *would* only *will* to do so. In other words, it is *will power* which he lacks.

How does being "tired" differ from laziness?

When we use the term "tired" we usually mean that we know the child wills to do but is too fatigued to carry out his good intentions.

Is there actually any such difference between the laziness and tiredness of children as adults usually report them?

No. The laziness of a child is usually the adult's interpretation of the child's inability to *make* himself do things. There

is no such thing as a lazy child. The most marked characteristic of all childhood is activity.

Why is a child's so-called "laziness" not recognized as tiredness or fatigue?

Simply because the condition is one to which the child is so accustomed that he does not even know that he is "tired," although he is probably far more tired than the child who is fatigued and says so.

Should such tired or lazy-seeming children be forced into doing what their families wish them to do?

Not unless the situation had been thoroughly studied and such forcing is the final advice of the professional consultant.

Why should one not try to force a tired child into activity?

Because the inability to do things without forcing has back of it a definite reason, probably physical, but occasionally emotional.

What conditions are apt to cause such behavior?

Anything from an infection, which has not been recognized, to anemia, or glandular disturbances may be the physical basis for "laziness." Sometimes extreme disappointment, or shock checks a child's actual desire to accomplish things, making him appear equally lazy.

May one still feel that there is a physical cause for the laziness even though the child seems fat, and eats and sleeps well?

Yes, because an overweight condition and a very hearty appetite may in themselves be indications of the physical disturbances which keep the child from accomplishing, even from attempting, what children of his age ordinarily do without being urged.

How may one correct such conditions?

The physician should be told exactly how little the child exerts himself and should keep up observations of the child until the cause is found.

Is it not possible to find the cause in one examination?

Not always. The writer has seen some cases in which it has taken five or six weeks of repeated observations for the physician to be absolutely sure of the exact condition.

Is there nothing which can be done to relieve the situation mentally?

Yes. The child should be relieved of all demands and be allowed to be as quiet as he desires.

How can this help relieve the situation?

It relieves the strain of trying to make unnatural efforts all the time and so enables every one to judge more exactly his true condition. It also lessens the chance of his being driven into a more acute exhaustion state, through overdoing.

When may he be forced into doing things?

Never. He should stay on the simplest and least fatiguing of daily schedules until he is found spontaneously doing new things.

Should he then go on a full program?

No. He should be guarded indefinitely against a return of the earlier symptom, and should be allowed to wait until he can *spontaneously* make each new step of increased activity.

Should his slowness or inertness be criticized?

Never. If criticized, he will be apt to attempt doing more than he actually feels like doing, in order to avoid criticism, and will thus overdo.

Is it possible that children who sometimes claim to be "tired" may be merely attempting to avoid certain duties or tasks?

Yes.

How can they be differentiated from the truly tired child?

By their miraculous return to a "rested" state after ten or fifteen minutes of enforced but kindly rest, and by the later

absence of all signs of fatigue. A child who complains of being tired should always be treated as though he were tired. Bed, quiet, no toys, no amusement, will be more than gratefully received if he be tired, but will very quickly make school or other tasks seem most attractive if he be a malingerer or "false actor."

If a parent is not sure whether or not a persistent complaint is real tiredness or merely an excuse, can the psychologist give any help?

Yes. Careful tests can easily be given to even a very young child to determine whether he is too easily tired, too slow in his reaction times in general, or fatigues himself rapidly by over-tension.

Should an actually tired or so-called lazy child be given a good bit of quiet occupation?

No. He needs absolute rest and no responsibility or activity in order to gain the most rapid recovery. Let him seek his own occupations as he gets ready for them, but do not suggest them to him or urge them upon him.

What can be done to relieve the condition if appearances indicate that some idea or emotional disturbance has caused the inertia?

The first thing necessary is to determine, with certainty, the mental or emotional causation. Consultation with an expert is most wise in such a situation. The apathy or inertia due to such an experience is far more apt to be one of inhibition or temporary paralysis of all desire to do, caused by the shock, than any permanent condition. In spite of its temporary aspect, prompt relief should be sought from a psychiatrist or a psychologist. The longer the condition continues, the more difficult it is to prevent a recurrence when life brings other difficult experiences.

Is a tired child apt to be a dull child of low intelligence?

No. He is usually far brighter than his behavior gives any indication of his being. Chronic fatigue prevents his using the ability he potentially has.

Andrew was such a child. He was five and a half years old. The kindergarten teacher told his mother that he was "too lazy to develop any real ability in his kindergarten work." A mental examination gave him a mental age of seven years one month, with an I.Q. of 110. Inquiry soon revealed the fact that his interest lay in games and construction activities, not on the kindergarten program. Being intelligently aware of the need to do as teachers asked, he tried to do his kindergarten work, but, *at the same time* he carried on imaginary buildings and construction programs with the aid of an imaginary playmate. Readjustment of his program, with assignment to a more advanced section of the kindergarten, extra mid-morning rests, and sometimes a whole day in bed soon enabled him to show his actual ability. He had been too tired to do anything well before, and too overstimulated to stop his imaginative activities.

Is it possible for a child to be too tired to carry through his daily routine, yet be able to enjoy a party, visitors, a trip, or some other excitement?

Quite possible. The stimulation of the unusual situation carries him through the interesting experience, but it leaves him even less able to carry routine tasks afterwards, for he is more fatigued than ever.

What is the program for a tired child?

Medical diagnosis and a corrective program constantly followed, plus relief from all possible tasks, partial or total elimination of school, and rest.

Are vacations and trips good for a tired child?

It depends entirely upon the kind of vacation.

The vacation experiences of Jane and Jean are a fitting illustration of the variable results of a vacation. They were cunning little girls of eight when the last day of school came. All winter long every one had worked to help them overcome early handicaps. Jane, who was left-handed, had been indiscreetly forced into right-hand writing when five years old. Her speech became slow, words confused themselves, and letters slipped out of place in saying even well-known rimes. She had suffered from chronic fatigue due to attempting too much school work. But even so, June saw her

rosy, sturdy, happy, able to talk freely, started in second grade work.

Jean was taller, thinner, a fluent conversationalist. She was a child who had been naughty, ill-tempered, cross, capable of every unpredicted type of misbehavior. She had finished her first year of school with almost two grades of school work to her credit. Chronically overstimulated at home, the year had been a struggle to establish good-natured health.

And so Jane in a beloved lavender dress and Jean in her socially proper green frock played all morning long as normal children at their school picnic. Then each went her way, under her mother's care for a three weeks' vacation. With each child went written daily programs of "musts" and "thou shalt nots," enough medicine to last the three weeks, a doctor's cautionary note, and a personal letter analyzing the child's condition.

Three weeks passed.

Jane came in brown, rosier than ever, happier, and with a newly-found maturity. Freely she told of her vacation on Grandmother's farm. She had learned to drink new milk, warm from the cow. She waded in the brook, found and lost and found again nine kittens in the barn, slept fourteen hours each day, gained three pounds, had not one bit of tired-feeling. Her surprise for us was that she had done some lesson work each day and read better than when school closed.

Jean came back the next day, crying, hysterically kicking and fighting, thin, eyes dark-circled, clothes and personality rumped. Castor oil was her first need, for on the train and in the hotel she had been fed as she pleased to order. She said she had had a fine time. She had gone to the Country Club for lunch, "nearly every day." They had company all the time. Her mother gave her a party. She went to the Club to swim (not to the nearby lake). She rode "every day in the limousine." She came back having lost four pounds in weight, with her medicine untouched in its box, the home schedule suspiciously clean and unwrinkled in its envelope. In school work and behavior we had lost three months.

What did the next year show?

With better health, right habits, extra rest, Jane forged slowly ahead until at the end of the year she was educationally up with Jean in all save her rate of reading. Jean had gained and then lost all winter, yet before the losing habit was started, that vacation, Jean had gained steadily for eleven months.

CHAPTER VIII

HILARY IS BACKWARD

Hilary's parents did not know very much about children except that they had to be fed regularly, washed frequently, and given plenty of sleep. They were people of the class that cheerfully works and makes the best of the wages that come in each week, getting a great deal of pleasure out of the simple excitements of everyday life. In the community they stood well, for they passed the four tests of possessions by which their neighbors measured success and happiness, a piano, a Ford, a porch swing, and a baby.

There were three children in this home, and they lived more happily than most children of their class. The father was a mechanic of sufficient skill to be in constant demand for overtime jobs which meant more money and more comforts. In spite of this he always had time to tell the children stories, or to read to them. No Sunday passed but with true Teutonic spirit he took his small brood out on some trip to park, or river, or newly discovered playfield. The mother was quiet, even-tempered, and always busy. Not an item of their eight-room house escaped her attention in the weekly cleaning and scrubbing, while the children always shone, with cheeks like newly polished apples.

The second baby caused more trouble than the first. William had been rather hard "to fatten," but Hilary grew even more slowly, and did not learn to help himself as he should. He did not walk, nor even try to, until long after his second birthday, and he said only a few words by his third birthday. Indeed, they worried for fear he might not

be able to talk enough to be allowed to enter school at the proper time. When his sixth birthday came he talked fairly well, and had grown into a plump, fair, wholesome looking child who fully repaid for the babyhood care he demanded.

A month later school opened and Hilary was taken to join the class of thirty-nine small neighbors also ready for first grade. The teacher welcomed him pleasantly, for she remembered how well William had done two years before, and what a reliable member of her group he had always been. On his brother's reputation, she placed Hilary in the advanced half of the group, only to find that he didn't respond as she had expected. A few weeks later he was shifted to the lower half of the group. Again he was a disappointment. He would seemingly learn a lesson, give a fairly intelligent answer, but the next day, or even the same afternoon, a similar question would bring no intelligent response. The consternation when a grade card came home for the first time was extreme. All *P's* except behavior and that was *E!* The mother visited the school. Then she began trying to help Hilary at home, following assignments and methods suggested by the teacher. A few weeks showed what a hard task learning anything out of a book was for Hilary. He worked for twenty-five evenings on the first grade list of fifty words required in reading before he could go into an advanced book. After that five weeks of hard work he knew only five words when tested by the principal.

Then his father took a hand and tried to help Hilary by teaching him stories in connection with the words to be learned. Hilary could remember the stories but not in connection with the right words. When midyear came, he was naturally kept in the same grade. When the end of the year came, he failed again, but everybody put the past behind them and said, "Maybe next year he'll do better."

In September he started out again, with the new beginners, but everything was just as difficult as before. Besides, he was now one of the bigger boys in the room and when he failed on a lesson, the teacher scolded. His height put him in a bigger desk in the rear of the room where it was hard to see the blackboard, and where school was less interesting than ever. In January he again failed to make his promotion, and then the mother demanded advice as to what might be done. The principal suggested a mental examination and waxed very apologetic over the fact that that part of the city had no special class for backward children.

The next day Hilary was brought in for a psychological examination. He was seven years five months of age. His early malnutrition was completely overcome. His skin was clear and ruddy, his eyes bright and interested in all that he could see. He was quiet, answering in monosyllables most of the time, but polite, willing, and an earnest worker. The slightest bit of praise brought increased effort and little tiny frowns on his forehead.

On the standard tests he had a mental age of five years eight months, which gave him an I.Q. of only 76. This was a considerable degree of retardation and by many workers would have been taken as an indication of actual feeble-mindedness which could not be helped. But Hilary did some rather unusual things. He passed every test of a practical nature through the eight-year level. It was only when he was confronted with tests that involved the use of words that he showed inferiority. In other words, his backwardness was composed of marked backwardness on all abilities to use words and normal behavior on all tests where directions were simple and the test was passed through doing something with his hands.

In some parts of the test his ability without words was five years higher in level than his ability with words. Such specialized defect with words has its own technical name,

aphasia, and an application of further tests showed conclusively that Hilary was suffering from a certain amount of aphasia, not complete enough to make his development hopeless, but too much to warrant his being tried any longer in public school under ordinary requirements, and with only ordinary help. The child was also referred for physical examination, as there was no doubt he at least needed glasses, and might have any number of other unsuspected handicaps. In telling his mother the type of disturbance from which he was suffering the technical term, aphasia, was mentioned and then explained. She at once recalled that his grandfather had had "something that sounded like that." Following this clew brought a complete diagnostic report of the grandfather's last and only illness. After a rather serious breakdown he suffered from what was practically a total aphasia, finally dying without recovery. It is interesting to note that the weak part of his nervous system, under the strain of illness, was the chronically weak part in the grandson. No other individual in either family had ever had any such disturbance, although the father thinks he was probably slow in his early school work. As he attended a district school, no one bothered very much and he went along in leisurely fashion through a grade education.

The doctor's examination revealed a slight iodine deficiency and an oculist confirmed the apparent need for glasses. Fully equipped with medicine and glasses, Hilary entered a small special school for backward children such as he, the following week. Of course, his progress was slow, but it was stimulated by family interest, the child's own delight in his new work, individual attention, and hearty approval of the hours which granted him the whole afternoon at home for play, after an hour in bed. The intensive work done in three hours in the morning used all of his available energy, but left him still eager for more

work the next day. A carefully planned drill period was taken care of at home each evening. It was limited to half an hour and each day's work was sent from school with full directions. Hilary's normality soon proved itself in many ways. He learned in a trip or two to go to school alone on a street car, although he lived at the other end of town. He learned to go errands, count change, do good industrial work, and to work steadily throughout each assigned school period. (Fifteen months of sitting in a school room accomplishing nothing means the need for forming habits of constant work.)

At the end of the sixth month of such training he had gained a year mentally, testing six years and eight months. This raised his I.Q. to 84. In school work he had accomplished about the first half of first grade assignments, although he was ahead of this in arithmetic and writing. Because he was so far behind he kept on going to school throughout the summer.

At the end of the next six months he had gained another six months mentally, his I.Q. being 85. Educationally he was ready for advanced second grade work, having done about fifteen months' school work in twelve months. At this time he was transferred to a large special school where he could go ahead with industrial training and academic training at the same time.

This transfer was made six years ago. Hilary has progressed steadily, although slowly, through the regular grade work. He is still too young to work if he so desired, but he now knows enough to gain his working papers if he so desired. His I.Q. has varied from 85 to 88 and back to 86. In most things he has covered, in average fashion, about six grades of school work, but this is no measure of Hilary himself. He is mature, self-reliant, belongs to the Y, goes to camp, can do better work as a helper in a garage near his home than any man the garage owner can get, and

so has a steady job for all vacations and Saturdays. He owns a dog, a radio, and a gun. He "goes shooting" a couple of days with his father each fall. He pays half of all he earns to his mother, and puts most of the rest into a savings account. He goes to Sunday school in the morning and on the family trips Sunday afternoon, although occasionally their father allows them to substitute an afternoon movie if the day is stormy.

Hilary will never set the world afire, but neither will he be a dependent in a large institution, or an outcast wandering here and there in search of some criminalistic parasitic method by which to make his living. He leads a normal life, a busy life, and a happy life. His backwardness might have prevented all of this, but an understanding of his condition made it possible to determine it. Will he ever marry? Probably. Should he marry? Who knows?

What are the first signs of backwardness?

The child passes the ages at which other children do various things without giving any sign of ever being able to do those same things.

Is such backwardness a serious matter?

Yes, unless there have been illnesses which fully account for the retardation.

Why is it serious?

Because delay in doing what other children learn to do means that the child's whole nervous system may not be developing properly.

Is this apt to have any far-reaching effect other than that of making him slow in walking and talking, and, later, a little slow in school?

Yes. Walking and talking are the early behavior indications that a child has a brain which is growing and developing properly. If these stages of growth do not appear normally, the

chances are great that later stages of more complicated development will be delayed even more, or may never appear. A child slow or backward in school at six may be unable to advance at all by the time he is eight or nine.

Need one worry about such delay if the child has been ill?

Yes. The whole tendency is usually to accept what looks like a possible cause as the true cause of delayed development. There are only a limited number of cases in which illness causes delayed mental development.

Why is it not wise to assume the illness as the cause of the slow development?

Because in many cases the illness itself is a symptom caused by the same condition that causes the slower development.

Are there ever any cases in which the illness is the reason for the delay in other development?

Yes, but they occur very infrequently, in not more than one case to every eight or ten instances in which the illness is blamed for the slowness which it did *not* cause.

If the illness is to blame, how soon after recovery should the child begin to show development?

Usually by the time he is actually convalescent the sick child begins doing all the things he has not had energy to do before that time.

Is delayed development a common effect of illness?

No. Usually even sick babies keep on doing some new things, learning to talk and making new demands of all sorts, even when quite ill. With older children there is no apparent delay in development from an ordinary illness.

Are there illnesses which cause permanent brain damage?

Yes.

What are some such diseases, or illnesses?

Convulsions from any cause, meningitis, sleeping sickness, acute influenza, brain hemorrhages, infantile paralysis, in-

herited syphilis, and other less well known conditions are all apt to cause brain damage. Because of this, they may affect mental development.

What is the best way to determine whether a child has suffered permanent loss from one of the above-mentioned illnesses or from a less severe illness?

By careful psychological examination, followed by observation during the six months after the illness, and then a similar examination, so that a comparison may be made.

Is six months a long enough time?

Yes. After that length of time a child has either made up most of what he lost during the illness, or his lack of progress shows he cannot make it up without specialized help.

Can the normal child regain his standing without special help?

Yes, in almost every case.

Are all backward children retarded because of a definite illness?

No. Many children seem quite well, have never had an acute illness, but are merely very slow.

Is there usually a physical reason for such slowness?

Very often, although one sometimes finds a case in which no one can say what has made the trouble.

Is slowness or backwardness inherited?

Sometimes, but in cases where there is a direct inheritance of a condition similar to that of the parents, the parents are usually not intelligent enough to worry about it.

May conditions of the parent, other than "dullness," cause backwardness or dullness in the child?

Yes. Certain qualities in one parent, when matched with certain characteristics in the other, accentuate each other to such an extent that the child is backward, although the parents are practically normal. Syphilis in the parent may disturb the development of the offspring, even to the point of causing not

only backwardness, but extreme backwardness or feeble-mindedness.

How is one to tell if a child is backward?

If there have been other children in the family the difference between the bright children and the slow child is often noticed during the first year of his life. Where there are no other children with whom to compare him it is harder to make comparisons and one must be content with seeing whether he measures up to the average performance of children of his age in general. Of course a psychological examination will determine his level at any one time, but it must be remembered that a child may test normally for a certain number of years before giving any indications of becoming retarded in development.

What are some of the things a parent may expect a normal child to do and the ages at which such abilities may be expected to develop?

At birth or within 48 hours

Grasps a finger placed in his hand.

Sucks an object placed in his mouth.

Raises hands in startled fashion if lifted or moved suddenly.

Cries.

At 6 weeks

Fixes eyes on bright object or light.

Stops crying for a moment if picked up.

Moves head and lips, hunting food when hungry.

Has two cries—a temper cry and a hunger cry.

At 3 months

Gets his finger into his mouth occasionally.

Observes object with both eyes coördinating. Follows bright object with eyes, not just with head movements.

Grasps objects (frequently his clothes) in his hand.

Shows attention to, or is startled by, bells, rattles, etc.

At 6 months

Reaches for objects.

Fixates eye on object in his own hand.

Holds things indefinitely.

Balances head when sitting supported.

Gurples and makes other elementary sounds.

Plays and likes to have some one play with him.

At 9 months

Sits up alone, without support.

Pounds and bangs with toys.

Hunts for a toy he drops.

Usually has learned some play acts, such as waving "bye-bye."

At 1 year

Stands, holding on to something, unless very heavy.

Takes steps if supported.

Makes various and numerous sounds.

Can feed self a graham cracker or zwieback.

Gets over the floor by hitching, crawling, or scooting.

Throws objects, at least by dropping them.

Knows when people are new or strange.

At 18 months

Walks all around objects and usually takes short walks without holding to anything.

Tells in signs, and with some words, his hunger and thirst desires, his likes and dislikes.

Puts one toy in another. Rattles and shakes things. Opens and shuts things. Builds a little.

Climbs stairs.

Obeys simple commands, such as "Give me some."

At 2 years

Talks.

Walks and runs.

May be clean for bowels and bladder evacuation.

Feeds self.

Points to objects in pictures, pats mama, kisses babies, etc.

Scribbles.

Builds with blocks.

Helps undress self.

Imitates many adult acts.

At 3 years

Can draw a circle.

Repeats sentences and many-syllabled words.

Knows whole name.

Plays with dolls, autos, wagons, etc.

Knows parts of body, can at least point to them if they are named.

Imitates daily life activities in play.
Goes to toilet alone. (If trained.)
Can ride a velocipede with little training.

At 4 years

Counts to 3 or 4.
Knows where he lives and usually the telephone number.
Can learn short nursery rhymes.
Builds, and uses other toys in complicated games. Often takes the part of two different individuals.
Can do errands in trustworthy fashion, within the home.
Undresses self entirely.
Can wash his own hands if allowed to do so.
Can report simple details from his day's experiences.

At 5 years

Talks fluently.
Tells imaginative stories.
Counts seven or eight objects correctly.
Describes pictures in great detail, using phrases.
Can carry messages easily.
Can imitate almost any simple hand activity.
Memorizes poems readily.

At 6 years

Knows right and left sides of body.
Counts correctly thirteen or more pennies.
Can go errands properly in the neighborhood.
Knows pennies, nickels, quarters, and dimes by name.
Can tie a knot.
Is able to imitate drawings and simple letter printing.
Can retell stories once heard.
Goes to school alone if the distance is not over half a mile.
Can give self bath under supervision.

At 7 years

Ties a bowknot.
Writes legibly from copy.
Can learn, in half an hour, four lines of poetry.
Can dry dishes and set a table properly.
Can go to a known place alone on street car, if traffic is not so heavy as to make it dangerous.
Takes own baths, with final inspection only.
Describes pictures in terms of the action in them.
Can take care of a younger child, with some training.

Should one become alarmed if a child has not reached a certain stage of accomplishment at the time indicated for its appearance?

Not if he shows signs of reaching it within several weeks, or if he is making steady progress in development all the time, but is merely behind in some one phase of development.

Are normal children irregular in development?

Quite often. For instance it is no unusual thing to find a child who is unusually large and heavy, for his age, making no attempt to walk at two years of age, although he may talk quite well, and may play as a two-year-old.

Should one let such a condition go unstudied?

No, for frequently the delay in some one phase of development is due to a poor physical condition. For instance, a large, heavy, talking child, that does not walk, might easily be suffering from rickets.

What is apt to be the advice of the diagnostician who does not understand the child's condition?

Usually the advice given is "Let him alone; he'll outgrow it."

Is such advice sensible?

No.

Why is it not sensible to let the child alone?

Because if there is a definite physical or mental condition interfering with the child's development, the longer it is allowed to go uncorrected the less hope there is of full recovery.

Timothy is a good illustration of such advice. When first seen at six years of age he was obviously a gland case. He was tiny, active, alert, but could not talk. When two years of age a baby specialist told his parents to "let him alone." This advice was repeated at four years of age. They met it in another clinic when he was five, and in another of national standing when he was six. Because of this advice his parents spent four worried years, "letting him alone."

A trip to a specialist in glandular disturbances brought immediate plans for treatment. Seven weeks of gland feeding brought the first spoken word and from that day on he has continued developing. He is now twelve years old, and in school, but about three years behind children of his age. Nothing can bring back the lost time. Not only that, but there is a definite possibility that the delay will mean inability to develop above a lower adult level of intelligence than he might otherwise have reached, although he already does enough to make one feel sure he will eventually be able to earn his own living.

Nathan, too, suffers from such waiting. He was always tiny, puny, "old-mannish." The family doctor told the mother to wait until he was seven and he'd probably outgrow it, for the body "changes every seven years." They waited, but he was still a baby in every way. Then they waited another seven years hoping for the promised "change." After the two periods of seven-year-long waiting the mother sought help elsewhere. She confessed that she couldn't "wait another seven years for his body to change, because by that time he'd be a man." All that the fourteen years of waiting had brought was temper, obstinacy, inability to follow commands, delusions, and many unpleasant habits. The time for helping had come and gone and after fourteen years of independent babyhood, Nathan resented any discipline or supervision whatsoever. So to-day he wanders around the farm which was bought to give him sheltered freedom, an uncouth, bent, little old man of 22, helpless and unhappy.

Can all backward children be helped if one starts corrective work in time?

Yes, to a certain extent.

What can be done for them?

They can at least be trained into regular habits that make them far less of a burden to the mother than their care would otherwise be.

Can any of them be cured?

Yes. At least they can be so greatly improved that no one can tell whether, or not, they might, normally, have been higher in level than they are with the training and corrective treatment they have had.

Don was four when his parents brought him for examination with a shame-faced apology for his temper spells. They asked to have him enter the kindergarten for backward children. He could not talk. His temper spells had never been corrected but had always gained him what he wished, for their neighborhood was so "nice," that people objected to his yelling, as he did whenever he could not have his own way, and so they had to let him do as he pleased.

A health examination brought from the physician a report of rachitis, anemia, and a mild glandular disturbance. Treatment for all three conditions was immediately instituted, and, since the family seemed totally irresponsible, the treatment was given in the training period for which the child was brought to school daily. At this time his mental age was three years and his I.Q. 72. Improvement of all conditions came very gradually, but after a few weeks of play-training, speech began to develop very rapidly. After six months he talked constantly but quite indistinctly. Another six months brought very clear speech and at six years of age he was fully ready for first-grade work. He had shown no temper spells after the first six weeks of regular training. He is now doing good work in second grade, is seven and one-half years old, and tests eight, with an I.Q. of 107.

To whom should parents take a child for diagnosis and help when they feel he is backward?

To their health physician in order to determine how much may be due to physical handicaps, and then to a psychologist, or a psychological clinic, or to a specialist in mental defects, such as the head of some well-known institution for feeble-minded children.

What should be expected as a part of the mental examination?

1. A clear statement of the mental level which the child has reached.
2. An explanation of this in terms of what the child may be expected to do in the next few years.

What else does a parent need for guidance in handling such a child once he is diagnosed?

An outline of training, covering what it should be possible for a child to do, and explaining how the training may be car-

ried out, and, if he is old enough, help in placing him in a special class adapted to such children.

Will the physician or the psychologist always give such educational outlines?

No. All too frequently they are interested merely in diagnosis.

In case they do not give such educational outlines where may they be obtained?

Teachers of special classes are able to give valuable help. The educational director in any state institution for feeble-minded children, or a teacher from any of the better private schools for backward children is usually glad to give help and suggestions for the training of the young backward child.

Is such training different from the education given normal children?

In some ways.

How does the training of a backward child differ from that of a normal child?

The normal child of three, five, or six learns easily. Until he goes to kindergarten no real effort has to be placed upon giving him regular training, for he develops into doing things by doing and wanting to do.

The normal child seeks experiences.

The backward child has less desire to do, and does fewer things, less easily. If he is to be helped make the most of himself, he must have his activity (energy) directed towards essentials. Experiences must be forced upon him, and his attention be directed towards useful activities.

Should the child be sent away from home for such training?

In most cases not until the child is at least six or seven years of age.

Why is it best not to send him away to school?

1. There are very few schools which are so equipped that they can accept children below five or six years of age, even

if the expense is not a factor in the family's decision as to training.

2. It is not at all certain that such schools, handling the child as one of a group who are all alike, can do any more for him, in the early years, than the home which is interested in him as an individual.

3. Very few mothers can tolerate the idea of a mere baby, more dependent than other babies usually are, being sent away to be taken care of by strangers.

Are there conditions under which it is better for the child to be away from home?

Yes.

What are some of them?

1. If the mother is frail and would have to sacrifice the welfare of other children in taking care of the backward child.

2. If the backward child is a discipline case who needs constant attention, or whose behavior causes trouble with the other children or encourages a younger normal child to imitate his abnormality.

3. If he has a specialized defect which would yield to early treatment or specialized training.

Can an ordinarily intelligent mother give her backward child training that will actually help correct the condition?

Yes. If the condition is capable of correction, the mother can often work out more ingenious ways of getting the child to do what he should than any one else.

How can training be arranged if she is too busy to give the needed time?

Few families are so located that one cannot find some high school girl or young teacher who will take the child for training an hour every day, under direction. Not every kind or any kind of training will do, and so one should plan to have an expert supervise the general and detailed program carried out by the tutor, just as a mother (doing the work herself) would expect to be supervised.

Is the training for all backward children alike?

No. It is similar in purpose but its details must always be planned for the child, himself.

What should be the aims in training a backward child?

1. The immediate home purpose is to make him more independent and less in need of nursery supervision.
2. The educational purpose is to stimulate all possible development and to correct any special deficiencies by proper training.
3. The final social purpose is to make him capable of taking care of himself and supporting himself in adult years as an adult should.

Is it always possible to accomplish all three purposes or "aims" of such training?

No. With some children years of training barely enable them to fulfill the first step in training, that is, to take care of themselves physically. With others the first two steps may be carried out but the child never becomes a "responsible" member of the adult community. He does not gain economic independence.

With some children little formal education is possible, and the teacher really has to say he has failed in the educational aim, but even so these unpredictable individuals may find niches into which they fit, without book education, and wherein they successfully fulfill the third aim, that of being self-supporting. Most backward children can be brought to fairly satisfactory adult ability.

What happens to children who cannot profit by training?

They fall more and more behind other children of their age, and finally stop developing at a childish level. They are then definitely recognized as feeble-minded children.

Can feeble-mindedness be recognized in early childhood?

Not in all cases, but an expert can state the probabilities very accurately.

Are all backward children apt to become feeble-minded children?

No. On the average probably one out of every ten or fifteen backward children proves to be markedly feeble-minded.

What is the exact difference?

The feeble-minded child has some defect which care and treatment cannot help. The backward child might show such defect to a lesser degree unless given special attention, but he develops with special training. The feeble-minded child cannot develop normally even with special help. He falls farther and farther behind and finally shows clearly that he is a feeble-minded child. If his physical handicaps are removed and he is stimulated and helped educationally, only an occasional backward child proves to be feeble-minded. The rest gain, although they often gain slowly and are not highly intelligent when they become adults.

Do feeble-minded children need the same training as backward children?

Only in part. The backward child is being given an opportunity to develop. His training must be broad, varied, as nearly as possible that of the normal child, like whom we wish him to be. The feeble-minded individual has dropped below such a possibility of development, and must be trained to the greatest economic conservation of his ability, along definite and narrow lines.

Where can one gain information concerning the education of the feeble-minded?

By visiting any institution for the care of the feeble-minded, or by visiting the special classes for feeble-minded, which are a part of the public school provision of every up-to-date school system.

What are the first essentials in training a backward child?

Regularity, patience, and ability to put one's self in the child's place.

Why is regularity important?

1. Because the backward child learns more slowly and needs a thing repeated more times in order to learn it. So, if one omits a regular training period he is apt to forget so much that the work, once started, has to be begun over again from the very beginning.

2. When the training comes at a set time amid the day's activities every item of its connection with those events is an aid to memory, while irregular times give no such aid.

Why is patience needed?

The backward child learns slowly, forgets easily most of what he learns, takes many repetitions for permanent learning, and the amount learned at one stage is much less than with the normal child. Naturally, unless one has patience, the improvement seems to be too little to be worth the bother, and the training is often dropped before good results are obtained, although a little more time would probably have brought success.

Why is it necessary to be able to put one's self in the child's place?

If one can see things from the child's angle, one will be able to make things clear to him from this viewpoint, and can thus save him much effort, and ease his learning proportionately. For instance, it is a very frequent complaint from teachers of first grade that they cannot teach backward children to make the figure 8. This means that the situation is too complex for the child. Any youngster who has made the numbers up to 8 will usually be able to make an 8 if he is told to "make a 6," and then, when that is nearly done, is told to "put a hump on its back." The situation is then divided into the element he already knows and a very suggestive aid which gives him a motor image of the new part of the task.

What should be the first object in training a backward child?

To eliminate any bad habits he may have developed.

What are some of the peculiar play habits a backward child is apt to develop?

Twirling a piece of twine or rag endlessly

Tearing rags, clothing, or paper

Tearing hair or pulling it out

Sitting on a straight chair, or on the floor, and rocking the body, endlessly

Jogging or twirling self, in any set manner, continuously

Staring at hands while twisting them in a grotesque fashion

Tapping all sorts of articles with fingers, or feeling them with the tongue, smelling or biting them

Hitting things with his head

Hitting things against his teeth

Throwing things

Pulling things to pieces or pulling them down from their proper places.

Shaking things violently and constantly

Eating filth of any sort

Talking in silly fashion

Giving vent to queer sounds or noises

Peculiar jumping, queer postures

Is there any other peculiar behavior characteristic of the backward child?

Yes. He is inert, only partly "alive." He prefers to sit or stand unoccupied for long periods rather than to make an effort to do things.

Is this a characteristic which is always present?

No. In less marked cases the child merely saves effort by performing a known act over and over again. This is only partial exertion, that is, physical but not mental, and takes less energy than he would have to use in doing new, different things.

How does one set about correcting such a condition?

By forming a program which takes account of the child's condition physically, mentally, educationally, socially, and economically.

What is apt to be wrong physically?

A backward child usually has certain physical conditions which may be the whole handicap from which he is suffering, or merely a part of it. In either case they should be found and correction should be begun at once, provided the child is old enough.

What are these handicaps apt to be?

The most common ones are poor vision, poor hearing, poor nutrition, anemia; poor breathing due to adenoids or peculiar nasal structure; toxic conditions due to diseased tonsils, infected teeth, or to chronic constipation; disturbed gland activity (any gland may be involved); inherited syphilis; or an unrecognized tuberculosis. There are numerous other possible physical handicaps which are frequently found.

How may one have such possible difficulties determined?

By having a full health examination. (See Chapter II, Bodily Efficiency.)

Which corrections must sometimes be deferred?

Eye corrections, that is, those which mean the wearing of glasses, are most apt to need deferring until the child can cooperate with the oculist. Tonsil and adenoid operations are sometimes logically deferred.

Is it satisfactory to have the parents decide to wait, and not consult a specialist on these matters?

No. In every case the responsibility for the delayed correction should rest with the proper specialist.

Is it sufficient to follow the medical program outlined by the health physician, without taking other steps towards bringing the child up to the normal level?

No. It is a dangerous policy to do less than everything in trying to help the backward child. He may improve with no help other than the correction of his physical handicaps, *but no intelligent parent would want to run the risk of doing less than every possible thing to aid his progress.*

What else may be done for him physically?

He should be put on a program of regular activity, and be trained to health habits.

What might such a program include?

1. Training in toilet cleanliness
2. Passive motions
3. Purposeful motions
4. Regular outdoor exercise

How can one train to right toilet habits?

Even before one may be aware that a child is "backward," he should be placed regularly on his chair, and kept there long enough so that he gradually forms the habit of defecating or urinating at that time. This training should be started not later than six months of age, and a regular two-hour schedule should be adopted. The child should stay on his chair not more than ten minutes. He should be praised if he accomplishes the desired act. In the same way, he should be scolded if he wets or soils his clothes. Such a schedule faithfully kept up will bring daytime cleanliness in almost every child save those who are actually of low-grade feeble-minded level. Night-time dryness is a slower process. Taking a child up when the parents retire, and again at 2 or 3 o'clock, will usually establish night cleanliness.

Are there children who cannot be trained to this easily?

Yes. There are occasional children who are suffering from structure malformations, undeveloped muscles, overirritability of the bladder, and various diseases, who do not respond to such training. These cases are very infrequent.

How long does it usually take to train a backward baby to such cleanliness?

Anywhere from three months to two or three years.

Is there any significance in the length of time required?

Yes. Provided the training has been faithfully carried out, the child who learns more quickly is apt to develop more quickly.

What is meant by "passive motions"?

The child's limbs and body are put through the motions desired, by an adult. This gives him a "muscle pattern" of various acts, so that when he begins to *desire* to do, he finds an equipment more nearly ready for use.

Do all backward babies need such training?

They are undoubtedly the better for it although it is especially valuable for children who have limbs that are partly or wholly paralyzed, or inert. A child who is already walking needs other types of training, not such uncoöperative motion.

Of what does such passive motion consist?

It includes the exercises which a masseur or a good osteopath might give, stimulation by electrotherapy and hydrotherapy, and other imitations of activities which the family can give. In general, they are needed only for a child too young or too backward to be able to do things voluntarily.

Are massage, osteopathy, and the various other therapies of special help?

Yes. They do not correct the backwardness but they put the child into a better condition to gain. If there is available a physician specializing in health exercises he could, best of all, work out corrective exercises.

What can the family do for the child?

The following activities may be tried out and such as are not too hard may be used to increase everyday activity:

1. Arm and leg motions such as a child should make in reaching, pulling, waving, clapping, kicking, creeping, and walking. They should all be given lying down.
2. Roll child over and over on blanket. Help as little as possible.
3. Put his hands through the motions of holding the breast, his bottle, or a dry food.
4. Place him in a crawling position, by laying him flat on his face, then putting a hand under his chest and raising his body. Then push his hands and knees into position. Help him maintain it.

- Gradually lengthen the time from ten seconds to two or three minutes. Gradually remove all support of hand.
5. With another adult helping, put him through crawling motions.
 6. Use a baby swing adjusted low enough so that his feet touch the floor. Have him sit in it daily.
 7. Use a kiddie car as soon as he will cooperate.
 8. Stand him against the wall. Straighten him by pushing his stomach in. Try to get a momentary standing alone. Increase time. Later stand him where he can hold on to a rail, a chair, or a knob. Do not urge walking alone too soon.
 9. Support him with a towel around his body under the arms. Hold the ends and trot him around the room eight or ten steps. This gives him the feeling of walking alone and awakens a desire for motion.
 10. Dance him in proper rhythm to music.
 11. Coax him to take one step from standing against the wall (see 8). Reward anything he finds hard to do with a bit of his favorite food.

Why is it well to reward with food?

Because food is the thing a backward child understands best and it is most apt to make him strive for more.

What is meant by purposeful motions?

When the child first replaces the parents' attempt to make him hold a bottle, take a step, swing by kicking his feet, by a short attempt to start the same sort of a thing for himself, he has replaced passive motion by desired or purposeful motion. He is then ready for more direct mental stimulation.

How can purposeful motion be developed?

By right mental stimulation. The child must be given incentives, made to want to do things.

How can he be made to desire to do things?

Often the best way is to put him through an act once, twice, or fifty times. The pleasure of the task makes him desire it again. He seeks help at first and later does it without help.

What are some such activities?

Teaching him to walk has been mentioned. In like fashion, throwing a ball, pushing a wagon, pulling a toy, dropping toys

into a box, building blocks, may be developed by putting him through the act. When he is older formal kindergarten training and then grade work must be carried out in the same way.

Are any other aids possible?

Yes. Toys should be used. They should be large, brightly colored, give pleasing sounds, and be of substances which are pleasant to touch. Color is one of the greatest aids to interest, yet usually most baby toys are delicate tints which undoubtedly make but little appeal to the child. Music or noise is the other great incentive.

Is so much help or incentive always necessary?

Not always. For instance if the child can walk it is often enough to start him running and fetching things, to introduce him to real play. Two baskets in opposite corners of the room with some toys in each are a splendid basis for more active play. As soon as possible the child should be taught to use a kiddie car and a velocipede. Then he should have some time each day when he is *expected to use* these toys and keep active out of doors even if it has to be on a porch. Coaches to push, wagons to pull, bells that push, all help encourage such activity.

What part may rewards play in his training?

The backward child always responds to praise and food. He should be praised whenever he accomplishes anything of his own accord and be shown a bit of apple, orange, cracker, as further stimulation when he is slow in attempting a thing. He should be given such rewards in proportion to his trying to do, not in proportion to his actual accomplishment, which may be very poor.

Does the backward child need formal education early in life?

Yes, but his education is education into cleanly habits, walking, feeding himself, obeying commands, and play.

What social contacts should the young backward child have?

He needs the stimulation that comes from seeing other children play and from being played with.

Is playing with a backward child apt to be injurious to a normal child?

Not unless he has some habit which is undesirable. The normal child is apt to imitate the habit merely because of its peculiarity and so he should be protected from such contacts. Except for such special conditions there is no harm to be incurred.

What is the economic problem of the backward child?

He is an economic loss to the family and to the community, in proportion to his backwardness.

Why is he an economic loss in proportion to his backwardness?

His prolonged babyhood takes too many years of infant care. This is a loss of adult time.

How can this be corrected?

He must be taught to take care of himself as soon as possible. Self-feeding, walking, climbing, talking, self-undressing, self-dressing, unsupervised play, obeying directions, doing simple errands, and helping on household tasks are each and every one a gain towards economic independence.

Should a young child be made to help with household tasks?

Yes, in every way possible.

Why should a young child be made to help with household tasks?

Because such help keeps him active, trains him, gives him new experiences, and leads to greater self-dependence. Most of the training furnished backward children in the best institutional schools is purely industrial training.

Is the young backward child apt to be better trained in a private school or institution than at home?

Not unless the mother is indifferent to his needs or cannot get expert advice concerning him. In nine cases out of ten parental supervision accomplishes more, far more quickly. The industrial training of the child's own home is the best he can

have if it is a normal home. An hour or two of more concentrated training, supplementing the home care, gives an ideal opportunity for development. He is more apt to be able to live in the community if he can take training in it, as a member of a home.

Is diet important?

Yes. The backward child needs a carefully planned diet even more than a normal child.

Is the backward child apt to have a poor appetite?

Sometimes, but more frequently he has an enormous appetite entirely out of proportion to his needs. This is an indication of his inability to assimilate efficiently the food he eats. Such a tendency should be reported to the health physician.

Is sleep important?

Yes, although most backward children are so inert they are apt to sleep too much.

Should the backward child be made to do things within his ability?

Yes. The more active he is kept, the better it is for him. One must consider in this connection, any physical needs for limiting his activities. In general, however, the backward child needs stimulation. No backward child is apt to overdo. He stops whatever he is trying to do before fatigue reaches a degree that is painful.

CHAPTER IX

CHRISTOPHER IS TOO DELIBERATE

Christopher's father was very busy. He wanted Christopher examined, but he could not take time to bring him in for examination. So Christopher came by himself, self-possessed, and more than willing to play games or do puzzles.

He was three months past his seventh birthday and had entered third grade the week before, after a month in second grade. Contrary to what is often found when a child is that much above average, he showed no physical inferiority because of his special devotion to school work. He was a little taller than average eight-year-olds, with a comfortable pound of overweight for that height. All other measurements indicated similar maturity. On the psychological tests he scored a mental age of nine years two months, giving him an I.Q. of 126. He was equally mature on reasoning and learning tests in other series. School achievement tests showed that he not only had enough ability in arithmetic, reading, language, and writing to enter the third grade, but was almost up to fourth-grade standards in all of these subjects.

There was just one set of low values in his tests. On any task where speed and muscle control were used together he was barely up to the seven-year level standards. Because of his cheerful interest in the whole proceedings, he was given an unusual battery of supplementary tests. On every test presented he achieved a score of nine years or more, unless the motor control element entered, when, invariably,

his rating fell to seven years. This was not surprising, for muscle control tests depend not only upon one's intelligence, but also upon one's actual muscle development, and one's practice in using it. Christopher had lived only seven years. He had grown as large a body as most children grow in eight years, but, even so, his experience was only that of a seven-year-old in using it. Even if one be considerably more intelligent than the average, it is extremely hard to rise above average in a thing such as muscle control when the muscles are constantly changing in size and in their potential ability.

After having obtained a full psychological examination on Christopher and evaluated him as a thoroughly bright, normal child, it was rather hard to wait for his father, to find out why the examination had seemed so urgent. Finally he came, and being a busy professional man he summarized all essential points in the already known and negative family history. He reported the child's own development as likewise normal, and came to the crux of the matter at once.

There was absolutely nothing to find fault with, except that Christopher was so slow. "We always felt," said the father, "that he might be a little bit slow mentally, and made allowances, but when he came home last week with the teacher's request for permission to put him into third grade, we knew we were wrong. What can we do to speed him up?" A few questions soon elicited the fact that his slowness, as complained of, meant that he was slow in dressing, taking "much longer" than his father. Sometimes he was very slow getting ready for bed, and very slow, indeed, in taking his bath. If asked to help on any task, such as drying dishes, he was "quite slow." He could walk at a good rate when out with his father, seemed active in play, and normal in all other respects. Christopher was, unfortunately, the only child in a family of five adults. None

of them had ever had experience with other children, except the grandmother, who was more critical than any of the rest. Her basis for comparison was the remembered speed and agility of her own two sons twenty-odd years in the past. The only time when the father was annoyed was when Christopher was slow in getting dressed in the morning, consequently late in eating his breakfast, and thus not ready to start to school when his father was ready to take him.

At this point in the interview it seemed wise to ask the father whether he played golf. He gave an enthusiastic and lengthy affirmative. When questioned as to how long it had taken him to learn to play a decent game, he estimated two years. He was then asked to look at Christopher's problems from that angle. If it takes an adult two years to learn to play a fair game of golf, how long should it take a child to learn to dress and bathe himself as rapidly as an adult who has lived for thirty years? Perhaps Christopher's father, despite all his legal acumen, could not have given the question a direct answer, but he saw its application. Christopher undoubtedly was slow in dressing, but he had always been helped until the previous year. He was slow in bathing, but he took great pride in being careful so that his mother would find no unscrubbed spots when she inspected his final condition. Dishes are fragile and an intelligent child exercises caution in handling them.

The only advice one need give in such a situation is, "Be patient. Give the child time to practice, and his annoying deliberation of action will disappear." It is a normal phase of development to do a thing properly but slowly, before doing it efficiently and quickly. Children have to practice their habits before they become second nature. The only abnormal feature in such a situation is the impatient adult demand for speed.

What is usually meant when parent, nurse, or teacher complains that a child is "slow"?

Sometimes the term is wrongly used. The adult really means that the child has been "slow in development," or "backward." This is a special difficulty in itself. (See Chapter VIII, *Hilary Is Backward*.) The child who is actually "slow" is the child who can accomplish what is asked of him but who takes a seemingly undue amount of time to complete the task.

Do adults usually make the proper distinction between slow accomplishment and slow development?

Yes. A most frequent statement is "not that he isn't bright, but he's so slow."

At what is such a child usually slow?

At almost anything he does. He is deliberate, calm, unhurried, and works for surprisingly long periods trying to complete self-imposed tasks. His play is often just as deliberate and "slow."

Is he equally careful and slow with things adults ask him to do?

Yes, and it is usually his behavior on these tasks, not his play-time lack of speed, that brings criticism.

Is such a child desirous of speedily completing his tasks?

Not as a usual thing. He seldom gets any sense of being slow and realizes very little of his family's need for speed.

Why does he not realize the need for speed?

He is occupied with the idea of the task he is attacking. He tries to complete it as he imagines it should be completed. This fills his mind to the exclusion of all other ideas.

What gives him such far-reaching ideals and such concentration?

Superior intelligence is the most common cause. Children who are below average in ability are not prone to such behavior. They may be *slow* but the slowness of their behavior is accompanied by slowness of actual thinking and less con-

centration on any one play or work project. The parents of a backward child know he is slow in all he does and seldom demand too much of him. A bright child does so many things so well, one is apt to expect equal maturity and efficiency on some things beyond his actual ability.

Is a bright but slow child usually patient in his attempts?

Yes, although one occasionally finds him subject to outbursts of irritation or exasperated crying.

What is apt to cause such outbursts?

The child's experience and his deftness of muscle control are inferior to his ideas, for the latter are due to his maturity of intelligence and are usually far in advance of that which he can physically accomplish, with ease.

How does this cause outbursts?

He tries his best to carry out his ideas, finally becoming greatly fatigued, then his fatigue expresses itself as irritation at his own inability, or as irritation at anything else which, in his fatigued state, interferes with his attempts.

What can be done to balance things for such a child?

Sympathetic understanding of the situation is the first requisite.

How may this help?

It gives the right attitude of approach in suggesting to the child how he can more easily carry out play projects, and helps one analyze his slowness in dressing and other tasks properly. He can then be given suitable suggestions for self-help.

What may be done for the child himself?

Usually such a child needs more chance for play usage of the big muscles and less attention to solitary indoor play with blocks and smaller toys.

What changes are apt to be beneficial?

Longer periods outdoors in the sunshine, especially in winter, are most desirable. Sleds, carts, scooters or a velocipede to

keep him interested and occupied while out, are essential. Skates, stilts, bicycles, and equipment for sports should be added as he gets older. A review of his daily program from the sleeping and eating standpoints and an elimination of unnecessary strain will help. Frequent, short periods of play with an older child, or with an adult, who will play from his angle but who will help him carry out his ideas more easily, often add tremendously to the child's ability and eliminate much irritability.

What may one do about the difficulty of getting a child to come immediately and not slowly when called from his play?

This is not characteristic of only the child who does things slowly but of practically any child who is normally interested in his own occupation.

Why is this a common characteristic of children normally self-occupied?

Because the child finds it difficult to adapt from the concrete thing he is doing and *can see* to the call which is less interesting and is *only heard*.

Should he be given time for such adapting?

Yes. It is cruel and unintelligent to expect a child to drop his toys without leaving things in a fashion more or less satisfactory to him.

Should he be called a second time?

No. He should begin getting ready to come upon a first calling, and should not be allowed more than momentary delay unless a special situation justifies it.

How is such obedience to be enforced?

It should be begun when the child is too young to know better. At first the call may be accompanied by going after him. Soon he will come alone. Such a habit must then be kept up constantly.

How can one enforce it if a child tends to ignore being called?

By making him suffer the consequences.

How can this be done?

If he does not come promptly to meals, he should lose his dessert. If he dawdles when called for his bath, he would promptly come another time, if he found he got no bath at that time, and lost the privilege of a walk or drive—since he was not clean—and had to go to bed earlier in order to be given his bath at bedtime.

If called to a special treat, it should be withheld when he does not come upon a first calling. In obstinate or persistent cases the writer advises going after the child, bringing him in and putting him to bed, then prohibiting that occupation or interest for several days.

Catharine was five years old, and tested seven. The aunt who was taking care of her during her mother's illness found it was impossible to get her away from play for food, nap, or walks. She would simply ignore the call and, if approached to be led away, would scream until exhausted.

Her aunt finally planned to call Catharine but once for meals and to let her go hungry if she did not come. She told the child. For a day or two Catharine obeyed all calls promptly. Then came a day when she ignored the call to dinner. The family ate and food was put away. About 2 o'clock Catharine came in from the yard saying she was hungry. The situation was explained to her and in spite of violent crying she was left unfed until supper time. The one lesson was sufficient and now no one could be more prompt in coming when called.

Billy's case was rather different. He was equally bright, being four years old and testing six. He became irritable when called from play for any reason. He would make numerous verbal promises to "come in a minute." He would keep the call in mind, but just put it off, making one excuse after another about rearranging his toys. Usually, he would have to be forcibly taken away from his occupation, whatever it was. His mother and the psychologist decided that the best treatment would be to deprive him of the toys he could not leave easily. A set of blocks had to go first. Several days later an auto and garage were put away. The argu-

ment was: "If these toys take so much care that you cannot leave them easily, then you are not old enough to play with them." Prompt obedience "earned" them back and there has been no more trouble.

CHAPTER X

ROBERT DID NOT TALK NORMALLY

Robert's father and mother were most concerned about his inability to talk distinctly. When he was only two and then when he was three, it had not seemed such a serious matter. They patiently hoped each month would bring more development. But by the time he was five, his small brother of two was taking the responsibility of interpreting Robert's ideas to the world in general, while Robert was still unable to say more than forty or fifty words indistinctly and had never put more than two words together into a sentence.

There had never been a child in either family that could not talk, although both parents had a number of brothers and sisters. Indeed, Robert had some twenty-odd first cousins, all as normal as could be desired. Of course, his parents admitted that he had had a bad start. First of all, a fall brought on his birth a month prematurely. Then the day after his birth he gave all the serious indications of having suffered from a cerebral hemorrhage, and developed convulsions which occurred at frequent intervals until he was four months of age. To add to their worries, his mother could not nurse him, and it proved difficult to get food that would agree with him. He had walked at the proper time, but talking had never made much progress beyond the first baby stage of learning names for a few objects.

Although Robert's parents were in moderate circumstances, they had spent thousands of dollars taking him to well-known clinics far and near. The advice they received had been practically the same everywhere. He was

diagnosed as backward, and of course they were told his defective speech meant a serious possibility of his not developing any further mentally. One and all advised some kind of speech training, early, but no person interested in speech training was willing to provide very much, because they all considered him too dull. A single clinic tried to test his hearing, but decided he had insufficient speech to indicate whether he heard or not.

The father's cousin had heard of a child that the writer had helped in speech development and so the family made another journey and came to see what might be done.

At that time Robert was almost six years of age. The first thing that impressed one in seeing him was his eager and alert air of watching all that was taking place around him. He soon became more than busy on puzzles and tests, concentrating in the most intense fashion on the solution of any problem he could understand, and watching for more clues when something was presented that he could not understand. After half an hour of tests to probe the general situation, there seemed no doubt but that he was almost totally deaf. He heard loud sounds, and any loud sound made him stiffen into attention, but it was always his untiring observation that gave him a partial meaning of the verbal command that followed. On any tests which did not require hearing or speech, he scored at least a six-year level, except that he was a little slow on several of the form-boards which are used to test muscle control and rate of learning. On those he scored five and a half years, so there was no marked retardation, other than the inability to speak.

A physical examination made the same day revealed a marked degree of earlier rickets, with good recovery, but even so there was sufficient aftermath to account for the muscle control inferiority. Aside from this, the child was in very good condition, showed no lack of structural nor-

mality of nose, mouth or throat, but did fail to respond to all tests for hearing save those for very loud noises.

The mother was sure that Robert could hear, but when asked for evidence of that fact, all she could recall was that he came when called, and she admitted she usually beckoned to him when she went to the door to get him in from play. Experimentation showed that he could hear his name called in a loud tone, even when busy, with his back turned, at a distance of twenty feet or more. He did not respond to lesser sounds. He showed no interest in the victrola, until led up to it and made to sit with his face turned towards it, while a record was played. He then gave signs of great pleasure, and indicated that he wanted something more to happen in that box.

Plans were made to start him in school when it opened the following month. In the meantime he began speech-hearing-seeing lessons. By this is meant a modified speech lesson in which the material usually given orally is presented in written form also, and the visual imitation of throat, mouth and lip positions is used to increase the efficiency of the child's efforts. Except that there was a certain amount of hearing which could be utilized, training was much like that one would use to train a totally deaf child. It is a mistake, however, to train a child who can hear even slightly from the standpoint of deafness alone, for restrictions of all sorts naturally follow in his contact with hearing individuals. Fortunately, since he could hear to a certain extent, Robert was not eligible for classes for the deaf.

During the next two years Robert changed remarkably. He seemed eager to make the most of everything taught him. Phonetic reading brought remarkably clear enunciation on all material presented. It was interesting to note that his free speech in play and social situations improved much more slowly than his speech in classroom work. As

nearly as could be determined, it took six to eight weeks of training on a new phase of enunciation in the classroom before it permanently became a part of his everyday speech habits, in spite of the fact that the mother coöperated in a most efficient fashion and demanded far more of him than most families would.

At the end of his first school year he was seven years of age and tested seven years two months. On performance tests, where speech was not needed, he scored from nine to fourteen years in various phases of reasoning and learning. The inferior muscle control had entirely disappeared. He had also covered a full grade of school work and was promoted to second grade work for the next year.

At the end of the following year he tested eight years on his eighth birthday, and on all practical performance tests he scored a twelve-, fourteen- or sixteen-year level. At this time plans were made to put him into a public school where he would be able to continue with regular grade work and also have continued training in lip reading. This meant that he would have to meet the adjustment to larger groups and more varied activities, and also take the responsibility of making the trip alone, with a long street car journey. The probability was that he would not continue making as rapid a gain in academic subjects as when under tutoring supervision in a group of only four to six children, but the opportunity for growth in experience was so much greater that the lesser advantages were willingly sacrificed. A year later Robert was a normal part of the public school group. He was more sure of himself socially and intellectually. He had gained in every way that a real boy should, and now, after another year, the indications are that he will continue through the regular grades with little difficulty.

All the credit must by no means be given to educational aids, however, for Robert has had the advantage of home

consideration such as is granted not more than one handicapped child out of a hundred. As soon as Robert's parents realized that his future was handicapped by deafness as well as by poor speech—markedly handicapped by both—they began considering the best way of providing for him. During the second year of his schooling, the opportunity came to acquire a farm near enough so that supervising the work on it would not force the father to give up his trade. They bought the place and Robert has lived there the last two years, learning by daily experience the details of the many tasks connected with such life. He can drive a team of horses or a tractor with successful responsibility in haying time, knows how to take care of all the live stock, and a great deal about putting in seed and gathering crops. Outside his school hours he lives a busy, happy, worth-while existence, and has developed unusual ability in keeping farm machinery in order or helping to repair it with ingenuity and the materials at hand. In this respect he is far more mature than unhandicapped children of his age.

Robert is a splendid illustration of a grievous disappointment turned into a praiseworthy achievement. His parents accepted his condition, and have set a worth-while example for other parents with problems of similar type. Not every child would do equally well on a farm, nor in any one other situation, but by careful planning and patient adaptation, plus foresight, most children can be made worth while.

Is it true that all defective speech in children can be cured?

No. There is a great percentage of children in whom the speech development will never be satisfactory. Many children cannot be helped at all by speech training.

How can one determine whether a child can be helped?

By finding out the cause of his speech defect or speech difficulty, that is, the reason he does not talk well.

Can a teacher specializing in speech correction determine this?

In only a small percentage of the cases, and it is hard to tell on which children the average teacher may be right in her decisions. A teacher's decision regarding the possible recovery or the hopelessness of a case is apt to be dogmatic, biased, and based upon incomplete observation.

Are all specialists able to determine possible correction?

Those who are thoroughly trained and intelligent can tell easily, but this type of work has attracted a great number of plausible fakirs and untrained "experts."

What is the first step in attempting correction with a speech case?

He should have a twofold examination, physical and psychological.

What is the need of two examinations?

The physical examination should be made by a speech specialist, if a good one is available, or by a good throat and ear specialist. It should determine whether the child's mouth, throat, and nose are in condition to take the proper positions for speech sounds; whether muscles and nerves relating to throat, mouth, and breathing work together satisfactorily; and whether the child actually hears. The psychologist should determine whether the child has sufficient intelligence and learning ability to profit by instruction.

Is there much probability that a child who speaks but little or not at all may be deaf?

Yes, indeed! Parents are constantly bringing children for speech training who actually cannot hear well enough to pronounce words accurately.

Can anything be done for such children?

If they are totally deaf, they can readily be provided with training in schools or classes for the deaf.

If they are only partially deaf, that is, "hard of hearing," as we say, the problem is sometimes less easy to solve. There are fewer schools for the partially deaf, and most of the appliances to aid hearing are either very expensive or hard for the young child to use.

What methods of teaching should be used for a partially deaf child?

A combination of sign suggestions, simple speech, an ear trumpet such as those manufactured by workers with the deaf,¹ and a liberal usage of radio should help the child until he is of an age for speech training. This should then be given through lip reading and speech training, as taught by a teacher of the deaf, as well as through the customary methods of speech development, if he has sufficient hearing to benefit even slightly from such training.

Tilly was five years old. She said only a few words. The parents brought her to ask help in placing her in a school for defective children. Examination soon showed that she was a partially deaf child. A traveling clinic sent out by one of the universities had examined her, but missed the deafness, so called her feeble-minded. With tests for deaf children she tested above her normal age. Spoken, written, dramatic, and phonic teaching, with lip reading and some use of an ear trumpet helped her complete first grade work nicely in the normal time. Second grade work is going equally well this year.

To what extent is a child with defective speech apt to be feeble-minded?

There is a rather serious probability that a child who cannot talk plainly, who has but a small vocabulary, or who does not talk at all by the third birthday, is at least below par in intelligence. The longer such speech difficulties continue, the more probable is the mental deficiency.

¹ An inexpensive horn sold for the benefit of the American Association of the Deaf, is distributed by Miss Mary Davis, 1738 North Fourth Street, Columbus, Ohio. A child of four can use it quite well.

Why is there such a relationship?

Because speech depends first of all upon having something to say, and secondly upon being able to learn how to say it. The child who, without being deaf, makes no effort to talk obviously has nothing to say. His intelligence is not developed to a level where he has ideas, which he is desirous of communicating. Normal children with speech difficulty make one understand in a dozen ways all they are thinking. They talk with their hands, eyes, headshakes, facial expressions, and by imitative acts. A child who does not talk and who *does not try to tell things* in other ways needs the most careful psychological study.

Is it not possible that the lack of speech causes the mental defect?

The opposite is far more apt to be true. Mental defect frequently has defective development of the speech center as an associated symptom. That which caused mental defect also checked speech development.

Billy is such a case. At eight months he began having a series of very hard convulsions. At three years of age he was brought for diagnosis and advice regarding speech training. A careful study showed no hope for improvement and no possibility of training "speech." His mental age was eighteen months. He was seen again when seven years old. Again his parents begged help, and again had to be told that his mental level showed no improvement. Then they revealed the fact that during the past three years they had spent all they possessed in striving against the advice of all experts, to get help from faith healers, chiropractors, "lamps," hypnotism, and private teachers.

Can the speech of defective children ever be stimulated or improved?

Yes, but in general the improvement comes through centering one's attention on stimulating mental development itself. One thus gets a better basis for speech. Then speech training is incidental to general training.

Are all children who cannot talk at all apt to be feeble-minded or backward?

No. The larger part of such children are apt to be below par, but children who are otherwise absolutely normal, and who hear well, may be unable to talk.

Can anything be done to help them?

Yes. Such children are true hearing "mutes" and can usually be trained to speech. They never become free conversationalists. They often improve under gland feeding. Occasionally one finds such a child who cannot talk at all, no matter what the training. Such a case usually has a defect in the speech center or the nerves leading to or from the speech center.

Timothy was almost a mute. At six years of age he said only five words. He was a child deficient in gland activity and improved rapidly under gland feeding. In two years he was using sentences of eight to nine words each. Speech training was effective when medication had brought ability to improve.

Are children who stutter apt to be defective mentally?

No. Stuttering is more a matter of *improper* action of the speech mechanism, than of insufficient speech development. It more frequently appears in a nervous, unstable child who is bright, while poor pronunciation, mispronunciation, and speech that cannot be understood at all are more apt to be found in the defective child.

Is baby talk or the inability to pronounce certain letters a serious sign?

Not in a child under four. It will usually yield to a little, very simple speech training. In older children it is a more serious indication, simply because they are older, have used wrong habits of speech longer, and correction therefore is much slower.

What causes baby talk?

In general there seem to be three groups of cases.

1. Some children have not learned fine enough muscle con-

trol. These are often children with poor nutrition. Their physical development is slow in reaching each new level of ability. Speech reflects this delay of the whole organism's development. Such cases can usually be helped by health work. Some cases need prolonged medical aid to improve the general muscle nutrition.

Ann is such a case. At three years of age no one could understand anything she said. She had *so much* to say, she had to talk too fast to be able to really practice talking. She was a very bright, overtense, overalert, undernourished wee lady, whose speech rapidly became more distinct merely as a result of nutrition work. When a marked improvement had been gained in that fashion, speech lessons completed the corrective work in another year, although she talked with a slight drawl until between seven and eight years of age.

2. Some children talk baby talk merely because it has been talked to them. The correction is obvious.

3. Some bright children wish more attention than they normally get. Usually this is a result of being somewhat slighted because of a younger child. Sometimes it has no such excuse; they merely wish more attention. Without any conscious planning they begin dropping back into baby manners and baby habits. Speech becomes babyish as a part of the general return to a younger level. Usually such a condition is recognized only after an expert has been consulted, but it is very common and any observant mother can see the symptoms if they are there. Its treatment lies in voicing disapproval of the baby symptoms after their cause has been recognized, and in providing incentive for the child's "growing up" again. (See Chapter XIV, Jimmy and Jerome, Emotional Problems.)

Are there any other causes of speech defects?

Yes, several.

What are the other causes of speech defects?

1. Some normal families have an inherited tendency to speech defects which are either permanent or which clear up much later than ordinary infant speech difficulties do. Family

histories are always a valuable aid in determining the cause of a speech defect, *but* one must be careful not to exaggerate the speech defects which relatives may have had. The tendency is always to *explain away the child's difficulty*.

2. Some children are slow in talking because they have been so efficiently taken care of that they have had no need for speech. Such children usually begin talking about the third birthday. A psychological examination will show their normality in other ways, and a little wholesome parental neglect will hasten their speech.

3. There is sometimes a very close relationship between right- or left-handedness and speech defects. Left-handed children who are made to use the right hand are often slow of speech and not infrequently develop real speech confusion when they are forced to write with the right hand. No child should ever be forced to make a change which is such a strain upon his nervous system. The result of the unnecessary effort may not show at the time. It may be there and make its appearance at a much later date.

4. Speech defects are often a sign of wrong thinking or feeling. They indicate complexes and conflicts. Sometimes a child will begin to stutter violently, without apparent cause. Careful observation may reveal very little until one begins some simple psychoanalysis. Usually only a little time is required to find the various desires which have conflicted and brought an actual "speech conflict." The disturbed speech is merely an indirect expression of the disturbance in thought and feelings.

What speech training might a parent try—when a speech clinic is not available—to determine whether the child may be helped or not?

A certain amount of phonic work can be tried without much chance of hurting the child. If a record of it is kept, the record, considered in connection with the child's condition after the attempt has been made, might give a good bit of help to a speech expert. Such experimental training should be limited to an attempt to improve pronunciation of a few well-

known, commonly used words. *Amateur training should never be tried on a child who stutters.*

What rules should govern the training?

Such practice should never be pushed to the point of tiring the child. Ten minutes in the morning and another five in the afternoon would be enough formal drill. On such words as he *can* say he should be *drilled all the time*. Slovenly speech should never be accepted. Regularity is more important than longer periods. Speech training may well be given the whole seven days of the week. Advance to new sounds should not be made too quickly.

The reward of a walk, a piece of fruit, or some other slight indulgence, each day, is a matter of keeping the child's interest alive.

Of what should the drill consist?

All of the following aspects of speech training should be given a part in each day's lesson.

1. Have the child say in imitation of the teacher:

a as in *ache*
ah as in *father*
e as in *see*
o as in *boat*
oo as in *boot*
ow as in *how*

At first he may have to be given each sound separately, but later he should be able to say the whole series as a unit. It is well to have this exercise repeated several times daily, thus: *a-ah-e-o-oo-ow*.

2. Begin in the order given and add the following sounds in front of each of the above vowel sounds: *f, d, m, r, s, h, w, n, p, t, b, v, y, l, z, k, j, sh, wh, ch, th, g*.

Do not add more than one new series daily. After he does a combination with any one letter perfectly two days in succession, check it off, and have him do it only in review, about once a week. Keep working on all sounds he says imperfectly, giving each two trials a day. The combinations will be such

as *fa—jah—fe—fo—foo—fow, da—dah—de—do—doo—dow, ma—mah—me—mo—moo—mow.*

3. Add each day, one of the letters in list 2, to each of the following words. Drop after two trials any combinations that are said successfully, and work on those which are not said clearly until definite improvement is noticed.

*ate, ail, are, air, an, am, ake, ask, ap, ad, ab, age
eat, ell, ear, eem, een, eke, ess, epp, ed, eb, egg
oh, all, ask, aunt
or, ought, oil, oak, off
ool, ook, oom
ul, em, up, ut, ure, ud, uk*

These should be given as *fate, fail, fare, fair, fan, fam, fake*, etc.

4. Teach the child nursery rhymes. Even if he cannot learn them readily, have him say them imitatively, even a word at a time. "Jack and Jill," "Peter, Peter," and many others are "tongue twisters" which have in them the best combinations for speech work.

5. Choose definitely some words that he cannot say. Beginning with one of them insist upon correct, or nearly correct, reproduction each time it is used. Make a list of these as he succeeds and add others. Add one such word a week, at first. "Please," "thank you," "good morning," are useful ones with which to begin. It would be well to keep a notebook of what is done each day.

May one expect to cure a bad case of speech defect with such exercises?

Not unless one knows the special technique for giving the child help on his worst sounds.

What may be accomplished?

Lesser difficulties will often disappear under just a little regular attention to the child's speech. Besides this, the child has been made to attend to his speech problem and is more ready to benefit from intensive, specialized work on his hardest letter sounds.

Are there any ways to teach a child the method of making certain sounds?

Have him watch the teacher speak, watch his own face and throat movements in a mirror, feel the teacher's throat and his own, and listen to radio or victrola speech selections if he can hear well enough.

Can home training replace that of a specialist?

No. It merely gives the parent a chance to see whether the child merely needs *attention* to speech which is defective because slovenly, or whether he needs training in speech because of true deficiency in that ability. The child merely needing *attention* often corrects his difficulty with the slightest of amateur help. The child who needs training will only show how definitely he needs a specialist.

What may be done to help a child who stutters?

Emotional strains and home maladjustments should be corrected and the physical condition made as nearly perfect as possible. Further work must lie in the hands of an expert. The probabilities are great that psychoanalytic work will be able to help more than any direct speech training.

How much correction of speech defects should a child have before entering school?

Enough to be able to plainly state his name, address, father's name, and a fair amount of ability to make words sound as they should. A child who cannot pronounce more than one word correctly out of a sentence of five words, cannot make himself comprehended in school. The child who can pronounce two out of five may get along. The child who can pronounce three out of five usually gets along well, and, since his condition seems hopeful, he gets bits of individual help to bring him up to class standards.

CHAPTER XI

PRUDENCE THE UNSTABLE

Prudence was anything but an epitome of the qualities reflected in her name! Her entrance into the psychological laboratory was preceded by a telegram from a distant state, her home: "Can you take problem child for observation?" "Age? Problems?" was the reply sent. Quickly came the reply. "Nine-year-old girl. Any problems you want." Motivated by a constant desire for the adventurous in child life, an acceptance went over the wire, and two days later Prudence came.

One look at her was enough to show that she had brought her problems with her. Scrawny, yellow, black hair tossed every which way, black eyes indignant and snapping, a furious pout, and feet that slouched and scuffed their reluctance to enter, she pushed her mother aside, intent on making sure that no unheard discussion of her should take place if she could prevent it. After she had been helped to remove her coat, and offered a chair, she sat in antagonistic silence and waited. But she happened, this time, to meet others who were good at the old familiar game of waiting, and so her kicks, noisy changes of position, throat clearings, and facial tantrums gradually faded away as they met only a smiling, slightly amused silence. With a final "Well," she adapted to test conditions, more than curious to see what was going to happen.

Prudence was an experiment in racial amalgamation. Her great-grandfather had sailed his good ship around the Horn and spent some years in the Orient. When he re-

turned, he brought a wife whose beauty, intelligence and virtuous ability to thereafter keep him at home were largely unappreciated because of her golden-yellow skin and eyes ever so slightly aslant. She bore her husband one son, Prue's grandfather. This child grew up moody and solitary in the little New England village where they lived. Gradually he expressed in religion the sense of injury he felt had come from his mixed race. When he entered the ministry he became a most extreme exhorter of the unrepentant and a stern guide of the parish which called him. He finally married the lovely daughter of a poverty-stricken farmer. Again there came a solitary child, this time living under the handicap of repressed and distorted emotions, as well as a consciousness of his racial difference. It would be hard to tell which inheritance drove this boy away from home, but away he went, when only seventeen. Out in the western part of the country he found freedom, tolerance, and moderate wealth. Gradually the bitterness of youth was forgotten, and at last he dared to love and marry the daughter of the most prominent citizen in that county.

Four children were born in the course of the next ten years. They came into a home filled with every comfort and were treated with every consideration and all affection. Courage, a boy, and Faith, and Joy lulled into the subconscious any fears the parents might have had as to any inheritance of traits that were unwelcome. Then came Prudence, and from the day she was laid in her father's arms, he could see in her the reproduction of his father's face, but hoped her temperament would not trace its likeness back to the same source.

Before she was two years old Prue had become a problem. She could never be depended upon. She was trained to cleanly habits by fifteen months of age, but then had to be trained all over again when about nineteen months old. Sometimes she did as the other children had always

done and took her naps regularly. Then would come weeks when she would sleep not a wink all afternoon and very little at night. She played amiably just when one expected trouble. If expected to be a good child, something was sure to create a disturbance. She was cruel to any pets she was given, scratched and fought and bit the other children, yet cried if they were away or if she heard them scolded. She used words in swearing that no one could trace back to any origin with which she came in contact. She told imaginative lies so intermixed with truth, her mother despaired of ever teaching her what truth meant. She stole and hoarded things for which she had no possible use. "First one thing flares up and then quiets down, but something else always takes its place," reported the mother.

When she was six Prudence was sent away to boarding school in the hope that it would stabilize her in a way the family felt they could not. She was only there a little over a week before the head mistress sent for the parents to come and take her home. The next year she went to public school, but was sent home, after only two days, with a note advising that she not be started until older. Her mother tried to teach her, but made no headway. A tutor gave up in despair. Then the kindly Sisters in a parochial school undertook to teach her and kept a tolerant, helpful hold on her until the time she came for examination and observation. She had not, however, accomplished much, as they had to restrict her activities so greatly in defense of the other children, that she had limited opportunities for actual academic work.

At the time she came for examination Prudence was nine years four months of age. She denied any fatigue from her trip and worked fairly well on whatever test situations were presented to her. Erratic and totally irrelevant remarks were constantly thrown at the examiner as she worked. For instance, as she was trying to draw diamonds

she remarked, without even looking up, "Ponies are nicer if they are brown and white." When asked what had made her think of that, she looked up in surprise and said, "Oh, I just knew it."

Her tests were necessarily numerous, including everything from the full examination by the physician, special additional laboratory tests to determine a chronic kidney disturbance, and standardized psychological tests, to academic and industrial efficiency ratings. As a result, a week passed before any one could be at all sure how much she might be helped.

On the Stanford Binet scale, Prue had a mental age of eight years two months. This placed her I.Q. at 88. An analysis of her examination showed that she was poor on tests which needed more effort of memory than the average, but that she improved on such tests if challenged with the idea that the test situation was beyond her ability. She constantly lost credit because of the irrelevancy of her associations. She would start an answer in the right direction, but would never get there, being lost in a multiplicity of words. She could reason fairly well, although she showed a narrowness of general information which meant lack of ability to observe, not lack of sufficient experiences.

Her work on all performance tests was "sketchy." When she could be "caught in the act," her work was rapid and fairly accurate. All of her motions were jerky, now slow, now fast, usually accurate, but clumsy in spots, and carried out without regard for nicety of details. Academic tests placed her as barely ready for the last quarter of first grade work in number combinations and writing, but ready only for the sixth month of first grade work in reading. Her general information rated about that of a six-year-old. Her reactions in a group of children compared unfavorably with those of the other unstable seven-year-olds. She could do little tasks about the home, in the boarding home, very

nicely, but was inclined to be slovenly and to spend her time concealing the work left uncompleted rather than in completing the task. She confirmed the mother's report that she had recently been wetting the bed, and showed no concern over her inadequacies. The apparent lack of sensitivity about any of her deficiencies seemed most abnormal, but a few days showed that the unemotionalism was largely a defensive attitude. She really did care about being naughty, but she had acquired such an involved habit of wrong responses to life, that it was impossible for her to extricate herself and start over again.

The mother willingly left her for a winter's work, and she was most gladly kept. Of course there was the history of emotional disturbances arising out of her great-grandfather's choice of a wife. There seemed little to prove that the grandfather's and the father's disturbances had not been caused far more by the external conflicts than by the inner warring of mixed racial traits. Prue at least needed a chance to begin life anew.

She was underweight, overtense, iodine-deficient, needed glasses, needed posture work, was constipated, and had a kidney infection that probably caused some physical instability although it had been consistently treated. She had poor habits of sleep, no regular habits of body functioning, ate with indifference, and seemed unaware of dirty hands, untidy clothes, heat, cold, or pain. There was no interest in lessons, and but little in toys. Privileges were evidently regarded as too closely tied up to restrictions which made them look like bits of jelly around an enormous pill.

She was put into a splendid observation home where there was one other child. For rising, and dressing, and breakfast, she was supervised with the same thoroughness that one would give a four-year-old. School, with individual rules and teaching, lasted four hours, and then followed

dinner and bed. The first freedom of the day came in her outdoor playtime from 3:30 to 5:30. Even in this, there was but one companion, a fenced yard, and immediate sentence to indoor occupations if she broke the rules of normal play. After 5:30 came a half hour of helping to set the table and prepare the evening meal, which was not served until such tasks had been properly done. Then came washing the dishes and a final half hour of directed games, and fun, or stories, before bedtime. Medical and all other orders were implicitly and regularly carried out.

Gradually there came an improvement. This was slow at first and the gain of one day frequently showed as the loss of the next, but impersonal, firm, regular, and kindly supervision, together with treatment, and the stimulus of a totally new environment wrought their usual miracle.

Five months after the first examination Prue was again re-studied, before being sent home. On the mental tests she had gained eighteen months, and tested nine years eight months, just one month below her actual age, which gave her an I.Q. of 99. On muscle control tests she had jumped to a uniform level of between ten and eleven years, with several forms of learning scoring at the fourteen-year level. In academic work she had done equally well. She had covered over a year of work in each subject, and by standard tests scored ready for third grade in reading and arithmetic, and up to fourth grade average in language, writing, and spelling. Physically she had gained eight pounds, gathered an appreciation of cleanliness, learned to be dry most nights, lost her disturbed walk, and had a much better posture. In behavior she was still rather unpredictable at times, but the ups and downs were so minute as compared with the earlier waves of behavior variation, that they seemed almost negligible.

A general instability of the nervous system showed up quite markedly in all her tests, being, perhaps, more clearly

diagnosed than at the earlier examination, because examiners could be more sure of the optimal conditions that prevailed during the second testing. This instability may be permanent, but its presence had nothing to do with any need for disturbed behavior. The change effected was one of change in perspective and attitude. Prue had learned that the world was a happier place for one who tried to cooperate and meet the demands placed upon him by society.

The change in attitude has continued. Nearly three years have passed. Prue still goes to school to the kindly teachers who tolerated her earlier perversities. Her reading is not as fluent as it should be, and there are times when all work is less satisfactory than usual. Her parents now recognize these periods as danger signs and energetically reënforce regulations, not only on Prue, but on her brother and sisters. As a result of the work with Prue, the whole family has a different attitude towards their inherited bugaboo. They now take pride in showing their ability to make worth-while contributions to their community because of their difference of inherited characteristics. Such an attitude, kept moderate, means mental health for all of them.

What is meant when a child is said to be unstable?

Exactly what that word indicates. The child is unreliable in his behavior, has ups and downs, does things one cannot anticipate or plan for, shows peculiar abilities coupled with disabilities that do not seem to belong with them, jumps from this to that, is apt to be restless, variable, overemotional, lacking in emotion, perverse, and difficult to live with. He is frequently a child with serious behavior problems.

Why does instability show in so many ways?

In an unstable child there is, for some reason, a poor condition of the whole nervous system. It is therefore unable to carry out its task of directing and aiding in each and every

action of the child, without falling short in some way. The times when a child shows his instability are those when the thing to be done makes demands upon his nervous system which are beyond its strength or ability.

Is the nerve energy of the unstable child limited in the same way as it is in the backward child?

No. The two are totally different.

The backward child is lacking in the amount of development of his nervous system.

The unstable child may have any level or amount of development. He may be very dull, or average, or very bright. His difficulty is an *irregularity* in the way he uses that ability which he has.

The backward child has a "travel-in-a-rut" mind.

The unstable child has a "run-away" mind.

The unstable child is a child with a *sick* nervous system: it does not function in a healthy, normal manner, no matter what its stage of development.

Can a backward or dull child be unstable?

Even though he is poorly equipped with mental ability he may use that ability which he has foolishly, inadequately, erratically, or to no purpose. He is then unstable.

Is a dull or backward child apt to be as unstable as a bright child?

Yes. In proportion to his mental endowment he may be just as unstable as a bright child, but the things he does are not apt to be so spectacular or unexpected. He has less intelligence, and that limits the range of the mental activities which may be disturbed.

What does instability do to a child's mind?

It lowers the general efficiency of the child. He often, because of his disturbed nerve function, thinks and behaves at a level two or three years below the intelligence level at which he is actually capable of living. It makes him socially immature, less capable in school work, solitary, hard to understand, naughty, and troublesome.

Can instability be helped?

Yes.

Can instability be cured?

In perhaps a third, in perhaps as many as a half of all unstable cases seen, permanent relief may be expected.

What is apt to happen if one does not try to correct the instability?

A nervous system which is enough handicapped to give signs of its difficulty in early childhood is a fit breeding ground for the later development of nerve breakdowns, hysteria, and insanity.

How do nerve breakdowns, hysteria, and insanity differ from instability?

They are merely more severe forms of the same characteristics.

What causes a child to be unstable?

It may be an hereditary tendency, a malnutrition condition, a result of unhygienic living, the aftermath of a definite disease, or any one of a number of less obvious influences.

What sort of an inheritance is apt to cause instability?

The unstable child's family pedigree is usually well supplied with ancestors and other relatives who are described as nervous, flighty, moody, erratic, queer, peculiar, solitary, very religious, high-tempered, despondent, maniacal, forgetful, or different. Illnesses common to the family are apt to include asthma, migraine, nerve breakdowns, paralysis, insanity, epilepsy, and chronic "ailings."

What form of malnutrition is apt to affect a child's stability?

Any type. Malnutrition means body hunger. Body hunger means restlessness, irregular development of energy, and instability. Lack of calcium (lime) is a common cause of serious instability. Lack of phosphorus is often associated with it. Iodine deficiency, too, causes its own form of instability.

Almost any food insufficiency seems to have accompanying changes in the child's nervous system. A most common nutrition finding in unstable children is that of insufficient milk drinking.

What diseases are apt to cause instability?

Any gland disturbance, inherited syphilis, tuberculosis, sleeping sickness, meningitis, and probably many other diseases leave a prolonged, if not a permanent, instability. Almost any illness may leave a short period of instability which, under normal conditions, gradually disappears with the return to a normal routine and normal strength.

How may unhygienic living cause instability?

In a home run without proper regard for the needs of the child it is very easy to change a child with normal growth tendencies into a very unstable child.

How does this happen?

The child's behavior pattern gradually assumes the characteristics of the home irregularities it experiences daily. For instance, disregard of regular sleeping hours may bring less sleep than is needed. Then fatigue is not eliminated each day. Gradually chronic fatigue develops. Irritability, overtension, and habits of superficial attention develop as the result of the constant strain. Instability follows. Poor or irregular feeding may start the same breaking down of reserve, through decreasing the general level of nutrition. Overstimulation, too many activities, and too much companionship with adults may bring the same result. Usually, in a home run without hygienic routine, all sleeping and eating is more or less haphazard. Then the child suffers a multiple handicap, not only losing sleep, food, and quiet, but being overactive in many ways. Instability naturally develops.

Jack was four years old and tested five. "He is in some mischief every five minutes if I leave him alone," said the physically worn-out mother. The pediatrician said his only difficulty was that he was "too healthy." It took very little investigating to determine

that he was the product of a disorganized home. To get him on a schedule he was placed in a private kindergarten. This naturally set the time for his getting up and breakfast, provided right discipline and play supervision, and gave the mother a "breathing spell." All her energy could then go into fewer hours of care. With freedom during the day she had enough energy to see that bath, supper, and bed were kept to fixed times. In three months the only problem the child still had unsolved was going to bed when it was time on holidays and Sundays. A little special help brought improvement in that respect and now his parents have time and energy enough to enjoy him.

Is instability equally serious no matter what causes it?

No. There are all degrees of instability. No one would even dare to say that with exactly the same cause in two children the amount of instability would be the same in both of them. Some cases show such slight irregularities of condition that it takes an expert to see them. Other children, with seemingly less reason for their trouble, have very serious disturbances.

Which instabilities yield most easily to corrective care?

It is very hard to say, but in general an unstable child, in whom the condition can be traced back to its cause, has a far better chance of improvement, and recovery, than the child for whom the cause of his instability cannot be found.

How may instability be decreased or cured?

In some instances merely one or two simple changes in the child's everyday program bring immediate improvement.

Hal was an example of such a possibility. He refused naps. He never slept the night through. He would not play. "He wants me to tell him what to do every five or ten minutes," said the distracted mother. He was then only three and tested five. He was undoubtedly a malnutrition case, with normal weight, but showing a marked calcium deficiency. The health diagnostician recognized this, and started corrective nutrition work. Some relief and better sleep were apparent the first week. After eighteen days the mother reported, "He plays alone two hours at a time." Now, a year later, he gives no indication of ever having had any problems needing solution.

Is the solution always so simple?

No. In most children it is much more complex. Analysis proceeds much like the untangling of some pieces of twine. First one loose end leads to the unraveling of one piece, then another is attacked. With a child, one begins work from the most needed angle and gradually clears up the situation.

What should parents do for an unstable child?

1. Take him for a health examination the moment trouble shows up.
2. Follow the physician's directions exactly and faithfully.
3. Have a psychological examination, if possible.
4. Study the household and readjust all matters that interfere with the child's program being carried out.
5. Keep the daily routine seven days a week, *at least* fifty-one weeks to the year.
6. See that the child's food complies with all requirements: number of calories, the right proportion of fats, carbohydrates and proteins, sufficient vitamins, and mineral salts in ample quantities. Be sure sufficient milk is used.
7. Eliminate all unnecessary strains and excitements from the child's program. Do not take him to call, to shop, to moving pictures, or to parties. Do not allow him to be present when adult visitors are entertained. Give few exciting toys. Play no exciting games near bedtime.
8. Insist upon fourteen hours of sleep out of each twenty-four.
9. If he is worse some days, with no apparent reason, give him more rest on those days.
10. Enforce outdoor play, especially play in the direct sunlight, with as much exposed skin as the weather will allow.
11. Do not let the child know that he is being considered a problem or is thought to be in need of special attention.
12. Discipline immediately, firmly, logically.
13. Keep him away from other children at least half of his playtime.
14. Talk to the teachers, if he is in school, so that coöperation, or at least comprehension, is assured.

15. Take him out of school for part of the time if he seems to tire or become overstimulated too much from the whole day's session.

16. Be sure that no inefficient maid or nurse is ignoring the regulations under which he is to live.

17. Reward right eating, playing, sleeping, by quiet trips to parks or the country, by reading an especially nice story, by a new toy that adds to the things he can do to keep improving.

18. Most of all, praise him justly.

How will these precautions help the unstable child?

Instability may be eliminated or decreased only through putting the child's body into the best of shape. Right sleep, food, sunshine, and fresh air, with special difficulties being corrected by medical care, will take care of this. Freedom from overstimulation will help him keep the physical gain he makes. Discipline, rewards, and praise give him a reason for coöperating on his own improvement, instead of merely accepting it, or fighting it.

Is there anything else that may be done?

When an extremely difficult case does not show improvement under such care it is often wise to try the nerve "shock" of some definite change of living conditions.

What may such a change be?

1. A new nurse or maid.
2. Boarding the child in a suitable home, under entirely new conditions—although, probably, near his own home—for several weeks or months.
3. A trip to an entirely new location.
4. If he is old enough, camp or boarding school, rightly chosen, may help.

Would it not be wise to begin the correction with such a trip or change?

No. The child has to come back to his own home later on, and it is far, far better to have him accustomed to the correc-

tive routine before he goes, so that there is no question of adjustment when he returns.

What future may be predicted for the unstable child?

It depends somewhat upon his mental level.

The feeble-minded unstable child needs institutional care far more than the stable feeble-minded child.

The backward unstable child very frequently becomes a slow normal child and gets along very well after nine or ten years of age. Some few backward children need institutional care with the feeble-minded.

Annette belonged to this group. She came in for examination from an outlying district, after a hurried lot of telephone calls. "She is disrupting our home. The other children are younger and do as she does. We can do nothing with her," reported the father. At this time she was seven years old and tested five and one-half years mentally.

Annette was a case of instability from congenital syphilis. It took a week of observation to gain a clear technical medical and psychological picture of her condition. Then treatment was begun, and the "shock" of boarding in another home was used with it, as well as psychoanalysis. Corrective education was begun for, although she was seven years old, she had done nothing in school work. Now, she is nine years old, tests normal, is in third grade, and most of the time is a normal child, although some of the unstable traits are not as yet forgotten.

The normal and bright unstable children make tremendous strides towards mental health, usually being permanently improved, if not cured. Such work is too new to say what they will do as adults, but the outlook is favorable.

Need an unstable child repeat his inheritance tendencies, and suffer nerve breakdowns, depressions, psychoses, or neuroses?

In most cases, no. The whole aim of preventive care is to keep his tendencies toward such conditions from developing into such conditions.

Are there any behavior difficulties particularly frequent in unstable children?

Yes. In general an unstable child is fit material for making trouble, any sort of trouble. Besides this he is more apt than the average child to suffer from bed-wetting, to keep up thumb-sucking, to masturbate, or to try other experimental acts with the genitals and anus.

Why is the unstable child more apt to have such tendencies?

Because his unbalanced nerve condition is apt to mean oversensitive nerves in the areas around the mouth, sex organs, and anus. Then any small irritation that might go unnoticed in the balanced child is enough of a stimulus to call the unstable child's attention to one of those areas. When the mouth zone is sensitive, it usually develops as a symptom of the general nutritional disturbance and thumb-sucking is a pleasant food substitute. When the other zones are stimulated, sheer accident or imitation of another child usually starts the trouble.

Is bed-wetting due to the same condition?

In many cases, although actual disturbances are frequent. The lack of satisfactory nutrition means oversensitive nerves and so the bladder, sharing in such oversensitivity, registers irritation before it is nearly full. In sleep this means involuntary relaxation of the sphincters and a wet bed.

What is the first thing to do for any of these tendencies?

Prevent them and thus begin an actual forgetting of the habit while the general program is being carried out to build up a nerve condition that will prevent a return of such tendencies.

How can they be prevented?

Prevent thumb-sucking by bandaging the baby's elbows with splints so he cannot get his hand into his mouth, or use aluminum mitts which are made for that purpose. With the older child adhesive applied to the finger tips is usually a sufficient reminder.

Prevent playing with the sex organs by constant daytime supervision, by keeping the child so actively engaged that he

has no time to think of self-experimenting, and by enough exercise so that he goes to bed tired and falls at once to sleep; by watching his hands until he is asleep or by fastening them in a loose "muff" of muslin, sewed fast to the breast of his night-gown, so that they cannot be lowered below the lower edge of the ribs.

Prevent bed-wetting by regular daytime trips to the bathroom and by getting the child up two, three, four times during the night, as needed. The night intervals may gradually be lengthened, and the child taught to get up alone, an alarm clock being set to call him.

Will all cases yield to such simple help?

No. Frequently one must call upon the physician and the psychologist for an adjustment of such general principles to the needs of an individual who is an unusual or more extreme problem.

CHAPTER XII

PHYLLIS COULD NOT CONCENTRATE

Undoubtedly the best determination of a child's inability to concentrate is the scientific measure of his fluctuating attention, but there is a very practical measure which a laboratory soon learns to make, simply as a check on its own scientific findings, and, perhaps, to help the workers keep their sense of humor. The more time it takes to clean up the observation playroom after a child has been there an hour, the less his ability to concentrate. From such a standpoint Phyllis would have rated a flat zero in concentration, for there was nothing she left untouched, unexplored, or unattempted during her first period of observation. Moreover, it took an assistant's whole time to just keep her within the proper limits, and to allow the examiner enough freedom of motion to make notes on her activities.

Phyllis was four years six months of age when first seen. She had been attending a kindergarten which accepted four-year-olds, but after a week's trial they asked that she be withdrawn. Not only did she show no desire to adapt to the routine of the group, but she constantly prevented the other children making normal adjustment to their work or play. She was, to the highest degree, a child that could not concentrate. She *attended* to things sufficiently, but that attention was so widely and inefficiently distributed, and so brief, that she gained little of experience from the effort she was making.

It was almost impossible to apply any tests to her. As

nearly as could be ascertained, her mental age was three years. Needless to say, her behavior was not that of a normal three-year-old. Technically she was rated as an unstable two-year-old in social reactions, and as a four-year-old in adaptability and emotional responses.

Phyllis came from a family in which there were numerous individuals with minor indications of a tendency to instability of the nervous system. The paternal grandfather was a man who made a fortune because no one in competition with him could predict his unexpected business tactics. The father was similarly unpredictable, but less successful in his variability. An uncle and two aunts were high-strung, moody, not highly sociable individuals, and none of the three had married. The maternal inheritance was equally suggestive, the picture being one of nerve breakdowns, strokes, tantrums, and hysteria.

Two small brothers seemed to have escaped the handicaps of a susceptible nervous system which had so signally affected Phyllis' behavior. When tested, as a preventive matter, they both showed I.Q.'s of 121 and gave test reactions that indicated balance and stability. Their school life has so far been uneventful.

Phyllis had a significant developmental history. As a tiny baby she was well nourished and lived on a normal schedule without causing any actual trouble until about sixteen months old. At that time she began screaming when she wanted things that were not immediately given to her. Gradually the screaming spells developed into full-fledged tantrums. The physician found she had infected tonsils which were promptly removed. Phyllis' behavior did not improve, but rather grew worse, if that were possible, during the next six months. By the time she was two and a half, it was impossible to have her play with other children. She would pull their hair, scratch, bite, yell, and scream. No punishment had any effect. Even at

that early age every one commented on the perfect enunciation and the breadth of vocabulary which the child possessed. In that one respect she seemed normal. At three years of age the physician put her on a much more restricted diet. She had always had a limited amount of milk, but now it was completely eliminated. At the time of her first psychological examination she had had no milk for eighteen months, and none of the substitute lime-rich foods. She had never even been given cod-liver oil. A day's observation gave sufficient indications of the oversensitivity of her nervous system to warrant sending her to a specialist for health work, despite the history of all the medical attention she had previously had. She was wasting her energy responding to a multitude of insignificant items in her surroundings, and only a condition of the nervous system which would render her more nearly immune to such overstimulation could give her a chance for constructive mental activity.

The health examination revealed calcium deficiency to the point of rickets, and a hemoglobin rating of only 60, poor vision, and exceedingly poor posture.

Corrective medication was begun at the same time that corrective training was started. Phyllis was gradually introduced to nursery-kindergarten group of seven other children. The first week she was allowed only brief contacts with one or two of them at a time, and a month elapsed before she worked with the group as a whole.

Progress was gradual but steady. Exactly four months after the first examination she scored a mental age of four years, under standard test conditions. All supplementary performance and kindergarten tests indicated ability at a four-year level, except that adaptability and some forms of learning scored at a seven-year level.

In the next year she continued gaining at a normal rate, thus keeping a retardation of approximately a year. When

five years eleven months of age she tested at a general level of five years, and adapted normally in all test situations. The corrective medication and corrective training had then been in force seventeen months. On performance tests she scored five and a half or six years, according to the series used, while in adaptability and some forms of reasoning she scored eight years. At this time she was able to concentrate on a kindergarten task with but little more difficulty than that experienced by the average child getting ready to enter first grade.

The following fall she was placed in a large public school, contrary to all advice of physician and psychologist. In January she returned for further examination, since she was not making good in public school, and seemed more restless and silly. A careful reëxamination showed that she had not only *not gained* but had actually *lost* standing and tested six months lower than at the previous examination. Six months had been worse than lost from the mental standpoint. Neglect of medication had brought a corresponding relapse in the condition of the nervous system.

Intensive special training, combined with constant alertness in watching the physical condition, was again started. In five months Phyllis had regained all that she had previously lost and had made an actual advance of eight months mentally, scoring a mental age of five years eight months which gave her an I.Q. of 87. On all other series her advance was equally satisfactory.

During the past year she again made normal progress, and maintained her I.Q. at approximately the same point, despite the development of a mild glandular deficiency which yielded but slowly to treatment and which, in the meantime, created an extra strain, and made it harder for her to keep up with her group in school.

No one seeing Phyllis to-day would think of her as a child who had not been able to concentrate or who had

made it difficult for the family to handle her. She is sweet, gracious, lovable, never forgets her training in courtesy, and is always more than willing to do anything that is required of her.

A disturbance such as that which handicapped Phyllis is much more marked than that found in the average child suffering from difficulty in concentrating. Where an ordinary case needs weeks of corrective work, Phyllis needed months. Where special aids keep the average child in regular grade classes, Phyllis needed special methods until the past year. She will need protective watching for several years to come, so that right habits of attention and learning may be established permanently enough to carry her through the stress of adolescence into adult life. Phyllis will always find life more or less difficult, but as things stand now she will be able to face it and enjoy it, rather than need protection from it in an institution as seemed probable three years ago.

What is wrong with a child who cannot concentrate?

Lack of concentration is one symptom of instability. Often it appears in a child in whom there is no other obvious sign of any disturbance.

What do we mean by lack of concentration?

We mean that the child cannot attend to any one thing as long, or as well, as we know other children of his age do.

What causes this inability to concentrate?

It is usually due to the fact that the child is attending to too many things. He has an oversensitive nervous system. He hears distant sounds as though they were near by. The street car, for instance, may run two or three squares from his home, yet he hears it and stops other play to imitate its clang. Noises on the street in front of the house have to be understood before he can play, ordinary sounds in the house may interfere with

his best sleep, the telephone bell may cause him to cry or scream, a rattling paper may bring hysterical symptoms.

Is the same true for other sets of nerves?

Yes. His eyes may be overalert and see minute detail in everything there is in the room. He cannot attend to his toys for watching his mother, another child, or the maid. He is attracted and distracted by things to which he should never pay attention.

Frequently his skin seems equally sensitive. He is often given to twisting, squirming, and fussing about the tightness of his clothes. He has areas hard to wash because they hurt, and he often gives evidence, while still tiny, that they are really sensitive areas. He may mind small bumps and bruises more than another child is affected by serious injury. He often has highly temperamental likes and dislikes in food. These will be found to be largely due to the texture and temperature of the food in his mouth.

How does lack of concentration show in the young child?

He will not keep on eating until the right amount of food is taken, but eats, stops, eats again. He may sleep spasmodically, and for short periods only. His play lasts only a few minutes at a time. He wanders restlessly from one thing to another and wants what another child has, only to throw it down when he gets it. He is inclined to be irritable and to develop temper manifestations.

What causes such lack of concentration?

It is almost always a result of imperfect nutrition.

Does this mean that right diet will correct a lack of concentration?

Yes, in many cases.

But what is the cause of the difficulty in better cared-for children who have always had a carefully prepared diet?

In these children there is usually a specialized nutritional deficiency. It is sometimes a lack of certain food values, sometimes an inability to assimilate the food actually given.

Is there any type of nutrition deficiency commonly shown by these children?

Yes. They are often markedly deficient in calcium, and consequently are apt to be low in phosphorus.

What causes such deficiency?

An abrupt dropping of milk as an important part of their food when they begin eating solids may be a cause, for milk is the best calcium-giving food.

Is there any other cause for the lime deficiency?

Yes. Children frequently cannot assimilate the calcium in the food they have eaten.

What must be done for such children?

They must be put on a medical program which enables them to use their food more completely.

What constitutes such a therapy?

Sun baths, cod-liver oil, and, frequently, gland preparations must be used before a child begins to show improvement.

Joan was such a case. At four months of age she stopped gaining in weight. She would not nurse as a baby should, but would tug a few moments, gaze around, take the breast again, only to stare again, distracted. Medical examination showed no apparent disturbance in the baby's health, and laboratory analysis proved the milk sufficiently rich. The situation grew more and more marked. The brevity of her nursing interest was actually inability to concentrate on sucking after the first hunger pangs were gone. Sun baths gave but little help, extra calcium brought no change, nor did cod-liver oil, but as soon as she was given medicine to stimulate her own glandular system, she began to nurse her full time, and soon showed intense interest in her feeding time, crying if it was delayed even a moment or two.

Do all cases that lack concentration lack calcium?

No. It is merely a very common lack and seems to need such prolonged discussion because it can be avoided, in most cases, by the right feeding of the child and plenty of outdoor sunshine.

What other conditions may cause lack of concentration?

Various other special nutrition disturbances may cause such a difficulty. Glandular disturbances frequently bring a lack of concentration. Cases with brain damage from convulsions, or hemorrhages, usually lack ability to concentrate.

How may one find the cause in any certain child?

By following the time-worn formula—medical examination, psychological examination, and careful home observation.

What happens in later years to the child who cannot concentrate?

Unless correctively treated he usually develops other symptoms of instability, and frequently finds school a very unpleasant place. He often fails to make his promotions regularly.

Is lack of concentration ever a purely mental symptom?

Yes. That is why we need an expert to study it. A child with a hidden worry or an unmanageable complex might well show a marked inability to concentrate.

Is lack of concentration ever a permanent characteristic?

Only extreme cases fail to recover, if treated. Corrective work will improve almost any difficult case in six months and establish a normal amount of attention in anywhere from a month to two years. Treatment may have to be continuously followed to prevent a relapse into inadequate disseminated attention.

CHAPTER XIII

DONALD COULD NOT LEARN

Donald's father came in to see whether there was any chance of his little boy being taken into the school for backward and nervous children. Donald had entered a public school kindergarten the middle of the previous school year, and had been promoted to first grade when the fall term began, six weeks before the father's visit. The doctor had suggested that they put him in a special school, for Donald was evidently backward. The sooner he was put in a special school, the more apt he would be to catch up with other children. "At least," said the father, "he will not be getting more backward each day. Now he learns nothing. He just sits." An appointment to see the child was made and the father went away somewhat relieved merely because a plan of action had been determined.

The next afternoon Donald's mother brought him for his entrance examination. Anticipating a child that might fit the description of "just sitting," the examiner had a feeling of marked surprise at the sight of him. He was a straight, manly little fellow of six, rather shy and nervously tense, but in no way giving any sign of being different from the vast group of six-year-olds as they enter school.

Two hours' testing brought even more amazement and pleasure, for Donald did not show the slightest indication of any inability to learn in normal fashion. He was six years two months of age at that time. On the standard tests he had a mental age of six years ten months which gave him an I.Q. of 111, and placed him well above the average

of any ordinary beginning first grade group. A careful scrutiny of all tests given showed no abnormality of response or unreliability of successes. No indications of being drilled for the examination appeared, and Donald said he had never had any such questions before.

Supplementary tests of varying types indicated that he scored seven or over on most practical reasoning situations, and learned as quickly as the average seven-year-old, except where speed of hand activities entered into the picture. There he was not much more rapid than a four-year-old. Throughout the interview he was pathetically eager to do all required of him and said several times, "I like this school, Mother. Am I going to come here?"

After he had completed the whole series, he willingly went to play on the swings while his mother gave the details of his educational experience. It was merely a matter of chance that when he entered kindergarten a cousin happened to be in the more advanced group in the same room. Through this child a report came home the third day of school to the effect that Donald had been "slapped hard on his hands, because he spoiled his work." Whether this was wholly accurate was never fully determined, but the next morning Donald cried and begged to stay home. However, his whims had never been indulged, and so to kindergarten he went. From that time he seemed different. He would whimper and occasionally try to get permission to stay home, but made no further fuss when his parents insisted he go to school. When he came out of the school to go home at noon he would always be pale, quivering, and silent. He never talked about anything that was done in school. His report card, when it came home, showed that he was good, behaved himself, but never tried to do any lesson in the whole morning's program, just "sat with his hands folded." After a semester in that kindergarten room, he automatically entered first grade at the beginning of

the fall term. There the teacher found she could do nothing with him. He merely sat and trembled, refusing even to try to hold a pencil.

Nor was this all the trouble that developed. From the time he had started going to kindergarten, Donald had been much harder to handle at home. He had always played nicely with his baby sister, but from that time on he could not be trusted to stay with her unless some one was watching, for he would either tease her, or hit and pinch her. He annoyed his older sister, too, striking her without cause when she was studying or helping around the house.

No one in either family had ever had any such difficulty in school. As a group, the brothers and sisters of the father and mother had taken great pleasure in encouraging their children to get all they could out of school. It was a matter of constant family rivalry to see which child, whose child, had the best grade card. Donald was the only boy in his father's family and his college fund had been frugally started when he was a tiny baby. Neither family history nor living conditions gave any clew to his educational difficulties. The indications all pointed to the probability that it was a fear state due entirely to the emotional disturbance of that early punishment in kindergarten. With a child of his age, the only thing to do was to put him into another school, watch his reactions where the influences that had seemed to make the trouble were far removed, and then analytically build up a normal attitude as rapidly as he could be encouraged to coöperate. Needless to say, it was a pleasure to tell his mother that he could be entered into the school for bright children instead of the school for nervous and problem children.

With great hesitancy and some grave doubts, his parents brought him to school the next morning. His attitude on entering the building should have reassured all concerned, for he bounded out of the car, and up the walk with a look

of eager anticipation on his face. The whole morning passed happily. At eleven, his mother, unable to stand the suspense any longer, stole quietly in and asked how things were going. She was told to go right up to his room and see for herself. She left, happily wiping her eyes, a few minutes later, after she had found him too busy with cutting and coloring to even talk to her.

Of course he had to start at the very beginning of the year's work. This meant a handicap of nearly seven weeks' lessons to overcome, but by Christmas he had caught up with the other children and was doing excellent work. There were two or three upsetting episodes in that time. When he was put on his first sewing lesson, he did very well, better than the average child in the group, as a matter of fact, but he went home, worried, and asked his mother to go to school and tell them not to make him sew. His mother wisely reported the situation by phone, but let him face it himself. He was talked to the next morning and asked why he didn't want to sew, especially since he was making a Christmas present for his mother. He could give no reason, but seemed worried and apprehensive. After being reassured as to the invaluable quality of his work, he settled down to it beautifully and there were no more complaints. The same sensitivity showed when the teacher tried to teach him to tie his shoes, and in the first attempts at writing whole words. Superficially the indications seemed to denote a remnant of a subconscious fear related to hand activity, and probably originating from that earlier spanking. It had actually inhibited the ability to use his hands freely in a new occupation. The low findings on the early tests for hand control pointed to such a mental paralysis. The rise of his score to a normal level, by later testings on the same series, seemed to confirm the interpretation, and indicated that he had obtained definite relief from the inhibiting fear attitude.

At the end of the school year Donald was six years eleven months of age and had a mental age of eight years two months, with an I.Q. of 118. His ratings on all other tests were equally high. In school achievements he was ready to enter second grade as a leader. He could read almost any sort of simple text at sight and enjoy his own reading. He had learned to read silently for appreciation of subject matter. His number work training had gone so well that he spent the last two months of the school year getting acquainted with second grade assignments, so that he would feel reassured as to his ability, the next year, when he found the work familiar. He could write well, and tell a story in an interesting and individual fashion. He took a keen interest in music, health work, rhythm, and industrial work. He played actively at free periods. He seemed to have gained confidence in the world around him and had been gradually prepared in attitude for reëntrance into the large public school near his own home. When the time came to go there, he accepted the change as a privilege and made his transfer in a satisfactory fashion.

An interesting correlation is to be noted in the home behavior. Just in proportion as he made good in his first grade work, the home behavior became less troublesome, and he is now acting as a normal child should.

Donald gave indications of a type of response to life's problems which may or may not have serious import for his adult life. Checking all activity is an instinctive reaction in a fearsome situation. As the individual becomes older, more experienced and more capable, such a protective response is less probable. One can hardly determine whether a child, suffering a tremendous restrictive shock at his entrance into group life in school is necessarily weak enough to be similarly inhibited or paralyzed by similar shocks to his personality later on. All one can do is hope that the pattern of triumphant overthrowing of that inhibition,

gained during his first year in school, will lead to similar victory in later struggles.

What are the chief causes of inability to learn?

Mental defect or extreme backwardness always means that a child cannot learn as a normal child does. In the same way the child who is unstable, especially the child who cannot concentrate, is not able to learn readily. Children who are sick cannot learn as well as in a state of health, but they regain their ability with the return of health.

Are there other types of children who cannot learn?

Yes. There are children who behave normally, who seem intelligent, who appear to be well and strong and rosy, but who cannot learn as they should.

How is this apt to show in the small child?

He is slow learning to dress and undress himself, slow learning where he lives, cannot remember his age, has to be told things over and over again.

Is this a serious matter?

It is not especially serious so far as his home care goes, but it is very serious when one thinks of his attending school.

Should one wait until school age to see whether the inability will clear up or need study?

No. The first six years are habit-forming, fact-gathering years, and each month that the *cause* of a child's poor learning continues is apt to make it more difficult to establish learning at a normal rate.

What should one do first to be sure the child is learning slowly and that one is not being too critical and demanding too much of him?

Test his learning ability for some purely intellectual task. The following is one such plan: Set a regular time each day. Take fifteen minutes, preferably in the earlier part of the morning, or right after his nap. Begin trying to teach the

child his full name or street address, or if he knows these, a nursery rhyme of four lines. Repeat the matter to be learned and talk to him about it. Then have him say it after you. If teaching the nursery rhyme, try saying a part of each line and allowing him to finish it. Stop at the end of fifteen minutes and drop the whole matter until the next day. See how much he remembers and have him try to say more of it by himself. Even a three-year-old should learn four lines such as "Jack and Jill" in a week. Four-year-olds sometimes require three or four days, sometimes learn that much in fifteen minutes. If the child has no real learning by the end of a week he is undoubtedly a slow or poor learner.

What is apt to cause slow learning?

An unsuspected glandular deficiency, a toxic condition from infected tonsils, any subacute infection, a chronic fatigue which does not show, a specialized mental defect, a sense of inferiority, a fear, or a well-hidden complex is most apt to cause such inability.

Why are such physical causes not apt to be found in the general medical examination?

Because they are present only in such very mild forms that the physician is apt to feel, and justly, that such a small variation cannot be the cause of so much inability.

Should the parent insist upon having even small disturbances corrected?

Always. One never knows but that the child with whom one is working varies so from other children, that he is oversensitive to any handicap and will respond magnificently to a tiny bit of health work.

What sort of a specialized mental defect might interfere with learning?

Any one of a number. For instance, there is a whole series of defects known as the aphasias. A child who has a total aphasia would not understand or use spoken words, gestures, or any other language communications. Such cases are usually

recognized early in life. But there are often children who have just a partial aphasia. These children learn exact things very slowly or not at all. At least one child out of every forty has some such difficulty. Such defect should be kept in mind as being one of the possible causes of slow learning. An expert will recognize such conditions, if he be aided by careful observation and report from the parents. Without such help the condition is apt to remain undiscovered.

How does a sense of inferiority interfere with learning?

A sense of inferiority is really a fear of not being able to accomplish the given task. It interferes with learning as all fears do. The child thinks he is incapable, and makes no effort to live up to demands made upon him, for they seem superhuman requirements.

How does fear interfere with learning?

Fear is an emotional state in which the child is tense, alert, unpleasantly expectant of what may happen. He is not in a receptive mood, for he does not desire what he anticipates. Instead he is ready to fight it, call for help, or run from it. One can easily see why learning is delayed. Learning a thing means accepting it, assimilating it. A fear state is absolutely the opposite of a learning state, and is antagonistic to it.

How does a complex interfere with learning?

A complex is an idea or a group of related ideas with which is associated an undue amount of emotion. This means that a great deal of energy and a large part of the child's attention are constantly being diverted towards the complex. It holds sway in the child's mind. A thing to be learned must be learned with the crumbs of consciousness that are left after attention has been given to the complex. As a result the child either learns superficially under the spur of the moment and forgets at once, or he does not learn at all.

Do young children often have complexes which are serious enough to keep them from learning readily?

Very often. A child who feels an inferiority complex because, for instance, he does not get as much petting as the

baby, might well refuse to learn, for learning would indicate his mental superiority over the baby, and this is the thing he least desires. His refusal is not consciously planned, or deliberate, but the result of a general attitude of helplessness developed out of his complex, and determining all his behavior. In the same way a child may be unable to speak correctly because he actually desires to be like a younger child who talks indistinctly.

Is there apt to be any other reason why a normal child does not learn?

Yes. Sometimes normal children have been so thoroughly taken care of that they have never had to make an effort to do anything for themselves. When one first demands that they learn something exactly, they are unable to put the proper effort upon it, and need much drill to learn even a simple thing.

How may this be corrected?

By continuing systematic drill each day until they do learn. Sometimes even learning to say "please" takes months of drill.

Are these poor learners easily recognized?

No. That is why it is necessary to lay so much stress upon them. The parent usually feels that the child is normal in all other ways. Teachers usually class them with the defectives. Corrective work gives them a chance to show what they may be able to do, and they usually prove to be bright normal children.

Is such corrective work difficult?

Not usually. It is perhaps the most rapid and most satisfactory of all corrective work, except in the children who have some specialized and partial defect.

CHAPTER XIV

JIMMY AND JEROME, EMOTIONAL PROBLEMS

Jimmy and Jerome gave such a good illustration of the contrast between how one should and should not deal with a child's emotional problems that the differences of their personalities may be ignored while one studies them in the light of their similarity of difficulties. Both of these children presented the opportunity for a first acquaintance with their problems when they were three years ten months of age. Both of them came in as presumably bright normal boys on whom the parents wished preventive examinations and a year of wholesome play in the preschool before they attempted the more formalized kindergarten tasks. Neither family reported any difficulty in handling the child at the time of the first interview and the history blanks covering eating, sleeping and home occupations were suspiciously free from characteristic details in both instances.

Socially, both families belong to the professional group with a comfortable income. Their homes were located in restricted residence districts of the same city, and both provided every opportunity for the right care of an active young child, with plenty of outdoor space, large porches for rainy days, sunshiny playrooms, and few enough children in the neighborhood to practically guarantee freedom from that overstimulation which comes from constant playing with too many children.

The family trees were similar. Jimmy's family claimed a preponderance of physicians and lawyers, with an editor or two. Jerome matched this with an abundance of

teachers, two writers of note, and several ministers. In neither family was there any symptom of nervous disturbance or inability to adjust to life, until we reached the parents of the children in question. Both mothers were rather high-strung individuals, nervous, and far from well. There were three children in each family, and the average I.Q. of each group was between 120 and 130. There the similarity ended! The difference in a single factor created significant differences in the two small boys reflecting the variation.

When Jimmy first came to preschool he was as round and chubby and as awkward in his play as a St. Bernard puppy. Every one had been accustomed to laughing at him gently because of his lovable clumsiness, and had thought nothing of it from any other angle. He was four pounds overweight, and unable to do any of the ordinary motor control tests that a child of his age usually loves. He would try, get tense, make a mistake and then stop. If urged he gave every appearance of getting ready to cry. His mental age was four years nine months which gave him an I.Q. of 124. His reasoning was good, his comprehension excellent, and he had the delightful vocabulary of a child accustomed to the proper usage of his mother tongue. Detailed observation during the first week revealed a marked mirror-writing tendency. (In mirror-writing attempts at the finer hand motions are reversed, or reversed and inverted. This is called mirror-writing because such efforts appear as normal, legible writing when viewed in a mirror.) Herein lay the explanation of his poor ratings on muscle control tests. Herefrom grew the emotional problem which swamped all of his other problems for months to come.

At the end of the first week of school, there came a rainy cool day, and all the small folk appeared in sweaters or coats. This gave the first opportunity for their regular

instruction in self-help as it related to taking off their own wraps, hanging them up, later getting them again, and putting them on with instructive, rather than maternal, help. Jimmy went to the nurse and asked her to take off his sweater. The nurse helped him open it, showed him how to get it off, supervised hanging it up, and praised him for the accomplishment. He accepted that partial care, but a different reaction appeared when she tried the same method to get the sweater on again. This was naturally a much harder process, but with help he should have been able to accomplish it easily, even with allowance for his poor muscle control. However, his first experience had taught him the pitfalls of self-effort into which the unwary might drop, and he refused to make the slightest effort towards self-help, until, the play hour wasted in thinking the situation over, he coöperated fully when he learned that his father was waiting to take him home.

The next morning he began developing a set of provisos for help as soon as he reached school. He would help take his sweater off, *if* the nurse would put it on. His terms remaining unmet, he again spent approximately half of his morning worrying over the situation. Meanwhile the mother was called and gave supplementary history which somewhat changed the picture of his abilities as it had been obtained at the first interview. Jimmy had never helped to dress himself. He was so slow and awkward and clumsy that they had always saved time by dressing him, although he could fully undress himself. She admitted that he seemed to want babying, and demanded an equal share of attention, in some way, for all given to the small sister. He likewise made constant demands upon the older sister for help, mothering, and indulgence to the point that it meant self-sacrifice for her. The mother realized that complete concessions to his demands could not be made in the nursery school if he was to be

taught increasing independence. Cautioned that the attempt to have him help himself might make him want to stay at home, she promised full coöperation and said she understood the situation and the nursery point of view. Strange to relate, Jimmy wanted to come to school, although the battle for service *versus* self-independence went on for many a day. The morning entrance routine of taking care of his own garments roused no comment after the third day, but the preparation for outdoor play meant an emotional upset day after day, to the point of tears several times.

Worked with analytically, suggestively, and with his attention directed to the model behavior of other children, he would meet all points of logical argument with logical admission or acceptance, and then wait for a person to put on his coat. Help was always given, but help was never enough. He wanted complete mothering. The mother started a similar plan of trying to get him to dress himself at home and there it worked. He was eager enough to get to school and tried to put on his own clothes, but did not want to put them on at school. Distraction over a story finally caught him unawares, one day, and the coat went on as he listened. Then praise for the way he had put on his garments completed the victory on that point.

By that time Jimmy's personality was better understood. In many ways he gave indications of a persistence of the desire to be babied. After talking with the parents, he was given some responsibilities for the baby sister. He was made to go upstairs and see whether she had gone to sleep for her nap (although her habits were so regular this was a most unnecessary verification). He told the maid when to heat her bottle, carrying the message from mother. He wisely helped deliberate when it came to a choice of winter coats for her, and he bought her a toy of his own choosing for her first birthday. His attitude

towards her became charmingly paternalistic, but he still showed the desire to regress to babyhood. He was being treated medically for the nutritional disturbance that was helping to make his muscle control so poor, and had shown sufficient improvement on all types of activities, so that it did not seem possible that an actual inability to do things motivated the attitude.

Finally, a visit to the home as guest, not psychologist, caught another factor. The father ruled the household. The children obeyed implicitly when spoken to. Little was left to their judgment. *There* lay the desire for babying at school. No one made rules at school. Children decided their own occupations and exercised their best judgment in the direction of their own activities. This was too much of a burden for Jimmy and he desired the protectiveness which a younger child is given. A frank analytic talk with the father brought instant comprehension, and a promise of doing the best he could to modify his attitude. His best was more than sufficient. As home threw more independence on Jimmy, he balanced out of his emotional distress, and after the first six months of the school year lived a monotonously normal life.

This past year he has been in kindergarten work and has in every way justified the time and thought put on him last year. His I.Q. is slightly higher. His muscle control is normal for his age. He is balanced emotionally, eager for his everyday activities, and has spontaneously developed ability to tell original stories. Needless to say he dresses and undresses himself and apparently has no memory of his earlier struggle against self-dependence.

Jerome, entering at the same age as Jimmy, had a mental age of four years eleven months which gave him an I.Q. of 128. He was two pounds underweight, tall for his age, tense, overrapid in all he did, serious, worried over the test results, asking constantly, "Did I do that all right?" He

reasoned well, comprehended situations well, and scored just as high on performance tests as on the more purely intellectual tasks given him. He demanded constant adult attention, wanted to be talked to even while he was trying to pass some drawing tests, and was rather skeptical about coming to school to play.

He adjusted slowly the first week. As long as a teacher would take time to associate with him and gave no attention to any other child, he was all right. He felt insulted if he was referred to his own group to occupy himself with them, on their level, yet many of them scored far higher in mental level than he. He did whatever was asked of him in occupational work willingly, but always had a well-worked-out reason to account for his inability to complete a better piece of work. His actual difficulty was that he wanted to get things done in such a hurry he was not willing to put enough effort into the thing attempted and so did far less than many younger children. When his conversation and demands did not attract enough attention, he developed a number of annoying mannerisms. These had been reported as showing up once in a while at home, but were absent the first few weeks of school life. He would cough until requested to keep quiet, or sent into a room alone where he would not annoy others. At times he twisted, frowned, hummed, breathed audibly, drummed his feet, thumped his head to help think, and sighed frequently. Paying no attention to him eliminated any symptom in a day or two. His desire for attention evidently grew more and more imperative for he became noisy, overassertive and boastful.

More detailed acquaintance with the household activities revealed another case of father responsibility. No one in the household was allowed to develop independence of thought, but had to accept the paternal dictates on all subjects. Even the thirteen-year-old daughter had to have

his approval as to which of two subjects should be used to write a monthly theme! Spending money was given liberally to all three of the children, but they had to tell what they were going to do with it before being allowed to take even a dime out of their individual pocketbooks, kept where father could supervise them, in his desk in his study. An attempt to educate him to an appreciation of the pernicious effect of his attitude brought an ill-founded assertion that he had plenty of authority to back such an attitude, and didn't believe in all this psychoanalysis.

Conditions continued with little permanent improvement in Jerome throughout the year. Twice he was absent a week with colds. Each time he came back with a severe exacerbation of the overassertion and a renewed demand for adult attention. When such attention was persistently withheld and a chance to gain normal attention and approbation through successful work was substituted, he would lapse into a moody sulking spell that would last all day. After a few days in school all of these reactions would be less noticeable, but no amount of individual work could eliminate them.

The next year Jerome was entered, not in kindergarten where he logically belonged but in a first grade, "because he was so bright." The father's need for being recognized as superior extended drastically into the child's life. His child had to be able to do what other children did a year before other children tried to do it.

As a result of restricted activities, and academic demands, Jerome, seen casually at the end of that year, was markedly more tense, fidgety, and depressed. The teacher reported that he had been "highly individual" all year long. He never wanted to settle into group work, but did just splendidly when allowed to recite alone! His father was considering having him skip second grade because he could read so well!

Jimmy and Jerome started with almost equal opportunities. To-day Jimmy is an *individual*, good-natured, merry, capable, and more than ready to devote a few hours each day to academic work. Jerome is merely an appendage to his father's egotism, already overexploited, more emotionally out of touch with his own child world than he was even a year ago. Jimmy has conquered his emotional conflict because his father conquered his desire for a harmful emotional expression. Any one would feel confidence in his ability to go on managing his childish problems as they arise, but Jerome is being sacrificed to provide parental self-approval.

What is meant when one says a child's emotional life presents problems?

Just as there are children in whom the physical condition is the point of difficulty, children in whom intelligence defect is the problem, children in whom instability of intelligence is the problem, so there are children whose feelings and emotions are out of just proportion to the rest of their make-up.

How are they emotionally out of proportion?

The child may make either too much or too little emotional response to any given situation. All of his emotions may vary this way, or he may have some one emotional attitude or a set mood, or a feeling tone, which is influencing all he does, thinks, or says.

Is the child who is emotionally disturbed apt to be normal in all other respects?

A great number are, but over half of such children have a physical basis for their emotional tendencies, or are actually unstable in mental function, as well as disturbed emotionally.

Is it probable that the physical or mental instability causes the lack of emotional balance?

No one knows enough to say whether the one set of symptoms uniformly causes the other or not, but they are always

very closely related. In some cases there is no doubt but that the physical condition absolutely determines the emotional tone of the individual. In other cases the unstable intellectual activity is the source of wrong ideas which foster the emotional peculiarities.

What causes the emotional problems of a child who is physically and mentally normal?

They are the result of unfortunate experiences, or of situations which have been normal, but which have been misunderstood by the child.

Does inheritance have anything to do with the child's emotional life?

Yes. He inherits tendencies toward certain physical characteristics and also towards certain mental traits. His physical and mental equipment determine his emotional life. Hence he inherits factors which partly control his emotional life.

How are physical and mental characteristics related to his emotional life?

All emotions are based upon feelings. Down at the bottom of things we find that all experiences in life are either pleasant or unpleasant. Even young babies show an awareness of these two conditions. They cry when something is unpleasant whether it is pain, light, darkness, cold, or hunger. They soon learn to gurgle and laugh when things are pleasant. Out of these feeling tones of pleasantness and unpleasantness grow anger, hate, fear, love, and all the other emotional variations of adult life. Emotions presuppose intelligence, however, for one who did not learn the values of things in his experience, would not associate feelings or emotions with them and could not develop a true emotion. Our feeling tones depend upon the way our body registers impressions and the way our minds accept and utilize these impressions.

How do physical disturbances affect the child's emotional life?

If a child's body is in poor condition, that condition is registered throughout his nervous system as an unpleasantness. The

child may not be conscious of it, but his general feeling tone towards the whole world is lowered and approaches unpleasantness. On the other hand, if certain nerves are themselves suffering from a diseased condition, even normal bodily sensations are not recorded, and he may have an overexhilarated feeling that is too pleasant for reality.

If certain glands do not function well, his body's activity is less, his elimination poorer, his energy less, his feeling tone is lowered. He may even approach a state of constant "blueness" or depression. Or with an overactive glandular system, the opposite condition may develop and he may temporarily be much more happy than the average child. Neither condition is desirable. Any emotion-rousing event, experienced in either of these phases, carries the child outside the bounds of normal self-expression. He may be sad, too sad, for too long a time; so angry he glowers at the world all day; so happy he is a problem because of his exuberance. The variations in health and function of his body determine a great many of these predispositions.

How do mental conditions affect the child's emotions?

The normal child sees things with truer perspective than do children who vary from the normal. His feelings are more apt to be what they should be, for his judgments of pleasant and unpleasant are more nearly true. Consequently his emotions are more apt to be what one expects, for his emotions are the more intense overtones of mental life that rise from right ideas and right feelings. Knowing the emotional responses of one normal child gives some knowledge of responses in other normal children. The normal child's emotional life is largely predictable.

The backward child forms new judgments more slowly, or has fewer of them. He is oversuggestible and more easily swayed by his environment or companions. His judgments of pleasant and unpleasant are less sound, less reliable, fluctuate more easily. His emotions are apt to vary as easily as his ideas and so they are probably less intense than in the normal child, and less predictable.

The unstable child, on the other hand, is very apt to see things in an erratic, unexpected fashion. He associates *a* and *g*, when every one else associates *a* and *b*. As a result, his judgments are hard to ascertain, and less easy to understand. His feeling tone is then in accord with his judgment (as he associates *a* and *g*) and may be the reverse of the normal individual's feeling tone. His emotions are apt to vary in the same fashion. The emotional life of the unstable child is unpredictable and not to be explained until one understands his mental characteristics. One can never assume an unstable child's emotional response to any given situation, but must determine it in each individual.

Is the mechanism of emotional disturbance in a normal, healthy child the same as in the ill or unstable child?

No. When the normal child experiences an emotional upset from which he cannot recover, the difficulty lies outside himself. He either meets a situation in which there is a tremendous shock to his whole nervous system, or he lives through a series of petty disturbances which keep accumulating until they are sufficient to have the same effect as that of a severe and sudden shock.

How may one readjust a child's emotional life?

One must utilize any physical correction that is needed, a normal routine for daily living, psychoanalysis and, frequently, corrective education.

Should an attempt be made to readjust all children to the same emotional intellectual attitude towards life?

Not even if it were possible, for no one knows, in all details, how it is best for individuals to feel.

Are there any general types of emotional-intellectual attitude towards life, recognizable in children?

Yes, there are, in general, three groups of personalities to be met in children as well as in adults.

What are these?

The introvert, who is an egocentric personality, the extrovert, who is a depersonalizing individual, and the balanced or socialized individual.

What is meant by an introvert?

An introvert is a child who accepts all sorts of experiences, even impositions, without giving back adequate indications of being affected by what is happening. He is introspective, looking inward upon his own experiences and converting them into feelings about things. These feelings are not expressed freely but are brooded over and added to each time some new thing happens. Such children are moody, shy, secretive, restless, solitary, dreamy or aloof, supercilious, and often arrogant. In extreme cases no sort of discipline or home management seems to affect the child in the least. The complaint about such a child is usually that he is "different" and cannot be understood. He stands in the center of things and while the world presses in upon him, he builds a wall to shut himself away from it.

What is meant by an extrovert?

An extrovert is also an extremist but at the other extreme of reaction from the introvert. He does not accept experiences and take them to himself, but hides himself from all hurt, so far as possible, by immediately throwing back at the world the effects of his contacts and experiences with the world. He it must have been about whom was coined the expression, "It rolls off him, as water off a duck's back." Such a child is usually very hard to handle, largely because he is misunderstood. If something hurts him, he hits back. If something makes him angry, he retaliates. If he is criticized, he frequently acts worse than before. He hides his hurt by behavior as misleading as a mother quail's when she flutters away trying to hide her nest. The extrovert, too, stands in the center of things in his own mind, but he fights the world back, away, as it threatens him.

What is meant by a socialized personality?

The child who balances the tendencies to give and take, who learns to adjust himself to the world, and at the same time finds happiness in being a part of it is a socialized personality. He has learned the lessons that the introvert and the extrovert will not accept. They cannot seem to adapt. But adaptation is the keynote to being a successful member of the human race. The normal child learns to adapt. He naturally is self-centered as a baby, but as experience widens he accepts its teaching. By the time he is four, he is usually quite willing to give up the egotism of babyhood and be "one of a group." When he is able to live, act, obey, play, and enjoy life as a member of a group, he is a socialized personality. His attitude towards life is not the silent suffering of the introvert, nor the furious antagonism of the extrovert, but more nearly one of interest in what happens.

What should be done for the extrovert and the introvert?

They must be adjusted to life as far as possible.

How can the introvert be adjusted?

First of all he must be put into good physical condition. He is often a child who is suffering from some depressing physical condition. He tends to be anemic and poorly nourished. He often shows lowered glandular activity, a slow pulse, low temperature, and general lack of energy.

Once on a corrective medical program with the physician's findings as an aid in interpreting the significance of the physical condition, it is necessary to search his past experiences and find, if possible, some of the things which may have led him to be so reserved and shut-in. If any such causes are found they must be analyzed and compensated for by his present handling. But whether the beginnings are found or not, he must be given an opportunity to do something in which he can enjoy success and experience praise. It may be merely an errand well done, his hands nicely washed, or a block house well built. Uniform and kindly attention, frequent opportunities to do, and sympathetic handling must be kept up, day in

and day out. Such a program, added to the physical program, directed by an expert psychoanalyst (either psychologist or psychiatrist), and fully coöperated with by the family, will bring a "thawing out" attitude towards life in a surprisingly short time.

How can the extrovert be affected?

The extrovert refuses to look inwardly at anything. The correction, with such a child, lies in making connections between him as an individual and his behavior towards the outside world. He is really easier to deal with than the introvert.

The extrovert regards the surface of his body as the dividing line between things to be attended to (outside) and things to be ignored (inside of him). Hence one usually has to use the physical aspect of education with him, never with the introvert. The extrovert kicks—his leg must be tied up until "it" learns not to kick. He bites—he *must* be bitten back. His tongue is saucy—a bit of red pepper must "sauce" it. He takes and destroys objects. One of his most cherished garments or toys (preferably a garment) must be taken and kept until he realizes that there is a feeling about things outside him, matched by a feeling inside him. Quite often he suffers from an inferiority complex and is merely compensating for it.

Ned was just a baby of three and tested four. He was antagonistic to everything in his world. If he decided not to say "please," his defiance and antagonism might last all day. He was an extrovert. His gradual socialization was very interesting. In only one way could one reach him to make him feel things. If he were set on something in a room absolutely alone, perched too high to get down, twenty or thirty minutes would bring a brief adjustment to life. A week was planned when nothing need interfere with continued repeating of this discipline. By the end of the third day he talked sensibly about his own behavior. By the end of the week he was almost "made over." It took only occasional "sittings" to continue the adjustment. This year he is a highly co-operative kindergarten child. Last year they refused to keep him in school.

Is an extrovert apt to need analytic care?

Occasionally, if the parents cannot find the weak link in his defense against the world.

Are introversion and extroversion true emotional disturbances?

They are disturbances of feeling and thinking attitudes and so are the basis for emotional disturbances of all sorts.

What emotional problems is the young child apt to have?

In his own immature fashion and with childish intensity he may have any of the emotional disturbances that an adult may have.

What are the more common of these?

Complexes and fears.

Are they entirely different?

No. A complex may sometimes involve fear, but not necessarily. (See Chapter XV, Peter's Fears.)

What is a complex?

It is a group of ideas closely bound together and having a strong emotional setting quite disproportionate to the true value of the ideas. Anything frequently associated with this group of ideas is colored by the same emotional tinge as the complex itself, and is reacted to with consequently distorted judgment.

What causes a complex?

Almost anything may have been experienced so vividly, or with such a shock, that the memory of it not only persists with the original emotional toning, but any event, person, object, or act which was in any way associated with the incident starting the trouble may be remembered in that relationship, be given emotional attributes drawn from the shocking experience, and thus made a part of the "complex." Naturally, as time goes on, more and more incidental factors relate accidentally to the significant group. The emotional tone spreads to cover them all, and the complex "grows." It forms a con-

gestion of ideas, memories, and emotions impeding clear thinking and influencing behavior, while it is usually of little value in itself.

What is the significance of a complex?

It disturbs regular thinking and regular behavior. It demands attention and intrudes constantly into the child's regular life. It motivates his existence more and more, determines his feeling tone and most of his emotional reactions.

What are some common complexes?

The inferiority complex, the so-called Œdipus or father-mother-jealousy complex, the death complex, and complexes relating to food, play, and sleep.

What is an inferiority complex?

The child senses contrasts between himself and others which make him feel inferior. This may come from his recognition of his small size, his physical inability to compete with his parents or older children, from remarks about his inability, from seeing another child given more attention than he gets, or from any one of numerous other incidents. He dislikes feeling inferior and at the same time begins to develop, very often, a fear that he may not be able to do certain things, since he is inferior. This leads on to all sorts of variations. The child's fear may completely stop, or inhibit, all his natural activities. It may merely make him try to compensate for it in any of a number of ways. His compensation may lead him to get attention through being naughty, through refusing to eat, sleep, wash, dress, play, talk, or do anything as he should. He may act more babyish than he usually does, he may—but seldom does—strive to be more mature.

Can the child tell, if asked, what is making him behave so unnaturally?

No. A great deal of his reason for doing as he does lies hidden under the way he feels, and only expert analysis will be able to gain the hidden clew in most cases.

Is it always necessary to have such analysis?

No. In many cases, an intelligent parent sees the thing as it develops, and with that observation may be fully able to work out the correction, before a full-fledged complex develops in the child.

Is there any limit to complexes?

No. They may form around any idea.

Do many children have them?

All children have complexes of some kind. Some are good, others neutral, only comparatively few are injurious or troublesome.

What are some good complexes?

Santa Claus is a complex with most children. School often forms another very remarkable one. Flowers, dogs, poems—any liking may have a pleasurable complex as its basis. Many little girls have a well-developed maternal complex. All children should have a dirt-dislike complex developed. Every child needs a religion complex.

What is psychoanalysis?

It is the analysis of a person's behavior, feelings, and ideas in order to see what is causing the problem which took him to the analyst.

Is psychoanalysis always successful?

Almost always, if the individual is normal and coöperative. With unstable or abnormal individuals it cannot, of course, correct the deficiencies of which the analytic problems are merely a part.

Is psychoanalysis always necessary?

No. Comparatively few normal children need psychoanalysis, probably not more than one out of each fifteen or twenty individuals.

Do all children who have disturbing complexes need the services of an analyst?

They do if frank, careful home handling cannot solve the condition.

Betty was a worrier. She was only four years old but very bright. She voluntarily assumed responsibility and worried when any one was ill, away, tired, or cross. She worried even when there was no apparent reason. Her mother watched and studied her. Then she talked to a psychoanalyst about her. But even with such help they could not find why she worried. Finally, as she was getting very thin and ill-looking, they took her for analysis. Less than an hour brought out the fear that "Some one in our house might die. Some one died at No. 1260 and some one died at No. 1266 and our number is in between." Hence, whenever any one was tired, or away, or varied their schedule, she worried for fear they would get ill, and die. She took good care of her brother, because she didn't want him to get hurt, and she didn't want her mother to be so tired. (She recalled her mother saying she was tired from lifting such a big baby.) The first indication of worry occurred before her third birthday, as did the deaths of the neighbors on both sides of their home. A frank talk over the matter, linking her own and her mother's visits to the physician with death in a preventive fashion, began the relief process.

What other manifestations besides direct complex indications are apt to be found in an emotionally unstable child?

Night terrors, talking and walking in the sleep, sudden spells of despondency and exhilaration, hysterical crying, hysterical vomiting, threats of all sorts, fears, and innumerable behavior problems.

What is a night terror?

This is not technically a purely emotional symptom but an expression of an unstable and overemotional nature. It is primarily a fear state. The child seems to waken in the night, screaming with terror, and recognizes no one. He sobs and screams and in half an hour or so "comes to." There is a general fear state which subsides as he becomes fully awake and reassured. The repeated occurrence of such episodes in-

dicates the need for corrective nerve nutrition, and perhaps other types of adjustment.

Are talking and walking in the sleep emotional acts?

They are expressions of mental activity which is subconsciously continuing while the child sleeps. They are usually an expression of worries, actual fears, or undue excitement.

What can be done to stop them?

An observation of the child in that stage with gentle questioning often brings out the hidden reason. This may then be readily and impersonally discussed with the child the next day. Frequently permanent relief follows very little work. Even talking to a young child in the half-drowsy state into which he awakens in the night may bring valuable help on his problems. One must not talk long at any one time, but frequently, just a few words each time. Suggestion can also be used in that state, the suggestion that now he will sleep all right without dreaming, being usually satisfactorily accepted.

Are sudden spells of despondency and exhilaration common to normal children?

No. They are unusual and indicate definite instability which needs the help of an expert.

Are hysterical crying and vomiting emotional in character?

Ordinarily. They are usually the final attempt of an extrovert to fight the world and have his own way. Their aim is attention. Their cause is usually an inferiority or jealousy complex. Their cure lies in psychoanalysis plus making the consequences of such acts less pleasant than the thing that caused them.

How can this be done?

Perhaps the easiest way is to put the child to bed, give necessary physical care, no sympathy, only impersonal analysis, and wait for isolation (no toys or games) to make him ready to try once more to adjust to the world around him. (See also Chapter VI, *Joan Would Not Eat.*)

Is this effective?

Almost always, if the person handling the child merely sticks firmly to the program.

How should threats be treated?

If one is very sure of one's ability to handle the situation, the best thing to do is to help the child carry out his threat. He usually threatens to run away, to tell somebody something, to scream, bite, or scratch. If he threatens to run away, say nothing, but get him a traveling bag, make him pack it, say "good-by," and tell him to go. If he wants to scream, put him in a safe place and tell him to scream ahead. If he wants to tell something, make him tell, or tell for him, immediately if possible, even if over the telephone.

If he wants to break something replaceable, tell him what will happen to him, then see that it happens. The overemotional child needs most of all to have his weakly-intentioned, overfelt threats called to a showdown and exposed in all their weakness.

Need an overemotional child remain so?

No. In most cases the condition can be corrected by the time he is fifteen or sixteen, if correction is begun in early childhood.

What is the best aid in correcting emotional problems?

Good physical condition, regular, highly monotonous, and quiet living, firm discipline, and plenty of simple occupation.

CHAPTER XV

PETER'S FEARS

Peter was their first baby. The War and then the more mundane consideration of the wherewithal for raising a family had delayed his parents' marriage until they were past that unthinking early maturity which often has to plan furiously for the children after they come, since no planning had anticipated them. Needless to say, Peter was more than welcome. The home into which he came knew from theory of books and doctors' advice all that should be done for a small baby, and his inheritance had been planned accordingly. There were ready for him a small bedroom for him alone, sunny and quiet, simple clothes, a large garden waiting the time when he would romp there, and most of all, a mother kept in the best of condition throughout her pregnancy, ready to take care of him.

For the first six months of his life there was absolutely no incident of his development sufficiently unusual to be noted down. During the next month he was slightly more restless and woke more easily from his naps if there chanced to be unusual noises anywhere near by. This temporary disturbance was attributed to the process of cutting teeth, but it did not clear up as the teeth appeared. Instead, he gradually grew more sensitive to sounds, less able to go to sleep promptly, and more tense and irritable in his waking hours.

At nine months of age Peter was trotting around everywhere, provided a slight handhold were available. He

was also repeating any word that took his fancy. By the time he was a year old he walked or ran without support and used sentences of three and four words.

Just about this time he gave his first evidence of being afraid. One afternoon when he had been put into his crib at the usual time, in the usual fashion, for his nap, and had been lying there wide awake for ten minutes or so, he suddenly began to scream. When his mother went in to him he soon quieted down, and finally went to sleep. About three-quarters of an hour later he woke and screamed again. This was merely the beginning of trouble, and at irregular intervals for the next three days the screaming spells recurred, without apparent relation to any incident experienced by the household. Peter was taken to his pediatrician the second day, but no indications of any cause for pain or discomfort could be discovered although abscesses, mastoids, and all other possibilities were considered.

The middle of the next afternoon when Peter was sleeping and the house was a place of absolute quiet, the mother heard a truck rumble over a newly finished bridge about two squares away from the house. At first she thought it a distant thunder storm, but when a second truck passed, with a more rattly growl, she identified the sound, just as Peter woke screaming from his nap. It seemed altogether possible that this was the thing he had been hearing, especially as he had at no time cried or screamed in the night. Acting on her own best judgment, his mother took him up and dressed him, then went for a walk to the bridge. She kept him there, watching the trucks and other cars pass, for half an hour. The unusual excitement pleased him immensely and he showed no sign of terror, no matter how noisy the rattling became. Then they went home, and twice, while on the way, they heard the rumble of trucks. Each time the mother called Peter's attention to it, associating it with her talk about "trucks" while they

were down at the bridge. A short time after they were home Peter came to her of his own accord and said "Truck, mamma, truck." The mother realized that she had heard the sound faintly, but evidently Peter had heard it distinctly enough to identify it with his earlier experience. During the next week he occasionally woke from his afternoon nap crying, but as soon as wide enough awake he would talk about the trucks, and finally the whole fear reaction faded out of existence, although as much as eight months later, with windows tightly closed against the cold weather, he would stop his play many times a day, identify a noise as "truck," and then go ahead with play.

But this was not the end of the trouble. Peter's sensitivity of hearing found plenty of other things to startle and frighten him. Thunder, and lightning evidently from its association with thunder, the sound of workmen pounding on a new house a square away, the barking of unknown dogs in the more distant neighborhood, rattles in the radiators, an unusual sizzling of a log in the open fireplace, were one and all sources of terror. Life became a series of unrecognized and fearful sounds.

Gradually the fear state spread to cover too brilliant lights or colors. Objects themselves were never feared, but a sudden glare of light from the sunset, too many lights turned on at once in the living room, a new red dress worn one Sunday by the maid, the steely shininess of a toy automobile were feared and brought flight to a safer place.

During this time Peter was developing at an unusual rate mentally. At each stage in his expression of fears he could be educated to see the harmlessness of any one situation or object which he had feared, but new fears developed with most discouraging frequency and unpredictability. When he was sixteen months old business changes led them to move to another city many miles away from his earlier home. They hoped that the change would break down any

unrecognized associations that had helped to perpetuate the trouble, but there was no evidence of any change. Finally, when he was two years old, the parents, nearly worn out with trying to correct this constant fear development, found a children's physician in their new home city and took Peter to him; then, on his advice, sought psychological help also.

From the medical side the situation was definitely a matter of an oversensitive nervous system, with ears that heard too readily, and eyes that saw too clearly. The pediatrician instituted corrective feeding, increasing the milk quota, adding more cod-liver oil, prescribing sun baths, and some medication beyond these direct aids.

Psychologically the child gave every confirmation of the oversensitivity of the nervous system. He could hear questions asked in a whisper at a distance of ten or twelve feet, and would answer them promptly without giving any indication of their being at all difficult to understand. He was distracted from play with any one object by whatever details of room furnishings happened to fall within his field of vision. He commented on the number of light globes up against the fourteen-foot high ceiling, without any one having noticed his counting them. There were three. He asked why they didn't have one for each corner. He was then asked if he knew how many were out in the other room where he left his coat, and immediately gave the right number, five.

His mental age at this time was three years two months which gave him an I.Q. of 158. His unusual intelligence was undoubtedly another factor in the fear situation. He saw so many possibilities in situations which to the average two-year-old would have been incomprehensible, that the number of things to be feared was definitely increased. His experience as a well cared for two-year-old was so limited that it was entirely inadequate in its ability to

protect him against fear tendencies. Every time that the family had been able to give him normal, although precocious training in relation to a fear, they had been able to help him promptly eliminate it, the reëducation being very rapid because of his superior mental endowment, but they had not been able to give him perspective great enough to cover all the possible sources of new fears and so had not been able to eliminate the emotional difficulties.

Psychological and pediatric findings agreed in finding the oversensitivity of the nervous system the most important factor in the continuance of the fear state, and treatment was consequently centered, first of all, about the relief of that condition. The only supplementary advice indicated as necessary by the psychological findings was the need for every possible freedom from overstimulation. Peter had had too many stories told, too many questions answered. These were to be limited and avoided whenever possible.

Gradually, and rather quickly, old fears disappeared and new fears failed to take their place. Peter grew stouter, slept much better again, and had a better appetite. The parents were greatly relieved for both of them remembered childhood days filled with fears and worries, and did not wish Peter to live through such an unhappy childhood.

When Peter was four, he temporarily developed a new fear tendency. He was rather unthinkingly sent to Sunday school and loved it, but the theological information there imparted was too immature for his mental age to accept and too mystical for him to understand. The invisible God who could see everybody and who ruled everything, without giving people a chance to talk to him and get direct answers, was too much for his simple system of philosophy and he refused to go outdoors where God might be watching him while he played. The matter became actually serious after a few days and again Peter came for psychological work.

His mental age had retained its earlier high level and he tested six years two months. This meant that he was ready for broader experiences, actual training, and educational feeding which would help him adjust his thinking, not only to theology, but to the broader experiences of the world in general. So Sunday school was dropped for a while, but preschool substituted. He accepted with no disturbance the rightfully presented stories, games, and tasks, and gloried in the opportunity for his first group play. A real religious appreciation began when he accepted the Christmas story in its childlike simplicity, and related it to the need for making gifts for those he loved at home. A month later he entered Sunday school again, with no inability to adjust, but with ability to discriminate and determine what he would accept.

Peter is now a first-grader. He occasionally tenses up when life gets rather difficult, as it sometimes does for even six-year-olds. But fears are now no part of his world. He is physically ready to bear the brunt of living with other people in the mad groups of modern life. He has a definite independence of thought, and a keenness of mental vision which is all that health has allowed him to keep from the earlier overkeenness that made sounds and visions painful enough to be feared. The habit of fearing has not reproduced itself in relation to any new phases in his life. He has a well-established confidence in the ability of adults to help little boys understand things instead of worrying about them, and seeks such information as he needs.

What is fear?

Fear is an unpleasant emotion. The child experiencing it is anticipating some event or situation, or some pain which he expects to be very unpleasant, and which he is not powerful enough to avoid. Because he senses not only the unpleasantness of the experience but also his own inability to control that

happening, he fears, that is, dreads, what may happen at that time.

Upon what does fear depend?

There must have been earlier experiences somewhat similar in character, which were highly unpleasant, and these must be partly remembered, or else there is no actual fear.

Is this sufficient to cause fear?

No. The individual must realize that the new thing feared is a thing he cannot fight and conquer. Either it is inevitable or it is too powerful for him to flee from or fight successfully.

Does this mean that a person does not fear things which he is powerful enough to control?

It means exactly that. One may dislike a thing, but if one can control or direct it, there is no fear.

Does fear always mean that the child has a sense of being inferior to the situation?

Yes.

Why are children apt to suffer from so many fears?

The child is a very tiny force in the world. Even though he may have no special inferiority complex he realizes his inferior ability and senses the greater ability of the rest of the world. This, itself, is enough to give him a vague uncertainty as to what may happen to him. In this uncertain state, of brief experience and narrow perspective, he has little to protect him against the shock of loud noises or violent handling, and reacts in a self-protective fashion—that is, he fears.

Does keenness of thinking have anything to do with fear?

Yes. The brighter child is more apt to fear. His vivid imagination enables him to see more possibilities in a new situation than are obvious to the average child and to associate it more quickly with other experiences. Of course that means he sees more things to be feared as well as more things to be

pleasantly anticipated, and associates factors to be feared more widely than does a less intelligent child.

Does this mean that the more intelligent of two children will always be the one to have more fears?

No. The more intelligent of two children *at any one age* usually is the more apt to develop fears. If older and younger children are compared, the general fear states are less in the older children, although they present more varied fears.

How does this happen?

The older child has gained more experience and more knowledge. He knows more exactly how to differentiate between things which his experience has taught him need to be feared and those he may trust confidently. So he has less to fear. At the same time, with the greater range of information he possesses, the range of possible fears is increased.

Why does an increase of information tend to decrease fear?

Because fear is always largely a fear of the unknown. The more one increases a child's experience, the less of an unknown quantity there is in his daily life. The fewer unknown situations there are, the less is apt to be the fear attitude.

Does this mean that fears may be educated out of a child?

Yes. Some fears are very easily educated away.

Dorothy was five and tested seven. She would not ride in an automobile if she could avoid it. She was a child needing education out of her fear state. It took very little study to find how her aversion to automobiles had developed. She had heard it mentioned that people were arrested for "speeding." Her only association with speeding was, "going fast." She had no idea of how one determined whether he were speeding or not. She sat in a car in terror every moment, evidently expecting to be picked bodily out of the car by some big policeman and taken to jail. A simple piece of cardboard, with slits to show a figure, and a piece of paper, with the digits to thirty written on it, made to pull through the slit, taught her in a few minutes the principles of reading a speedometer. Of course she quickly learned to read the twenty-five and learned,

too, that it was the speed limit. Once or twice she sat watching the speedometer in the car when being driven to school, then reassured, educated, and experienced on this point, her fear subsided to anxiety and then faded away into nothingness. This device has since educated away similar fear in two other children.

What other types of fear are there?

Fear roused by actual experiences, or suggestions, a general vague indefinitely focused fear, and, probably, a fear state which is inherited or "generic."

What is a fear roused by experience?

This is the most common type of fear. The old adage, "The burnt child dreads the fire," illustrates what we mean by the fear based upon experience. A child who has had a painful time in the dentist's chair fears that office. A child who has fallen down stairs fears to go up them for a long time. Sometimes a child does not have an actual experience but it is suggested to him in some way. For instance, the nursemaid tells him that the goblins will catch him, if he cries after he is in bed, and he lies there, fearing the invisible beings of whom he has been told. Since he cannot see them, this fear gradually becomes a fear of the darkness which hides them. Or he may be told a story that suggests things to be feared.

Henry, who was eighteen months old, had an experiential fear. He had associated "strange man in the living room" with sad experiences of a tongue depressor and a swab when he had a sore throat. He did not distinguish the doctor as one man to be feared, but his experience had caused enough fear for him to apply it to any man appearing in that room. He met strange men happily anywhere else. It took months for him to forget this fear, which might have been avoided by right handling.

What do we mean by a generalized fear?

This is not exactly a fear, but a fear state. It shows quite frequently in bright, tense, sensitive, and imaginative children. There is a delicacy of feeling which causes the child to fear a situation long before an adult would expect him to find anything in it which needed fear. Such children live through a

reawakening of the fear attitude with each new demand made upon them. They are alert, overalert for possible unpleasantness in any new situation.

What causes such a sensitive awareness of things to be feared?

Such children seem to be rather delicate and undernourished, often anemic, and easily tired. They lack sufficient energy to express all they are feeling. Many of them are children with lowered glandular activity. In a few of them there seems to be an inferiority complex, but this is not by any means an important factor in the development of the fear. They are unable to adapt themselves quickly to whatever new conditions lie ahead of them, and they express fear as a part of their unadaptability.

Marian, aged five and testing six, was this type of child. With her it was a sense of physical inability to meet the strain of a new situation which caused fear. Better health has almost eliminated the fatigue-fear situations.

What do we mean by a "generic" fear?

There are some fears which are said to appear in young children without experience or suggestion to cause them. Such are the fears of noises, bright lights, and of loss of balance. Some scientists say they are fear habits acquired as a self-protection by the race. That is as it may be, but the fear reaction, especially to noise, is one which should be anticipated and so prevented as constantly as possible, for once developed, its relief is often exceedingly difficult.

Are children who fear usually emotionally unstable?

By no means. The fear tendencies of a child are far more due to his experiences than to his general emotional type, although the two are related.

Are children who fear apt to belong more to the introverted or the extroverted type?

They may be introverts, extroverts, or socialized individuals.

How may one prevent fears?

By careful supervision, no threats, no wrongly suggestive stories, no hearing of lurid newspaper stories, no emotional suggestion in relation to things they might fear. *Children seldom fear natural things unless an adult suggests the fear.*

What should be done if a child develops a fear?

It should be talked about, explained, and the cause should be eliminated, if possible. Analytic work is often necessary to get at the bottom of a fear.

Do children frequently have fear concerning some one object, but no fear towards other things?

Yes. Such fears, if highly developed, are called phobias by the psychologist.

What may be an object of a phobia?

Anything: fire, rain, lightning, thunder, snakes, cats, knives, teeth, street cars, automobiles, dogs, people, or even such things as paper and books.

How may a phobia be eliminated?

It usually takes expert analysis to find its cause and to then eliminate the cause as far as possible.

What is usually the cause?

Some chance association between the object and a general fear state. This has become an habitual association and the object is violently feared although it may actually be a most innocent thing.

Can a child be his best self when fearing?

No. He is always limited by a fear.

What general procedure might parents use to try to free a child from fear before consulting some one else?

1. Have the child talk about it.

2. Encourage him to tell over and over again anything he remembers in connection with the fear, if he shows that the telling brings a relief.

3. Then show the thing feared from other angles. For instance, if it is lightning tell him how lightning is electricity, and just like the electricity that jumps into the lights when *he* pushes the button.

4. The adult must show absolute lack of fear towards the thing the child fears, and afford him protection against it.

5. Never push him into open combat with his fear, but suggest that he "dare it."

6. After having set up this attitude discuss the fear only impersonally and casually as a thing that deserves little attention.

7. Keep him in good physical condition.

Is it always possible to eliminate fears?

Almost always. Some individuals keep constant fear states for years at a time, but undoubtedly these habits of fearing might have been relieved if the individual had had help in childhood.

Is it wrong to protect a child against certain acts or danger by telling him the situation frankly?

No. A child does not fear a situation merely because he has an intellectual appreciation of the dangers in that situation. The more definitely and fully he knows any situation, the less apt he is to fear it. Fear always begins as fear of the unknown which the individual feels unable to conquer.

Eileen, aged five, is a child who suffered from a fear state, due to no experience or threat, but merely because she had heard and grasped the seriousness of a situation without seeing that it could not apply to her. She was afraid of rain, fearful of water itself, and would not even let the bathtub faucets run to fill the tub more than an inch or two. It took very little questioning to determine the source of this fear. She had heard the maid read about the Mississippi flood and she was afraid. She knew rain had made the trouble, and that floods meant too much water. Because of this

she feared all water. A little educational work as to the significance of floods, and how they could not happen except where there were rivers and how, even then, people who were thoughtful could keep from being hurt by them, soon eliminated the whole fearful situation and brought a much better health condition.

CHAPTER XVI

ELISABETH ANN'S LIES

Elisabeth Ann was a dear little girl with soft brown eyes, so innocently full of wonder that one heard with amazement the parents' tale of woe. "Elisabeth Ann lies. She lies constantly. If she didn't know any better we wouldn't think so much about it, but we feel sure she knows what she is doing. Nothing helps. She never lied when she was a baby, but it has been getting worse all the time this last year."

At that time Elisabeth Ann was five years two months of age. She was not a very sturdy looking child, but she had always been perfectly well, except for a cold when she was two years of age. Her weight was just about what it should be and the report of her daily life at home and her reactions to it were absolutely negative and normal except for the lying.

Elisabeth Ann was the oldest of three children. Joan was three, and David nearly one. Elisabeth Ann seemed to love both of the other babies dearly, played with Joan constantly and seemed lost when away from her for half a day. She had never shown any jealousy of either child. Only one significant fact could be recalled that was at all indicative of a critical attitude towards either of them. One day when watching her mother bathe David, she had said in an abstracted, serious tone, "Well, he really isn't what I'd call a pretty child." The mother had replied that she thought he was pretty and Elisabeth Ann made no further comment.

The family history was most obviously normal. Elisa-

beth Ann had nineteen first cousins on her mother's side of the family, and twelve on her father's side. In all of these children there was no known behavior problem, although one child was thought to be "a little slow," because he was only in third grade at ten years of age! The grandparents and four great-grandparents were still living and as far back as either parent could remember all their relations had died of old age except that one great-grandfather had been killed in an accident when a colt was frightened and ran away with him. The members of the related families were all of the comfortable middle class without professional training. The father was a trained mechanic.

Elisabeth Ann had a mental age of eight years three months. This gave her an I.Q. of 159. She did equally well on every sort of test, and revealed a most astounding mass of general information. It was evident that she had never forgotten anything she had ever heard or been told. There was no doubt but that she had sufficient intelligence to know whether what she was telling was true or not. No attempt to approach the matter of lies was made that first day. Instead, it was planned that she should come back for analytic work, and be left alone with the analyst for an indefinite period of time, probably the whole day if necessary. Further inquiry into the type of tales told by her gave no clew as to the cause, for they were varied. One day she might tell something naughty done by one of the babies. The next day it might be something cunning he had done. She might say she had been told something by a neighbor, praised by her or scolded. Sometimes she reported strange sights that she said she had seen when sent on an errand to the corner grocery store.

Knowing the child's ability, no time was wasted on indirect methods when she came in the next day. She was

frankly asked whether she could tell what made her tell so many things that were not so. She did not seem at all embarrassed to find her misbehavior known, but met the spirit of the analyst with one equally appropriate to the situation and after a minute of serious deliberation said she could not think why it happened. A few more questions brought out a frank admission that she knew the things she told were not true. "I just think them up while I try to take a nap, or when we go out and sit on the porch, and then I tell them." As to the reason they were told, that she could not say. The subject was then dropped and a series of questions begun to find out what she liked to do, her favorite toys, outstanding events in her little life, and then, after a play period on cut-up pictures, she was casually asked what she would rather do than anything else in the world. Unaware that she was revealing the crux of the whole matter, Elisabeth Ann stopped putting away the puzzle pieces, and with face lighted up said, "Sit on my father's lap and rest in the evening. But there are two other babies and there isn't any lap left for me, but then you see I'm the big one." A few more questions brought the admission that mother or father would always stop reading or talking when she told them a "story," and that was better than sitting in a chair looking at a story-book.

With this information and a new attitude towards the love-hungry baby, the father and mother were again called into consultation. They frankly told of the family custom of holding the babies, undressed and ready for bed, on their laps while they read or talked in the evening. They had raised the children sensibly, but not according to modern methods. Babies were meant for petting and loving and evening was the only time there was to hold them. Elisabeth Ann had never been a child to ask for affection. They had always held her until the small boy came, and had not

realized that four years of relaxing in father's arms had formed a habit not easily forgotten even though her intelligence had accepted the need for smaller babies to be nursed in her stead. Picture books had given cold comfort, and then came the discovery that fairy-tale imaginings might bring scoldings, but they also brought more contact with father and mother. She made her choice and had persistently stuck to it in spite of almost constant disgrace and punishment.

The babies went on a revised program of bedtime a half hour earlier, and Elisabeth Ann was gradually taught to realize that the best way to gain the thing one desires with his whole heart is to seek it directly. Reestablished in her father's affection, petted or given an occasional expression of affection by her mother through the daytime, the lies just disappeared.

The child's superior mental age indicated the need for actual instruction at that time, not when she could be sent to school at six. There was no kindergarten of any sort available in the town, but a friend of the mother had been a teacher before she married and was more than willing to start the child on some reading and numbers. Handwork and occupation were well provided for in the home where the small lady had been setting the table for all meals since she was four years old, going errands, dressing the three-year-old after her nap, cleaning her own playroom, and taking care of one puppy, three kittens, a dozen hens, and her own flower garden.

Reading developed as an almost spontaneous matter and in the next year Elisabeth Ann found plenty of illustrations of the beautiful uses of imagination in fairy tales, which she told, as she read them, to the babies, often adding details more satisfying to her childish viewpoint.

The years went on peacefully until Elisabeth Ann was thirteen. She had always led her class, made yearly aver-

ages of 97 or 98, and yet had never been led to think she was in any way unusual. When she was thirteen the family moved to a distant city, and there, a few days later, the little brother died. Elisabeth Ann sorrowed as did the rest of the family, but the parents said but little of their grief as they thought it wiser to let the children try to forget. Several months later Elisabeth Ann began having trouble with her teachers. They reported antagonism, false statements concerning the loveliness of the school she had earlier attended, derogatory remarks about their teaching ability, and refusal to complete certain assignments because they were "too silly." When Elisabeth Ann was questioned she merely bit her lips and refused to say anything. Neither teachers nor principal could suggest what to do, except have a mental examination. But even though it meant a trip of eight hundred miles and back, the parents knew what they meant to do, and Elisabeth Ann went back to the same clinic that had found her trouble nine years before.

With but little assistance Elisabeth Ann was able to explain what had happened to her. It was all associated with the death of the baby brother. She blamed his death on the city to which they had just moved, and felt so antagonistic to it, that nothing in the city could be accepted as worth while. She admitted that she had "exaggerated terribly" in talking about her earlier school experiences, not about her ability, but about the charming and wonderful side of school itself, and the knowledge and training of the teachers. She analyzed the situation for herself and also suggested the solution. "I must go back there and tell the teachers how awful I've been and why I felt that way. Then if they will let me have a chance, I'll just keep my mouth shut and show them I can do all their work." She carried out this self-suggested plan, even refusing to have her parents see the teachers with her. From that day there was no more trouble with her, and two years

later she graduated as the highest honor pupil in a class of 1,400. She is now training to work with other children and help them on their problems.

How old are children, usually, before they begin to tell lies?

It is hard to say until one states exactly what is meant by a lie.

In general what is meant when it is reported that a child lies?

That the child states something which is contrary to fact, or something which might be true but which happens not to be.

How early do such false statements begin?

In some children they are characteristic of their very first speech. In other cases the child may be four or five years old before he tells an untruth.

Are such young children aware of the fact that they are lying?

Not in the adult sense of the word.

What does such story-telling usually mean?

In the little child it often means nothing except that he has taken a new step in the use of language. He first learned to use words to indicate objects and actions, and *now* he has learned that words may be used when the objects or actions are absent.

What is the significance of this step?

It opens the door to imagination.

How does this relate to lying?

The child begins to state things which he has seen or heard "with his mind's eye or ear." This is actually "storying" and the child seldom has the slightest desire to deceive any one.

What is apt to be the character of such "stories"?

They are usually so far-fetched that one has no trouble detecting them. The child reports that he has seen an elephant

in the yard, a wolf in the cellar, a cow that took his blocks, a bad child that did some naughty thing. Or he gives a wonderful account of having been some place or done something very unusual. For instance, a three-year-old was out playing about ten minutes in the yard. She came in saying she had been to Sunday school, and the teacher said she was coming over to see her mother "yesterday." She probably reported a *memory* of an act without regard for its lack of recency as a new act.

Is there any significance in such tales?

Yes. They usually indicate the things that have impressed a child most in his daily experiences and in stories told to him. Sometimes they give a clew to the things a child really wishes to do. The child who tells tales about going places often has a budding desire to get away to new scenes.

What may one learn from analyzing the child's "stories"?

His interests, desires, and wishes. These indicate points needing to be balanced, in dealing with him, by other interests.

Can any training into telling the truth be started in the earliest years of childhood?

Yes. That is the time to teach the child the difference between "make believe" objects and real things.

How can it be done?

Stories usually give a good beginning. Then any playing in which a child pretends part of the situation gives him a clew to the magic of imaginary things. Playing teaparty with dishes in which there is no food is the best of training. It shows the "pretend" eating as compared with real eating. All usage of toys that imitate real life activities imperfectly leaves the child a chance to develop his imagination.

What is the best way to meet a pretended situation?

By accepting the pretense and carrying it on, even farther from the truth, towards absurdity. If a child reports a bear in his crib, and so cannot take his nap, go look at the crib, spy

two bears, admire them, praise them for being in the crib taking their nap, and say you will keep them. Ignore the child whose place they have taken, and he'll soon chase them away.

What is the next stage in the development of lying?

The fantastic statements come nearer to the truth, are probable, and might have happened.

How can one keep the facts and the imaginative life separated in this stage?

If imaginative play has been begun before this time it is not very hard to make a finer distinction between truth and fiction as the child grows older. If such play has not been developed before this, it must be begun now. *A child cannot be expected to distinguish between fact and fancy unless he knows fancy as well as fact.*

If a child knows the difference but persists in imaginary statements what should one do?

When the child has this habit one has to take a statement that could be true, and prove it is not, by investigation. Then it is well to make the child realize he was just imagining things by explaining that he only *thought* it had happened, and it really did not.

Marjorie was such a child. She would report a dozen false situations in a morning. "The baby hit me." "The kitty knocked a vase over." "The cook said I may have a cookie." "Mimmie is going to take me to ride." Over and over, came statements which would need some attention, from wraps put on for the ride that was not to be, to a trip into the living room to pick up the vase the cat had not knocked down. One day household life was planned so that some one person could give the whole day to Marjorie. When she mentioned something it was followed up immediately and proved or disproved. It happened to be a good day for correction. She said the water was running over the edge of the bathtub—she was taken in and urged to turn it off. After several urgings she said, "It is turned off." Then followed numerous similar enforced "realizations." Finally came the one that always made so much work. She asked to have her wraps put on because "Daddy is

going to take me down town." They were put on as usual. But this time they were not taken off when she came up in a few moments and asked to have them taken off. Instead she was taken down and made to stand by the hall door "waiting to go" for fully fifteen minutes. At last she realized she had lost. "Oh, shoot, Nanna," she said. "He never was going to come!" It took further enforcement occasionally to break her habit but she had learned the great lesson and actually could make a distinction between fact and fancy.

Is the direct denial of an act a more serious matter?

In one way. The consequences of it carry over into adult life. A habit of denial leads to a habit of lying. It is often the unwise questioning of a child that suggests lying to him. At least, it makes it easier for him to deny the thing he has done.

How does this happen?

He is questioned in a way that suggests to him the possibility that he did not do a certain thing. Even then his denial is often not an actual lie.

What is it, if not a lie?

It is a statement of things as he wishes them to be, not as they are.

How may one avoid such denials?

Do not ask the child, "Did you do that?" Ask him instead, "Why did you do that?" If he is innocent, one may be sure his denial and his proof of virtuous innocence will be presented most emphatically, far more so than if the question had been asked in the other form. Ineffective denial is also more apparent, for a simple "no" will not do.

When does a child actually know the difference between a lie and the truth?

He learns it gradually, if he learns it the best way, and probably does not fully comprehend it until he is eight or nine years old.

Should he be allowed to lie or "story" up until then?

No. He must have the real world and the world of make-believe gradually differentiated for him.

What sort of punishment best aids in checking lies?

A child should, whenever possible, lose what he tries to gain by his lie, be it privilege, sympathy, or attention.

What can be done for children who lie in spite of such treatment?

They should be given the bitter experience of being lied to by others.

How may this be done?

Pick something the child likes, plan for this privilege at a given time. When the time comes say that it is not going to happen. "You have lied to me, and so I thought it would be fun to lie to you." Do not argue or pay attention to tears or promises. Go ahead as though it were a matter of no consequence. The writer knows of no child over seven years of age on whom this method has been tried who has not quickly developed a far more practical idea of the value of truth.

Francis was such a child. He was seven years old, and tested normal. He would always deny doing a thing until confronted by actual evidence of his guilt, then admit it cheerfully, not at all affected by what was said. He was finally told that he might go down town with his father on Saturday and pick a new track for his engine. When the time came, he appeared down stairs with hair brushed, and face shining. He hung around waiting for his father to start. Finally he asked his father when they would start. "Start? Where?" asked the father. "Down town to get my track," said Francis. "Oh, that's one on you," said his father. "You lie to me all the time about what you do, and I guess I've caught the habit. I didn't intend to go down town." Francis stood still and sick-looking. He turned around and went upstairs to his room. He ate and slept poorly that night, but in the six months that have gone by since that night, he has lost the furtive, sly look in his eyes, and *he tells the truth.*

What are some of the reasons that children lie?

Purely for intellectual amusement and practice. This is the early imaginary lie. To avoid punishment. This begins with the simple denial. To gain attention, or to distract attention from some other fault. To compensate for a sense of inferiority. To express a wish or a fear.

How may one handle the lie that comes from a desire for attention, or to compensate for an attitude, or express a desire?

Every lie needs to be studied to see what is its reason. Once this is found the correction is fairly simple. The child who wishes attention should receive unpleasant attention, have his lie pointed out, criticized, or humorously laughed at. Then suggestion for activities that will bring right attention must be given.

How may one know these various forms apart?

It sometimes takes an expert to distinguish them but in general the lie to gain attention is rather spectacular. It is filled with the actions of the child telling it. He shines as the hero or saint in it or as one persecuted. The compensation lie also is a lie of grandeur, but it deals usually with acts just the *direct opposite* to those which one, knowing the child, would expect him to carry out. The wish fulfillment deals with the child as he is under conditions contrary to fact. The fear situation lie is least apt to betray the child's own condition and seldom is recognized without full psychoanalysis.

Should one worry over early lying?

No. Usually entirely too much attention is paid to the imaginative ramblings of babyhood. The child of four should be taught to admit his own acts. The child of six should be able to report things almost as they happen.

Are there any ways to improve accuracy of reports?

Yes. Nature study, any study of animals, minerals, activities, pictures, or of other people, which employs observation and report may form a basis for drill in true reporting. Have

the children report their little experiences to you, before the person who has shared the experience. Do not use experiences in which they were alone. Insist upon a high degree of accuracy, and truth will find itself automatically established.

CHAPTER XVII

BERTA AND WALTER, PROPERTY ACQUIRERS

Even a most serious case of stealing may sometimes yield to the simplest of corrective handling, while in another child, a situation which seems far less serious needs much more attention and thought to ensure the slightest relief. A consideration of Berta and Walter may help to explain this variability which seems to make behavior so unpredictable.

Berta was seven years old when she first began to take things that did not belong to her. At first she "borrowed" pennies from her mother's pocketbook, and then gradually, as her needs and desires grew greater, she took nickels and dimes. This went on for several months before the mother was aware of it. When asked about it, Berta frankly admitted what she had done, but said she did not think it was stealing, because it was her father's money and he would want her to have some. She told how she had spent the money. Most of it had gone to treat other children to chocolate drops or an ice-cream cone. She explained that the children at school did not seem to like her very well, and they liked her better when she gave them something. She had not wanted to tell about it and ask for the money, because she knew her mother would feel badly to think she was not popular. The mother was conscience stricken, for she realized that one of the big things she had counted upon was having a daughter who would take her place as a social leader in their little town and she felt she had failed badly. She talked to Berta, explained why she should not take the money in that way, and then

put her on an allowance of twenty-five cents a week which she could spend as she desired.

An inquiry into the social phases of her school life revealed the fact that Berta was by no means popular. The principal blamed it entirely on Berta's downright honesty. She was the kind of child who always said what she thought, regardless of what such remarks might do to other people's feelings. With this information, the mother planned to train the child more definitely in the fine art of being honest but also kindly. Simple dinner groups, simple party groups and children asked to come in for just an hour's play, were made the basis for systematic retraining. The energy put on the situation brought full returns, for in the course of the next two years Berta, no less honest, developed into one of the most popular little girls in her class.

The next difficulty arose when Berta was eleven. At this time she again took money, not from her mother's purse, but from a pile of bills her father had temporarily left lying on his desk. After she had taken the bill, she became very fully convinced that it was wrong and that she should not have taken it, but she was afraid to give it back. However, she gathered up her courage and, taking the money to her father, told him all about it. This time the father and mother both lost their perspective. They were heart-sick, for they immediately had a mental picture of Berta going through life yielding to the impulse to steal. They had not even taken into consideration her voluntary return of the money, but that very evening she was rushed to the clinic for a consultation.

There was no need to give Berta any mental examination just then. She had been examined every year since babyhood as a matter of preventive hygiene. At the previous examination her mental age had been just as superior as at earlier interviews, giving her an I.Q. of 132. When she

was asked what she had planned to do with the money which she had taken (a point which neither parent had investigated) she said she wanted to buy a plant for her mother for Mother's Day! Her father reminded her that she would have received her weekly allowance the next day, Saturday, but she told him very frankly there would not have been enough for a plant, even if she had waited. As her father had said that she received two dollars a week for spending money, it seemed necessary to investigate such a difference of opinion a little more closely. A report as to how she spent the two dollars threw sufficient light on the situation to actually settle the whole matter. Her mother thought she ought to learn to save, so she handed a dollar over to her mother to put in the bank as soon as she was given her allowance each Saturday. She had never been taken to the bank to deposit this money, her mother kept the bank book, and she had no idea of how much had been accumulated for her in the three years she had been saving. Out of the other dollar she had to buy her street-car tickets for school which cost fifty cents a week. Then she bought pencils and tablets as she needed them for everyday school work. Sometimes she had to use her own money for church, if her mother did not have change. As a result, she had only a few pennies a week to actually spend for the things she wanted. Her desires were seldom for herself, but she liked buying little gifts and remembrances for those she loved. She was a member of a household that spent extravagantly for anything it desired. Berta could not adjust her continued poverty-stricken condition to the seeming plenty around her, and had been tempted accordingly.

Although this episode occurred over six years ago, Berta has had no further problem with her parents, or they with her. She has been treated with a better understanding of her needs, and has no reason to assert her rights through stealing from parents or any one else.

Walter was a very different kind of child. When he was eight, he began to steal, from his mother, his grandmother, or from any one who came into the home and left a pocket-book lying handy. He had been intelligently raised and had a liberal amount of spending money, being given twenty-five cents a week by his mother, and frequent extra amounts of money, for all sorts of trips and toys, by a most indulgent grandfather. There was no obvious reason for his stealing, and he himself said he just did not know why he stole.

He came in for a full psychological examination in order to see what sort of thinking accompanied such stealing. He had a mental age of eight years nine months which gave him an I.Q. of 107. His tests showed a great deal of irregularity. He was poor in memory, poor in comprehending generalized situations, good in use of vocabulary, fairly good in muscle control tests, able to learn rapidly, but not able to retain what he learned very well. In other words, by the test findings, he was obviously unstable, and as erratic in what he did on the tests as his behavior was unpredictable and unstable. The stealing just happened to be the form of disturbance which developed. His instability would have been an equally suitable background for any one of many other forms of disturbed behavior.

A careful inquiry into the family history gave grave doubts as to the possibility of eliminating Walter's instability. His mother's family consisted of normal individuals only—good German stock, not noted for any extreme value, either good or bad. His father's family was just the opposite. One could find an illustration of practically any neurotic disturbance that could be mentioned in the immediate family group. The paternal grandfather had been a wanderer, deserting his wife and two children to go his own way for thirty-one years. He then came back and expected to be met with open arms. He could not understand why the children were so lacking in affection

towards him. The father's only sister had always been nervous. She had one spell of chorea, and when twenty-two, tried to commit suicide because she had fallen in love with a married man, and felt she could not live without him. Careful investigation proved that she had never even spoken to the man in question. She later admitted that she had imagined it all. Five years later she actually did poison herself and died before help could be brought, saying with her last breath that she had not meant to take so much. Walter's father was an artist, an illustrator, and a very unreliable worker. His wife could not depend upon any income from him as he sometimes worked steadily for weeks and then would not work at all for the next month. Fortunately, the mother's people had sufficient income to see that she and the children did not suffer. A feeling of family inferiority because of his father's tendencies could not be considered as a probable cause of Walter's stealing, for neither he nor his brother and sister had ever heard any criticism of him. They took it for granted that he should work irregularly. He was very fond of them and spent much of his idle time inventing toys for their amusement.

In other less direct lines of the father's family there were two cases of suicide, one of melancholia, a second wanderer, and three adults who were so highly unstable they had never earned their own living for more than a short period of time. Two of these individuals were men, both married and supported by their wives. The third was a woman depending upon her parents for support.

With such a background it was hard to promise anything for Walter. The correction of a behavior difficulty, in any individual as unstable as he, means that every possible method of producing the desired behavior must be used, not only those means which seem logical. Even then, with a multiple attack on the situation, the individual's instability

may set all efforts at naught. Walter gave some minor indications of being poorly nourished. It seemed wise to have full corrective medical work undertaken at once, for malnutrition is sometimes a direct factor in determining stealing. The child steals because he has an unrecognized craving for something. He does not recognize it as hunger, or as a need for any one thing. It is merely a desire to have. But, given the chance to steal, a child with such a physical urge or craving is far more apt to steal than one without it.

A careful study of Walter's school work showed that he was not above average in any subject, and quite poor in arithmetic. Here was another possible clew to his stealing. He knew he did not get very good grades. He could not excel in school, and he could not match the grade cards taken home by Esther and John. There was the possibility that stealing money to treat the boys, and popularity in his group, because of his affluence, might have had some weight in determining how he responded when the opportunity to steal was presented.

Another probable source of difficulty appeared in the father's attitude towards the two boys. John was his favorite, and Walter came in for any attention that he could get when John was not around. This seemed a possible cause of behavior which attempted to compensate in an improper fashion for the smaller amount of attention he received.

From all these angles it was easy to see that Walter may have had many reasons for stealing. Any attempt to gain his coöperation and determine the *actual* relationship of his experience to his behavior was negated by his hysterical attitude. He would admit that he had stolen, and answer any other question put to him as to his behavior, school, or home experiences, but a constructive report of what he felt on matters could not be elicited. Conse-

quently, a corrective program had to be built up on the objective features of the situation, unmodified by any knowledge of his inner attitude.

In order to do all that could be done to check the stealing the following approaches to the problem were worked out and carefully followed:

1. Medical suggestions as to extra rest, extra milk, a tonic, and a series of treatments to stimulate gland activity were initiated and persistently followed.

2. Tutoring supervision of his study periods was arranged to bring up his school accomplishments, as he was mentally capable of doing more and better work.

3. His times of going to and from school were strictly watched and he was allowed no playtime save under the direct supervision of his own home or the parents in another child's home.

4. All money in the home was scrupulously kept out of the way, to give him a chance to forget the habit.

5. Spending money was earned, to make its value more definite. He had to sweep walks, cut grass, dry dishes, and make his own bed on days when there was no school. With these tasks well performed he earned 50 cents a week. Deduction was severely made for failure to carry out any part of his obligations.

6. His father made a marked effort to treat him as affectionately as he did the other boy, and soon found a matter of real interest in the child's ability to caricature.

7. The grandfather was asked to limit his gifts of money to times when rewards would be valuable. He immediately offered each of the three children ten dollars for any four weeks in succession in which there had been no actual misbehavior. It is interesting to note that Walter was the first to earn his ten dollars, even if it did take him nine weeks to achieve it.

8. Walter was made to report for analytic checking up

once each week during an unspecified period, which actually lasted nineteen months.

9. He was not allowed to go to evening movies or other entertainments without an adult. There had been a little too much laxity in this respect.

10. He was sent far more regularly to Sunday school and made to realize that prayers and religious obligation were a real part of life.

Because of the possible instability in the family, a weekly checking up of the enforcement of the whole series of plans was carried out for nearly seven months, then the period was lengthened to a two-week interval, and later to a monthly one.

Walter stopped stealing. After three months the guarding of money in the home was gradually decreased, so that his temptations might be more nearly normal, but there was no attempt to take money. He gained physically. He gained educationally. He gained a father's affectionate interest. He lived more nearly on schedule. He developed a real interest in his jobs at home and during the summer earned a good bit of extra money from the neighbors by cutting grass and raking lawns. Most people thought he was too small to work, but found he could do very satisfactorily any task he promised to do. Which change in his living conditions was responsible for the cessation of stealing, no one knows. Walter is still very unstable. His tests at twelve years of age showed little change in that respect from those made when he was eight, but his habits of living were decidedly better. A scientist, interested in pure experimentation, might suggest that these changes in the child's handling should have been tried one at a time, in order to see which made him into an honest child. The chances were too great that no one or even two or three of these changes would have stopped the stealing. It was probably the right about face occasioned by the multiplicity

of attacks on his mode of living, coming all at one time, that enabled Walter to make good. His inability to explain the reasons for his own behavior made it necessary to utilize every possible means of weighing and assuring a right response. Whether Walter will continue honest; whether he will eventually turn to embezzling, forgery, or selling blue-sky stock; whether he will develop some other form of antisocial behavior remains to be seen. It is easy to give a prognosis of a happy, normal future for Berta; Walter has handicaps to work out, which make prognosis very doubtful.

What is the fundamental cause of stealing?

A desire to have more than one has.

Is it a desire to have some special thing?

Sometimes it is, but often individuals merely want something more than they have.

Is there any reason for feeling such a desire?

Yes, indeed. There are a number of ideas or desires which make the child's mind see taking a thing as the only logical act.

What are some of the reasons that lead a child to take things belonging to others?

1. Because he wants the object itself.
2. To increase his personality.
3. To injure another individual.
4. To give to some one else.
5. To acquire some likeness to the owner.
6. To satisfy an unrecognized need of personality or body.
7. As a pure habit development.

When are children apt to take things just because they want them?

This is a common manifestation in young children. The average child of less than eighteen months has but little sense

of private ownership except of things that he jealously claims as his own. By the time he is three he has, usually, a very fair idea of ownership in the family. In this interval, from a year and a half to three years, he usually takes things just as he wishes them, gradually gaining clearer and clearer ideas of the property rights of others. He is more apt to take an attractive looking object or one that he can use in play, than an object of great value.

Upon what does the rapidity of developing an understanding of ownership depend?

Largely upon the parents' insistence that the child shall have his own toys, his own chair, his own plate, spoon, and various other objects. With this must go the other side of enforced ownership—the child must be made to use his own things and to leave those of other members of the family alone.

Should a child be expected to respect ownership when he owns nothing?

No. He cannot respect what he has never comprehended. He cannot comprehend ownership unless he has in some way experienced it.

How does stealing increase his personality?

If a child has an inferiority complex, or even a temporary feeling of inferiority, any addition to the things he owns compensates, somewhat, for the inferiority he feels. The things taken need not be useful or attractive. They are often merely hoarded. It is the *amount* of things owned which helps the child balance his feelings of inadequacy. They are valuable to him, as an aid in overcoming his feeling of deficiency.

Why will a child take things to injure another individual?

Just as the ownership of an article increases his own importance to him, so the child senses that the loss of ownership hurts another. He takes articles in order to gain revenge, to express jealousy and anger, or from a desire to tease and annoy.

When are children apt to take things to give to others?

If a child has few personal possessions and forms a marked affection for a new acquaintance, he is very apt to take things to give to the admired person. Usually such gifts are made with no regard to fitness. They merely express a general "attraction to" the person favored. The little child does this as soon as he can toddle about. He takes his own toys to the favored person. An older child often keeps his own things and takes something he can appropriate. First grade school children and kindergarten children are especially prone to take things, in this fashion, to the teacher.

How does a stolen article help a child acquire likeness to its owner?

It does not, of course, but that is sometimes the child's idea in taking the object. The child not only senses his own inferiority in some respect, but he feels also the superiority of the other person. He is not skilled in thinking and so reasons that the admired qualities of the other individual lie in his possessions, and so he expects to acquire the characteristics when he takes the thing belonging to his admired acquaintance. To a certain extent he feels he is partly the person whose possessions he has acquired.

How may stealing satisfy an unrecognized physical or mental need?

There are many children who crave candy or sweet foods. This craving usually is an indication of a highly nervous, tense, poorly-nourished child. The child often begins by taking sugar or sweets. Later he learns that pennies buy sweets. Some day he finds a penny handy when he cannot easily get sweets. He steals the penny and buys candy. A chain of associations has begun which may go on in unending fashion. Some day he will desperately crave sweets but find neither candy nor money to take. Then he takes an attractive article and "trades" it for candy. In later years he may steal and pawn or sell objects, to buy sweets. The whole incentive in such cases lies in the disturbed nutrition.

Todd was a normal child of six. He had everything one could think of a child's needing or wanting, yet he constantly created "situations" by taking anything that he fancied, anywhere he saw it. He was a child with a very poorly nourished body. He did not like sweets, but he restlessly craved "something." His stealing has entirely stopped since his health care has brought a gain of ten pounds in weight.

Sometimes a child may crave more attention than he is getting. He happens to steal an article and immediately gets a lot of attention. The attention may be unpleasant and disciplinary yet he prefers it to no attention. His stealing is apt to continue in order to supply the excitement he gets out of it.

In the same way stolen articles may gain him popularity with other children. There are innumerable ways in which the child can use a stolen article to increase his own temporary happiness.

Bert stole to gain attention and favor. He stole anything, anywhere, and usually gave it away. He was generally disliked because he played so roughly and instead of trying to behave more nicely he achieved attention by stealing anything from teacups to photographs. More affectionate handling soon checked all desire to take things.

How may stealing be purely a habit?

There is a very bad custom, common among adults, of giving a visiting child something to take home every time he visits. Gradually children so indulged demand something "to take home." Then the time comes when they visit or play with other children. They have always "retrieved" objects to their own home, and this time the toys belong to the other child. The visitor is given nothing to take home. His well-formed habit asserts itself and a small toy goes home, tucked into a pocket.

Coreen, aged four, had such a habit. Talking did no good. So the rule was made that when something came home in her pocket, two things went back. The first time she brought home a marble. Two went back, the one she stole and one of hers. She had to take

them back herself and ask to be forgiven. The second time she brought home a small doll, and when her own small favorite went back with it, she sobbed the whole way to and from the neighbor's house. But she has brought no toys home since that day.

Is the young child really to blame for his stealing?

No. It is a natural growth indication. One must stop it, but it must be expected just about as one expects measles or mumps, and should be taken as philosophically.

Are there stages in learning to honor ownership rights?

Yes. Children usually learn not to take things from outside the family a long time before they learn to not take things belonging to others in the home.

How old are they, usually, when they make such property discriminations?

It is hard to say, but the child of six in first grade usually has learned most of the rules about not taking the property of other acquaintances by the time he is ready for second grade. He is seldom sure of himself on this point when he enters school. Some children do not learn until they are nine, ten, or older.

Why do children continue longer taking things from people in the home?

Because they look upon the family property as partly theirs and justify their taking upon that basis.

How long does this last?

It depends largely upon training, but usually a child is ten or eleven before he gains clear ideas of individual ownership, within the family.

What can parents do to hasten an appreciation of ownership?

The child's right to his own property should begin early in babyhood. Every child should have toys that are absolutely his own, even though there may be some which he shares with others.

Every child's rights to his regular place at the table, his own bed, his own clothes, his own places for toys, books, and clothes, should be rigidly respected.

No adult should expect a child to respect his property, when the child's property has not been recognized nor respected.

What discipline may be used to further the breaking of the habit of stealing?

The article should always be returned, if possible, and always by the child himself, and he should be made to explain that he took it. If it cannot be returned, something of his, of equal value to him, should be taken to replace it.

Sometimes tying up the hand that pilfers is a great help, but in general the habit of not stealing depends upon seeing that the child has plenty of things which he would not wish stolen from him. Then some of these must be taken if he takes the property of others. With that loss he will realize what his act really meant and will gradually gain a better discrimination of "mine" and "thine." There can be no respect for the rights of other property owners without the personal experience of ownership.

CHAPTER XVIII

FELICITY APRIL RUNS AWAY

Acquaintance with Felicity began as part of a normal, social contact with her mother, who was a graduate student in the University at that time. Stopping to take Felicity April's mother to some unremembered academic function with us, brought an introduction of the baby as a normal part of the family. There was no question of needing the help of a psychologist, no problem worrying either Felicity or her parents. She was a possession of which they were justly proud, and one that had not hampered their own further self-expression.

Felicity was exactly eight months old at that time. Totteringly erect, holding on to the side of her crib, she deigned a smile and complacently accepted any attention bestowed upon her. Curly-haired, pink-ruddy-white, and laughing, she unconcernedly watched her mother devote her time to visitors and then leave with them. There was no outcry or remonstrance. She had been habituated to self-amusement in her waking hours, and to only the necessary amount of physical attention, at regular times. The parents of this bright, but not unusual, baby were wholesome young intellectuals. They had chanced to meet and fall in love with each other before their plans for education and specialized training had been completed, but this in no way interfered with their life plans. Instead, they merely married and went on, in school, together. When Felicity April came, there was nothing but rejoicing although the student mother had to drop out for six months before going on

with her graduate work. The father had already made a name for himself in exact scientific research. Both of them ranked far above the average University student in intelligence, and in the persistence with which they worked. They were both healthy, interested as much in occasional dances, theater trips, parties, tennis; college sports, and festivities as one could wish.

The families to which they belong do not consider these young people as in any way unusual. They are the sort of families to whom a college education for each and every child is considered as necessary and logical as going to school to learn to read and write. Most of the forebears on both sides had been professional people. Even in the days when few women went into active professional life, the mother's family boasted a very successful woman physician. In general they were lawyers, doctors, and college professors, by no means wealthy, but straight-thinking, comfortable living, reliable, unambiguously-acting individuals. To one interested in the abnormal phases of inheritance these families would seem despairingly free from anything that makes a "good" case. There are no criminal tendencies, no alcoholics, no nervous or temperamental peculiarities. The earlier generations lived long, uneventful lives, raising fairly large families, and spending their lives in the midst of them.

Felicity April was born just a year after the marriage of her parents. Her mother had suffered none of the allowable inconveniences of pregnancy but had, as she said, "merely been happier, more energetic, and felt I had to get more done to make up for the time I would give her after she came." After her first ten days of life in the hospital, Felicity became a member of the family in the small bungalow where her parents had lived since their marriage, *but* she did *not* rule the family. From the very first there was a definite daily schedule that gave her all necessary con-

sideration, but which allowed her mother to gradually have more freedom to continue her own independent life. Many friends had warned the young mother that rules wouldn't work, but from the first both parents and the pleasant young maid meant to make them work.

Days and weeks, then months, passed. Each bit of time merely strengthened the parental belief that a child need not rule the parents' destinies, nor even the destiny of one parent. Felicity April ate what she should, consumed constant quantities of milk, and seemed to thrive on her program. She had her daily walk with mother, her playtime under the maid's supervision, naps, baths, and feeding times with returning regularity, a porch to sun on, and always an evening hour with father and sometimes extra time with mother. Since she did not see either parent constantly, she was always eager to be with them.

On her third birthday she had her first psychological examination. Because of the most friendly acquaintance already existing between the examiner and this subject, the test ratings were, if possible, made more critically than usual. She scored a mental age of four years six months. This is 150 per cent of the average achievement for a child of her age. The findings indicated well-balanced, normal development, with no lack of proportionate development between the various tests. On performance tests she scored equally high. Her height and weight were equal to those of the average four year old. She had never been ill a day or caused any worry because of irregularity of development. She walked at eleven months, and said a few words at one year. She began putting sentences together at fifteen months. Training into daytime and nighttime cleanliness of personal habits had been fully accomplished by fifteen months.

Just a few months later, small brother arrived. Felicity April had been told of the companionship in store for her.

She "helped" pick out shirts and socks and a crib for him, hardly able to wait until he came. The loving acceptance of him, built up so carefully through practice and help in preparing for him, carried her over her mother's trip to the hospital without any disturbance emotionally, and made her a loyal mother's helper from the day baby was brought home. Needless to say, brother was immediately put on a program similar to that which had brought only pleasure from the coming of Felicity April. Both children lived in that cheerful monotony and constant activity which make up the life of a child who does not know other than to accept life peacefully, and of a mother who *does* know better than to raise them otherwise.

On her fourth birthday Felicity was again given the privilege of "answering questions" for the psychologist. Her mental age was then five years eleven months, or 148 per cent of average rating. Performance tests were proportionately higher, giving her ratings between six and seven. Her physical development was about equal to that of a five and a half year old. On this birthday she had had her first ice cream, and a tiny birthday cake with four candles. She viewed the ice cream dubiously, tasted it, announced that it "scratched" her tongue, and devoted herself to the melted drops on her plate. Sponge cake she had had before and it received only a moderate amount of attention as a birthday event.

Within two weeks after this Felicity's difficulty in adjusting to the world first made itself known. She announced one afternoon that she never made her babies take naps, at her own house. This announcement was not taken seriously but commented on and dismissed and a nap was taken in the regular fashion. Within the next week the information concerning "my house" became voluminous. The dolls never were made to take naps, they ate "birthday cake with candles on it" for breakfast, and "lots of birth-

day cake for dinner," and "never baked potatoes, nor old macaroni." The next development was "my babies do not have to take baths. They play all day and they don't take naps at night." These remarks would usually be precipitated by some insistence upon her fitting into the regular schedule of the family. Finally, one day, she identified a small summer cottage on a near-by hill as "my house." She would stand at the window and watch it, to see "if the children are coming out to play." Gradually her ideas concerning things done at "my house" began to change form. There was less of statement of what was done at "my house," and more fighting against actual enforcement of home routine. At last, one day about six weeks after the whole episode began, she started down the steps announcing, as she went, that she was going to live at her own house. By the time her mother caught up with her she was halfway down the square. The whole situation needed very careful handling and the mother merely tried to get her to come back and stay until time for her regular walk before going. Felicity came back reluctantly but when in the house went on with her regular schedule without remonstrance. Meanwhile the mother called upon the writer for help.

A careful study of the gradual development of the separate dwelling idea showed that Felicity April had undoubtedly reached the point in her development where she needed a broader schedule, more experience of a social nature, probably more strenuous physical activity. Everything indicated that the breaking of routine through new food and privileges on her fourth birthday had been the experience that led to her gradual development of a resentment of the fixed routine on which she lived. Her schedule was rearranged to give playtime in the park with a maid each morning, dancing lessons one morning a week, a few more toys, a half hour of helping the housekeeper with

dishes and dusting, and a more advanced series of stories for her mother's time with her. With this new schedule there was an absolute and immediate disappearance of any reference to "my house" or variable regulations. Nearly a year later there came a period of restricted walks and decreased activities necessitated by quarantine because of exposure to a contagious disease, which fortunately was not contracted. As a result Felicity announced one afternoon that she was leaving to "go away to stay at my house." The mother was prepared for some such outbreak, had been prepared at the time of the earlier episodes, and so she asked whether she might go along to see where Felicity was going to live. Felicity took her hand and trotted out, full of pleasant anticipation. Down the street she led the way. At the corner she hesitated, then turned uphill and trudged along less boldly. When they reached the next corner she was still more hesitant, but turned at last and went down the next street, watching each house closely, then shaking her head and passing on to another. She kept up this procedure for six or seven city squares, slowly becoming more depressed and more doubtful, and at last, sitting down on a step, she began to cry. Through this whole pilgrimage she had ignored her mother save for holding on to her hand. Now the mother stepped into the picture again. She asked her whether she was crying because she could not find the house, and when Felicity nodded her head, affirmatively, her mother said, "But Felicity April, you see there isn't any little house like the one you are thinking of. You just dreamed it, like the stories mother tells you. You know they are not true. Your dolls are all home in our house. Don't you want to go back to them?" After a bit they turned homeward. Felicity was silent until they reached the house, and silent as she ate her supper and was put to bed. While her mother waited, trying to decide whether to mention the episode again or

not, Felicity settled the problem, by saying, "When I get big, I'm going to have a house like that."

After this attempted flight there was no further trouble for several years. Felicity had had the desire to run away from home restrictions and obligations, but the wiseness of her handling had made the expression of the desire one that could be used constructively.

Nearly two years later, during the mother's illness, with attention centered on mother and brother, who was also ill, Felicity made one more attempt to flee from obligations forced upon her by daily life. She began ignoring the demands of going to the toilet for urination and would appear from play with wet and cold undergarments every time she was called into the house. At this time her flight was from responsibility back to a condition nearer babyhood, thus expressing a subconscious craving for more attention than she was getting.

This time Felicity April's grandmother handled her, as soon as she realized the situation, by a good old-fashioned spanking, but it did not work. Felicity, heretofore the unspanked, acted as though bitterly mistreated and continued the same troublesome behavior. The grandmother finally brought her to see the writer and sent her out of the room while talking about the condition. As soon as the problem was learned Felicity was sent for, brought in and talked to, about as follows: "Now, Felicity, grandmother reports that you are making a great deal of trouble for every one in the family by not doing your share, not taking care of yourself. Grandmother and the nurse have all they can do to take care of mother and brother, and you must help. Instead, you have to have your clothes changed every few hours and have to be watched like a baby. If you cannot tell when you have to go to the toilet, then it cannot be helped, but you must try to go, and I believe you are big enough to remember for yourself.

If you wet your clothes, you will have to wash them yourself, for nobody else has time to bother with such an ugly habit." Then the grandmother was told to keep a small tub and board ready where Felicity could get it herself, and to make her stay in from play and wash any clothes that needed it as a result of wetting. As a result of one washing episode the desire to regress to babyhood habits disappeared.

Four years have passed since this last episode and Felicity April continues a normal, alert, happy, healthy child, and at ten years of age is finishing fifth grade of school with no apparent effort or worry. She still maintains her high intelligence level. She shows only one indication of the tendency to get away from situations, that is through flights of fancy. She makes up stories for the younger children, there are two now, and sometimes writes them down. They always deal with places and actions remote from everyday experiences, and the family notice that she is always prone to deal more fantastically with life in imagination when life in reality has held some small disappointment. This expression of dissatisfaction with life through formulating stories is now a constructive "sublimation" or compensation for the shortcomings of life. It is no longer a symptom to be considered clinically.

Do all children pass through an age of running away?

It depends upon what one means by the expression. There is a normal "running away" in early babyhood which has little significance except that one has to deal with the problem. There are, also, true childhood attempts to "run away."

What is "normal" running away?

At the age when the child has just learned to walk easily and well, he is tremendously fascinated by the opportunity to walk and run that comes to him when he is outdoors. He runs, and walks, and runs again, with pure joy in his accomplishment,

and the opportunity given him to enjoy it. Absorbed in his play he may easily wander farther and farther away, until he finally loses sight of the home, and is actually lost.

Should such running away be punished?

No. The child is not old enough to realize the situation. At this age he should be protected from his own tendencies.

How should he be protected from running away?

By a fenced-in porch or yard, or by constant supervision when out-of-doors.

What is the next stage of running away?

The child learns the direct route to the home of a grandmother, or other indulgent relative, or to a neighbor's or playmate's home. When the chance offers, he runs away and goes just to that one place.

How may the habit of such running to another place be checked?

The easiest way is to have some one of the household to which the child goes meet him, scold him, and send him home *immediately*. If the members of that household cannot be depended upon to do this, one of the parents should go to the home, having arranged that the child will be given an opportunity to follow. Then he can be met upon arrival, scolded and be taken home immediately.

What should be done when he reaches home?

He should be put into some simple sort of confinement or on limited activity for a while.

How may this be done?

If he is a well-disciplined child he will stay sitting on a chair if he is placed there. If he is not so well disciplined, he should be placed on the chair and *tied fast* to it. Tying by one foot, with only five or six feet of rope, to a heavy piece of furniture is also very frequently successful.

What is the value of tying him?

The young child has to have concrete associations made for him. A rope tied around his leg is more of a check to his personality than any amount of talking. It is the logical opposite of his behavior. It is a constant reminder. Then, too, by contrast, when he is released, the freedom of his own yard is so great he has less desire to go elsewhere.

How long should he be kept tied?

Half an hour or more. When he is released the rope should not be put out of sight, but should be silently but conspicuously hung in a handy place, "to be ready." The next time he goes out to play it should be picked up and then he should be asked whether he needs to be tied, or can stay home without it. If he says he doesn't need it, drop further mention of the rope, but keep it near by a day or two more. Occasionally one meets the contrariwise youngster who will say he needs to be tied again. He should then be tied and left tied the whole play period, tied with five or six feet of rope to fence or post. He should be tied every play period until he tires of the novelty and thinks he can stay at home without it.

What should one do if the child again runs away?

Repeat the tying for a much greater period and let him know he is in disgrace from all angles. Allow no playmates, no desserts, no toys.

Is running to some one place as significant or serious as promiscuous running away?

No. When the child goes to just one place he is merely building up a home "extension," adding more space to his home rooms. Indiscriminate running away is far more serious.

What causes running away in the child who is past his first babyhood?

Any one of a number of things: malnutrition, overfatigue, mental defect, instability, emotional disturbances, complexes, unfulfilled desires, may all drive him away from home, and any of the causes may have any one of many varying forms.

Why do malnutrition cases run away?

Malnutrition of any form causes restlessness, vague desires, cravings, and inability to keep at any one thing. So the child wanders around the home, around the yard, the block, and then, in a few months, he builds a habit which carries him outside home boundaries. The excitement of new scenes balances the bodily demands for food (distracts his attention from them) and gives him enough pleasure to make him desire to go again. One must remember that it is not easy to diagnose poor nutrition. Such a malnourished child may even be overweight.

How does overfatigue cause running away?

In almost the same fashion as malnutrition. The fatigue causes an irritated, oversensitive state in which the child needs more, unusual sensations to keep him stimulated. He goes off in search of these.

How does mental defect cause running away?

The young child who is very backward, or actually feeble-minded, often does not outgrow that stage where he wanders off just as a toddler does. As he grows older and stronger, he runs farther away, taking no care of himself, but getting lost frequently. His feet carry him away and his mind is not mature enough to appreciate the situation.

Joe was six. He had to be watched all the time. The yard had been enclosed, to a height of six feet, with heavy wire meshing, but, nevertheless, he found opportunities to get away. Standard tests showed Joe to be hopelessly feeble-minded. He stopped running away only when turned loose in a large institution for the feeble-minded. There he is happy because he has companions shut in with him, he has plenty of running space, and he is understood at his own level.

Why do unstable children run away?

The unstable child's whole mental life is a "flight" from one thing to another. He never reasons or plans steadily. Consequently, when some incident or opportunity suggests going

away, he goes. His running away is practically unpredictable and spasmodic.

How does emotional instability associate with running away?

The emotionally unstable child has sudden, often violent, likes and dislikes. He is swayed by his feelings. When he likes things he runs to them. When he dislikes them he runs away from them. It is impossible to tell whether he is fleeing from something or to something. His body expresses the desire of the moment.

How do complexes and unfulfilled desires lead a child to run away?

A child has an idea which makes him long for something he does not have in his own home; or he may have such an attitude towards something in the home that he wishes to escape from it, for it is, to him, an intolerable situation; or he may just be absolutely dissatisfied with life as it is. Then, hunting fulfillment of his wishes, or escaping reality, or blindly seeking for comfort and happiness, he leaves home. His running away is the same sort of running away as that to which an adult may resort. Felicity April is a normal illustration of this type of running away.

What are some of the things for which such a child may be searching?

He may want more attention, more petting, more praise, companionship, occupation, privileges, or more solitude, and more space. He may be trying to escape criticism, scolding, too heavy a responsibility, an inferior position, loneliness. He may run away just to ease an intolerable ache which he dimly feels to be unjust but which he cannot in any way explain or escape.

Is running away ever purely imaginary?

Yes. Many children daydream running away from home, or living under other happier, more desirable conditions. They frequently report these imaginary situations.

Do normal children often have such flights from reality?

Yes.

Are they as serious as actual running away?

In some ways they are not quite so difficult to handle, but such imaginary flights are apt to have a more permanent effect upon the individual.

What can be done to stop running away?

1. See that the child is well, and not overtired.
2. Determine whether he is mentally normal, and if not, deal with the fundamental problem, that of his mentality.
3. Work with a persistent routine to establish mental and emotional stability.
4. Try to determine the cause of the flight.
5. If the child is running away from a difficult situation try to ease it for him, or seek help to adjust him to it.
6. If he is running away seeking his heart's desire, try to help him find such expression at home.
7. Punish the actual escapes by tying the young child, and by putting the three, four, five, or six-year-old to bed without toys, to recover physical and emotional balance.
8. Always seek the reason which the child gives for his flight.
9. In extreme cases insist upon the child taking his clothes and leaving permanently. Keep up this insistence without anger or apparent interest, an hour or two, if necessary, at least until he begs to be allowed to stay. Then merely keep him "on trial." This brings a real increase in the home's value.
10. See that every child has some chances to go away for a few hours occasionally. This may be an afternoon in the country, at a park, a zoo, a neighbor's house, or under a relative's care.

What is the worst effect of running away?

The attitude developed. If a child successfully escapes things by running away, he is laying the worst possible basis for the adult need of meeting responsibility.

How does this attitude of running away affect the adult?

When he meets difficulties in adult life he seeks escape. If he cannot move, change his job, take a trip, he builds up reasons for getting out of the situation. He may become sick, lose his memory, have a nerve breakdown, but in some way he "escapes" the issue.

Will proper training in childhood decrease the probability of such adult flights from responsibility and reality?

In the majority of cases. Where adult lapses occur in spite of the preventive work attempted in youth, the probability is that there would have been a much more serious flight if preventive care had not been attempted. At any rate, one had the comfort of knowing that every opportunity for normality had been given.

CHAPTER XIX

JACK COULD NOT PLAY PROPERLY

Jack's parents telephoned to know whether they had to give their family name if they brought their little boy in for an examination. When reassured that no one held any curiosity as to their actual status in the world, they immediately wanted to make an appointment for that very day, but finally planned to come the next morning.

Jack proved to be a most demure and saintly looking child just three years of age, with golden curls all over his head, and eyes that looked as though they had seen the eternal mysteries. It was well that he won immediate appreciation for his looks, or it would never have been given. In less than five minutes he was at violent play in the observation playroom, and trouble had commenced. Ordinarily children were taken for a formal examination before being allowed to glimpse the play equipment, but he had darted away from the nurse and taken possession of things without any permission or suggestion.

An assistant kept a record of what he did, and found it impossible to make notations fast enough to record the changes from one occupation to another. In the first fifteen minutes he approached and temporarily occupied himself with twenty-three various toys or occupations, and asked, that is demanded, help, three times on play occupations he could well take care of for himself. He was then requested to go to the office to do some puzzles and refused most emphatically. But a three-year-old can be picked up and taken where he refuses to go, and it is bad policy to

allow a habit of refusal to get started when there is no way of telling how much more work one may desire to carry through with the child, so squalling and kicking he was carried into the other room, where puzzles soon won his full approbation. Once started on mental tests, his interest seemed more sustained than it had been at play, but even there, the test procedures had to be interrupted again and again because he could not maintain concentration on the tasks in hand. Tests which should have been completed in an hour and a half took three hours. and left every one except Jack completely tired out.

On the mental age series he had a mental age of six years. This gave him an I.Q. of 200. His vocabulary and conversation were far more mature than even that rating would presuppose, but there the superiority stopped. He was barely as capable as an average two-year-old in the use of his hands. His constant reply when asked to do any performance test was, "I'm afraid." There seemed no real indication of fear, and a slight insistence time and again brought the required attempt. It was noteworthy that he never made any spectacular success on the tasks so approached. However, muscle control tasks attempted with interest brought scores equally inefficient.

The parents' troubles were manifold. Jack made no effort to help himself in any way. He had to be taken to the toilet like a child that had not been trained. His excuse was constantly that he was "too busy" to go. He needed some one to dress and undress him, get toys, "fix" his toys, complete buildings, or other play plans, and when such help was not immediately forthcoming, he would fly into a tantrum and throw any toy he happened to be using. The physician had recommended nursery school, since there seemed no physical reason for his immaturity and dependence.

The mother and father were both worn out with three

years of child-raising, and, as soon as they were reassured that he was not feeble-minded, they gave their name and begged to have him entered in nursery school. Two days later he appeared and began his first attempt to be like other children.

For a day or two he was very resentful of the group. He wanted whole time attention from every adult in the place. When this was not forthcoming, he proceeded to investigate toy equipment from one end of the place to the other. A firm insistence upon the nursery school rule, that he replace one set of toys before taking another to use, bored him excessively. At last he settled down and played with a set of construction blocks for about ten minutes. Then he got up and started for other amusements. Reminded that he must put away the ones he was leaving before he took something else, he remarked, "Well, I might as well play with this some more," and stayed at the same occupation for another half hour. That was the beginning of his actual adjustment to normal demands. There came days when he tried every possible act he could devise to get the adult attention to which he had always been accustomed, but on the whole, adaptation once begun, progressed steadily. He played longer periods, not now and then, but regularly. Slowly he began making advances to other children, and within two months was an inconspicuous member of his play group.

The time at home was naturally limited by nursery school hours of 8 A.M. to 4:30 P.M. Even with such limitation he at first tried to have his own way, just as he had had before beginning nursery school. The mother was encouraged to bring her daily issues with him to the nursery school. After a week of observation there seemed no doubt but that he had a real respect for his nursery school supervision, although he still disregarded home discipline. The mother was then asked to come in whenever she could and

visit. It was explained that she would be recognized as an honored member of the staff and be put at some occupation which would make this actually true. Experience with other children had justified the expectation that Jack would not only recognize this promotion of his mother to nursery school staff, but that his own respect for her and his obedience to her discipline attempts would be proportionately increased. It was only a week or two before the practice began to bear fruit. One of the interesting reactions he first developed to it was that he insisted upon calling her Mrs. Donaldson, just as the other children did. He soon began telling his father and other relatives that mother was a teacher. Without actually realizing it, he accepted her supervision, even at home, as he accepted that of other teachers.

Within three months Jack was acting as an ordinary child of three, with intelligence above the average, should act. He spent long sunny hours with sand mills, sieves, heavy trains, and molds in the sand box. He loved the story hour and made every effort to learn each new song the group was taught. He was slow learning to take responsibility for his own bathroom trips, but when he learned that he had to "earn" the privilege of using the nursery toys by being a clean child who remembered for himself, he made no further trouble. His loquacity became less marked as he spent more energy in true play situations. His oft-repeated excuse that he was "afraid," just vanished into forgotten babyhood.

The home behavior improved less rapidly, but steadily. To-day Jack is not a precocious verbalist threatened with the idiosyncrasies which most people feel are allowable to genius. He is a happy, busy, little boy with unusual abilities, who is being taught to efficiently use his childhood as a period of building for effective manhood. He is not being encouraged to think that he is in any way extraordinary, or

subject to any exemption from the rules which are best for all healthy children.

What is play?

Play is the child's natural method of using energy not needed for growth. It is his practice in living. It is activity necessary for wholesome development into adult life, but serving also an immediate purpose of interesting occupation to the child as he is now.

What is meant by playing properly?

It is a term which has different meanings at different ages but the underlying idea is the same. Proper play is play in which a child efficiently occupies and busies himself with such toys and other objects as he has at hand, for indefinite periods, without constantly demanding adult help or constant suggestion, but planning his own actions.

How long should such a play period last?

A normal, well disciplined baby nine months old will sit, or lie, in his crib, from one feeding to another, and play. He needs supervision, and toys sometimes have to be picked up and handed back to him. Such attention should not total over ten to twenty minutes (including changes of clothing if he is wet) in a period of two hours. A child eighteen months old should play his whole waking time without needing more than ten minutes an hour of individual attention. Of course meals and the toilet should not be conducted on a play basis. They need constant supervision. Outdoor playtime may need a disproportionate amount of supervision unless the yard be thoroughly protected. By the time a child is three, he should not need more than two or three brief helps, and perhaps half an hour of romping with an adult, in his whole day's play.

What sort of play attention and help is it proper for a child to have?

Every child should have regular, brief, play hours with adults. If he attends a nursery school, this need is taken care

of there. Besides this, when he comes and shows that he "needs" some object to carry on his play; when he gets something with which he is playing into a condition that needs help to straighten it out; when he asks for advice on how to do things, he should be given prompt interest and help. This help should not go beyond the amount he needs.

Should he be told with what to play?

No. He should almost always decide his own play.

From what can he develop his play ideas?

They will usually grow out of an imitation of the activities of grown-ups as he sees them. Every child also has a continually increasing contact with things and people outside the home life, and naturally gains many suggestions for imitative play therefrom.

How may his play ideas be bettered?

By casual and critical suggestions as one, passing to and fro, observes his occupations.

How should such suggestions be made?

Bobbie builds a block house. It has no door. The comment might well be, "I'd never live in that house until it had a door." Then one could suggest a chimney, porch, steps, garages. Almost all play allows for broadening suggestions. One must be careful not to overwhelm the child with too many suggestions or to make them too mature for him to appreciate.

How may a child's play activities be broadened?

1. By infrequent play with children outside the family.
2. By new toys.
3. By at least a half hour of play with father, or mother, or nurse once or twice a week.
4. By every new experience in his everyday life.
5. By allowing him to use household objects, which he cannot injure, in his play.
6. By nursery school attendance.

How does play with other children help?

Every normal child has certain individual characteristics which are reflected in his play. These vary from child to child, so all play contact with other children is apt to suggest new activities to each child in the group. They learn by imitation.

How do new toys help?

Each properly selected toy gives a child a greater sphere of activity. He has more with which to do. He can form new or larger projects to be carried out.

What is meant by a properly selected toy?

One that fits the child's needs, interests, and abilities. It may encourage his activities, but never inhibits them.

In general, what toys are suitable?

Any toy with which a child can do things, especially those toys which lend help in many, varied occupations are proper play equipment. Such toys help in pulling, carrying, building, hauling, making. They help in imitating all real activities.

What toys are wrong?

The toy that encourages a child to sit still while the toy acts is pernicious. The mechanical toy that does some silly thing over and over again is even worse. The toy so intricate or elaborate that an older person has to display it, while the child sits and looks on, is a distinct loss to the child's development. For instance even a train *on a track* has much less possibility to a four- or five-year old than a train *off a track* that goes where he wishes it to go.

What are the requirements of suitable toys?

They should not have dangerous corners, edges, or points. All colors should be attractive. Finishing should be good. The construction should be durable. The size may vary tremendously, but should fit the child's muscle development. A large, hard-to-handle toy is frequently preferred to one of moderate size. All toys should be capable of varied usage.

What are some suitable toys?

Rattles

Bells

Balls, small and large

Rubber or washable toys

Stuffed animals

Blocks

All sorts of baby pull toys, all the Tinkertoys

Wagons, carts, doll carriages

Kiddie cars, bicycles, scooters, roller skates, hoops

Horns, drums, whistles, xylophones, toy pianos, etc.

Engines, autos, wagons of fair size and varied types, dump carts, etc.

Construction blocks, especially those that make solid-looking objects, instead of skeletons

Construction toys such as an auto, engine, or animals which he can put together.

Mosaic blocks, if at least one inch square

Dolls

Tea sets

Furniture of usable size, such as a bed, chair, table, cupboard, wardrobe, trunk, stove

Swings, seesaws or teeters, sand piles, wading pools (portable), slides

Rope to climb, bar, trapeze rings

Hammer, nails, and wood

Shovel, rake, broom of good size

Should a child be shown what to do with a new toy?

No. He should be allowed to explore its possibilities for himself at first, then later, he may be given greater interest in it by having other uses of it shown to him.

What toys do children usually prefer?

An abundance of simple toys, that allow the greatest variety of use. For instance, sometimes a child enjoys playing with one 20-inch automobile for a long time, but most children play longer and better with five or six smaller cars with a total cost no greater than that of the one large car. Most tiny children prefer good-sized toys. The maximum interest in tiny or small toys develops after the first four years of life.

What is the value of a regular playtime with adults?

The child benefits by more mature methods of doing things. He sees a house that stands better than his. The table as set for the tea party is more like a table set for a real meal. The whole play can be more realistic, no matter whether one plays postman, cook, builder, gas station, doctor, Sunday school, or cross parent.

How do new daily experiences broaden play?

They give new activities to be imitated.

What household objects does a child like to use in his play?

Almost any object may strike his fancy. The young child often prefers to play with pots and pans from the kitchen, a dust brush, or some basket or pail rather than with any toy of his own. Frequently a child will busy himself for hours with a large pair of galoshes, overshoes, or slippers. A shopping bag, a suitcase, a brush and comb, a real towel or pillow may be the key to intensive and prolonged play.

When should a child be allowed to use such things?

If they cannot easily be damaged, or are not needed, and if he is ordinarily careful of them, there should be no restrictions on their use.

How can a nursery school help a child's play?

The efficient nursery school provides a satisfactory environment and teaches the child how to play. The play supervisors do not interfere with a child who is suitably occupied, but use their time and energy to encourage better habits in the child who does not know how to play.

Is a nursery school always advisable?

No. If a child lives a normal life without having any serious need for corrective supervision, and if the home can supply suitable environment, right supervision, a modicum of companionship, and can keep the child satisfied, no nursery school is needed.

What child is more apt to need nursery school attendance?

The child who has no brothers and sisters, or in whom ordinary supervision and instruction do not bring normal, happy play, or whose play facilities at home are unduly subject to restrictions.

Should a child's play be unsupervised?

No. He should play by his own planning, but one must keep a constant awareness of where he is and what he is doing.

What is apt to be wrong with the child who cannot play alone?

1. He may be physically unfit, and so has not enough energy to supply his own play interest.

Gilbert was such a child. He was just four and very bright. He could not play but would just stand and watch his nurse play. The physician found he was very anemic, despite a good color. He also needed corrective work for a kidney infection. After three months of intensive corrective handling, he was playing spontaneously for short periods. The next three months brought normal play.

2. He may be defective mentally. Feeble-minded children seldom play spontaneously or continuously.

3. He may have been so limited in everyday contacts that he has no concept of playing. Sometimes one finds such a child. He needs companionship.

4. He may have had so much attention and supervision that he has never had a chance to learn how to do anything for himself, play included.

Suzanne was such a child. She did not know how to play by herself. A trained nurse supervised her living for the first year. Then a nursery governess amused her two years. Then she had another French nursery governess and more amusement. At four she had no idea of how to occupy herself if left alone out in the yard for five minutes. After she had been turned out in the yard with a bicycle, swing, sandpile, and her dolls, to take care of herself, every day from nine to eleven, for two weeks, one could see that she occupied herself most of the time. Then she was allowed a small playmate (quarantine prohibited it at first). The third

morning they were together she played so absorbedly that she didn't want to stop for lunch.

Is the inability to play a serious defect?

Yes.

Why is inability to play a serious defect?

Play is the child's expression of his mental activity. If it is not free, spontaneous, sufficient, and normal, one cannot expect him to meet other needs for imitative and adaptive activity in successful fashion. Play is the child's practice of living. It must be normal to bring normal living in later years.

Should children have any special rules governing their toys and play?

Yes. All children need a definite place to keep their toys and a corner or room or sun porch where toys may be left, as the child wishes, when he is building or working out his ideas.

All children who can toddle about should put away their own toys. Play should not be allowed to interfere with eating, bathing, or dressing. It is a very good rule to have children eat when they should eat, dress when they should dress, and play when they should play.

How may one develop better play habits in a young child?

1. See that he has a comfortable place in which to play.
2. Provide simple toys of suitable type.
3. See that he is dry and fed. Then put him with his toys and let him alone for an hour. Refuse to give any help except of the most momentary type. Ignore whines.
4. Try the same thing the next day at the same time. He then knows he must depend upon himself, so make suggestions for play: "Make a house"; "Feed the baby—she is hungry"; "See if your truck will carry all that wood."
5. Try to find a child a little older with whom he may have an hour of play in a quiet fashion.
6. Give him half an hour once a day and play with him.

Do not give him this time before having him try to play by himself, or he will not appreciate it fully.

7. Place him for one, two, or more periods a week in a nursery school that gives him spontaneous play opportunities and teaches him to use them.

CHAPTER XX

MYRTLE ELOISE, FAMILY AUTOCRAT

Myrtle was a demonstration of the principle that children should be "allowed freedom of expression." Several years before her birth, her parents had taken a trip through southern Europe and had been much impressed by a school which epitomized in its daily life the freedom of childhood activities. They had never forgotten that keynote of the school's development, freedom, but they had not assimilated the correlated axiom that freedom brings responsibilities and its own acceptance of limitations. When Myrtle Eloise arrived, her mother announced firmly that she was to be raised according to her "instincts." If she cried, she was to have some sort of attention. If she seemed hungry, she was to be fed. It took a heated conference with the staff of the hospital graciously chosen to receive Myrtle, before the mother decided that it might be well to wait until the child was taken into its own home before enforcing the spirit of modern education as she interpreted it. So, for three weeks, Myrtle had the advantage of regular feeding and systematized care, to bulwark her against the unpredictability of life as she was to experience it.

By the time Myrtle was two years old she had achieved two things. She ruled the household in her demands, and she had a reputation for audacious and shocking behavior that had permeated at least the eighty mile radius around her home. The child actually ate when she so desired. All she had to do was go into the kitchen and demand food, telling what she desired, and all other activities of the

kitchen stopped until she had been served. If she wanted to take a nap, she would demand equal help in getting to sleep, a story, victrola music, or mother or auntie or grandmother to sing to her or rock her to sleep. She had every sort of toy that she desired.

Each frequent trip down town meant armfuls of new possessions brought home, no matter how ridiculous they were from the standpoint of suitability. When she was about three years old she had three doll-baby carriages, almost identical in size and pattern. She had refused, at different times, to go home without them, and so the second and third had come home to be added to the first and stand unused in the enormous playroom. She used any article in the house as she pleased. She had plenty of blocks when about two years old, but because she demanded it, she was allowed to use a valuable edition of Shakespeare for building purposes in their stead.

When four years of age she was left for several weeks under the care of a trained nurse while both parents were on a business trip. Encouraged by the aunt, and a promised bonus from the grandfather, the nurse made a serious attempt to establish some symptoms of a daily program in the household. Myrtle responded by developing tantrums in which she screamed so that the neighbors in the next house, a whole square away, could hear her, and the nurse's attempts went for naught.

At five she was entered in a private kindergarten. The kindly and motherly kindergartner tried her best to help the child, but she was absolutely unamenable to any sort of suggestion, direction, or stimulation. After a month she was withdrawn, by request. For another year she wandered around doing as she pleased. She would walk into any store of the subdivision where they lived, inspect the stock, pick up what she wished, and walk out with it, telling the clerk to "charge it." Her father laughed at the complaints

of the merchants that this was not a wise or customary procedure, reminded them that he always paid their bills as rendered, and then told "Myrtle's newest" as a good joke at his club.

At six Myrtle proved impossible in the regular grade school and was finally turned over to a tutor for three hours a day. The tutor was wise and insisted that the child come to the classroom used for such work with other children. Once there, Myrtle became a unit in another world, and under such conditions, could be given enough individual attention to gradually adjust her to the normal learning tasks of a child of her age. It took two years of such work, interspersed with three attempts at other schooling with consequent failure, before she was able to adjust to public school demands, as a member of third grade. After several months of very poor work there she was referred for psychological study because of her inadequate responses to schoolroom life. Had the teacher known the family history it is probable that she would have made her own interpretation, but both she and the principal were newcomers to the community and acted accordingly.

Aroused by the request for psychological examining, the family at last began to take stock of the situation. Myrtle was given a thorough examination. She showed a mental age just slightly in advance of her actual age, being eight years four months of age and testing eight years seven months, with an I.Q. of 103. All mental processes were fairly even in development, but the child showed extreme inability to cooperate or stick at any one task for more than a very short period. She was interested, amiable, highly self-centered, but markedly lacking in ability to help herself when any task became slightly difficult. The disturbance seemed to be entirely one of a lack of right habit formation. She had never been forced to continue at any one thing past that first point of effort which is painful.

Naturally, she could not be expected to have the ability to persevere as a child would who had always lived up to demands made upon him.

It took a number of conferences with both parents before they were fully convinced that their policy for Myrtle was the factor at fault. However, they were far more ready to admit that their handling of her was wrong than to entertain the suggestion that she might merely be showing up inherited traits of low capacity for educability. Finally they consented to try a plan for readjusting her to life, and once convinced, they persisted in the new plan as tenaciously as they had persisted in the first method of lack of training.

It took six months before there was any perceptible improvement in Myrtle, and another six months before she actually began to enjoy school work and the occupational pleasures of children of her age. Poor sleep habits, and erratic eating impulses still prevail, although she is now ten years old.

A year ago a new baby was added to the family. Needless to say he has been raised without any knowledge of the freedom granted Myrtle, but he has a very definite experience of things done "according to Holt."

What is wrong when a young child rules the household?

One of three things. Either the child has been ill and has used that illness as an excuse for having his own way, or the parents do not know any better, or they do not know how to help it.

What is to be done when some illness or other mischance has given the child a start into such wrong habits?

Consult the physician to be sure there is no serious after-effect of the illness. Then simply announce that the child is well and must do as he is told. Ignore some things, discipline others, and put him off to play by himself a large part of the time. Be careful to see he does not gain his point indirectly

by taking as much time for being disciplined as he had been taking for attention.

How can this be avoided?

By disciplining sharply and effectively. No halfway measures will do.

What is to be done if the family knows no better?

They do not worry about the child. Some one else has to educate them to their responsibilities. This is usually a thankless task and it usually means weeks of hammering home the truths about the child's abnormal place in the family before they will take steps to change it.

What can be done when the parents do not know how to help it?

They must be given right suggestions and advice.

Who can give this?

A pediatrician, a psychologist, some one from a behavior clinic.

In general what rules might parents try out for themselves?

1. Be sure the child is well, or at least has no serious physical handicap.
2. Judge as best one may whether he is mentally alert enough to be held responsible for his acts.
3. Establish a fixed routine for getting up, going to bed, naps, meals, walks, and the bath, as well as for any medical or psychological prescriptions.
4. See that it is understood by all adults in the household that there is never to be any interference with the discipline of the person in authority at that time. There should be no appeal from mother to father, or from nurse to mother.
5. Provide plenty of the regular toys, easily available.
6. See that there is at least one toy for outdoor occupation, a bicycle, a swing, a wagon.
7. Develop the mental attitude that "a parent has certain rights." No child is worth anything to the community when it takes the whole time of one adult to raise him.

8. Simply announce that the child is big enough to do things for himself and not bother so much. When he demands a drink, look at him in surprise and say "Go get it." Be sure to have some occupation with which you are very busy, be it a book, sewing, cooking, cleaning. When he demands a story tell him he may have one at some certain time, if he's been good. When he refuses to do some one thing, see that he loses the opportunity of doing it. If he dislikes dinner, let him go hungry until supper time. If he refuses a bath, refuse to keep him in the house dirty, turn him out into the yard. If he whines or frets or howls to be played with, tell him he annoys you, and give him the choice of going to bed or stopping.

9. *Keep on with the schedule. Criticize his behavior frankly. Ignore him whenever possible. Do not give in or make concessions.*

10. Praise the first and all later good behavior.

Evelyn was five. Her mother and father were on the verge of nerve breakdowns from taking care of her. Her ten-year-old sister was cross, irritable, and unhappy because she never had a moment free from Evelyn's demands, and no attention from any inmate of the house. Evelyn had to be read to, taken walks, played with, fed if tired, told stories after she was in bed. Her behavior yielded quickly to a corrective program. The first three days were hectic. She thought of some new impishness to gain attention every few minutes. Her mother was unbelievably firm and said afterwards, "My defense the whole time was a book on travel. I held it absorbedly before my eyes, to avoid giving in. To this day I can't remember a word in it." By the fourth day Evelyn began to play by herself, although she fussed a lot. In a week she seemed to realize she was dependent upon herself for most of her activities. In a month she was practically readjusted to being only a *member* of the family, not the *whole* family.

What should one do if the child does not yield to such a program?

If he is no better after a month, board him away from home awhile, then bring him back to a revised schedule, or, if possible, consult an expert in child behavior and place the child in nursery school, kindergarten, or a grade school of longer hours.

CHAPTER XXI

BABETTE, TROUBLE-MAKER

Sometimes specialists who have seen hundreds of people, and then hundreds more, develop a sort of ennui wherein each individual is like all others and no new problem challenges their ability enough to arouse interest. Babette in the course of her seven years had been the ennui-dispeller of half a dozen specialists, and to-day, five years later, her name, itself, is enough to arouse half-humorous reminiscences.

Of course, there is something to be said for the family into which she was born. There was no need for Babette to make a name for herself; her mother had most efficiently started that process, and tales of the pranks and peculiarities of the young Mrs. Denton were rife throughout the county in which the family lived.

The Dentons themselves were one of the conservative, farmholding families in a leisurely southern county. For four generations the men had been educated to a profession which was more or less dilettantly pursued, while a sufficient income from herds and horses made life a series of gracious gestures. Then Babette's father broke the usual custom of marrying a girl from one of the neighboring families, and found a wife in the college city where he finished his education. She was a college girl herself, of the type that was afraid to miss any of the activities or amusements which proclaimed social superiority. Lessons had evidently meant very little in her college career, and she was glad to be the first of her class to announce a mar-

riage for the week following that of her graduation from college.

The first year of married life young Mrs. Denton spent in a round of social activities. When, fifteen months after her marriage, she found she was pregnant, her hysterical screaming and crying, mingling with threats of suicide, were so extreme and prolonged that her father-in-law telephoned for the assistance of a well-known psychiatrist, a friend of the family. As a result, it is at least definitely known that Babette's mother was not insane at that time, but merely a "high-strung, hysterical, and neurotic woman, too selfish to be willing to consider anything but her own pleasure."

In due time Babette, unwanted and even disliked, was born into a household already divided in its ideas of the fundamentals of life. Babette's father tried in every way to compensate for the mother's lack of affection for the child. Every convenience needed for her proper care was provided, and a good old-fashioned mammy gave her plenty of love but most unscientific handling.

By the time she was an attractive child of three, her mother was quite willing to have Babette around now and then, as a toy to be played with, exploited, fashionably dressed, or teased. But Babette had ideas of her own, and when teasing became too painful, or dressing irksome, she would yell and scream and sometimes use foul words easily picked up in her long hours in the servants' quarters. Whenever such tantrums occurred the mother relapsed into self-pity because the child had been "marked" by her own "nervous spells from feeling the responsibility of bearing a child."

By the time she was four, Babette added a new accomplishment. When things were unpleasant she not only had tantrums but also vomited hysterically. When five, she was started in a private kindergarten in the neighborhood, and every one felt that now she would get along all

right. But Babette had had too much freedom and too much spoiling from servants, and father, and grandfather. She enjoyed the excitement of kindergarten a first day, bore with it a second, and the third morning expressed her dislike of the whole situation with a regurgitation of the mid-morning lunch that was served. But Babette had not realized that now she was in a different environment. The supervisor was experienced in the ways of children, and knew the family situation of this particular child. She put Babette in isolation, told her very firmly the rules of the school, and then proceeded to give her another, duplicate lunch. Babette was temporarily hypnotized into acceptance of the situation, and right habits were started before she grasped their significance. She compensated for it, however, by being even more troublesome at home, and by vomiting endlessly when the time came to start for kindergarten each morning. The supervisor of the kindergarten begged that she be brought in, even vomiting, and be given the chance to correct her own difficulties, but the father refused to have her "suffer," so for another year she remained at home.

The next fall she was entered in first grade of a private school. She was troublesome to handle, and made but indifferent progress. However, the school authorities, knowing the family's power for good or ill, handled her very warily, and allowed her freedom of the most extreme type. She was just as apt to be found in an eighth grade art class as in her own reading group. The freedom was justified as "giving her a chance to find herself." The end of the school year found her unready for second grade work, but she was promoted, on trial, and the same tactics continued another year. At the end of the second year she could not even read, or write her name, and had to be failed. This roused the family to action, and Babette arrived for examination, following a telegram from the psychiatrist, advising, "Worst child in the state on way for

examination. Keep her for training separated from parents if you can."

Babette did not miss the opportunity for a dramatic entrance into the laboratory. Screaming, hanging on to the taxicab, then kicking, and biting, she was carried into the office by her father and the cab driver together. Her mother followed weeping. For a few moments they all tried to talk at once, Babette taking advantage of the rest through screaming and stamping.

As soon as the father felt reassured that there were other children that sometimes acted that way, and that no premature diagnosis of a "hopeless case" had been formed, he was quite willing to leave procedures to the psychologist. Babette was quietly picked up in a way that left her free to kick without harming any one and carried into an examining room and the door shut. As soon as she found herself without family support she stopped crying and asked, "What will you give me if I stop crying?" "Nothing," was the reply, "but I'll punish you severely if you don't." Before the worker, surprised into an unplanned statement of tactics, had tried to formulate what punishment might be applicable, the crying stopped, and the young lady asked most sweetly, "What do you want me to do?"

Psychological tests showed that Babette, who was eight years one month of age, scored a mental age of seven years five months which gave her an I.Q. of 92. Her tests indicated marked instability, aside from such variability as might be justly attributed to lack of training such as she had experienced. There were numerous indications of nerve disturbance of a serious type, associated with poor learning ability, low adaptability, and a self-centered, antagonistic attitude which no attempt was made to evaluate on a first interview, so emotionally upsetting in its initiation. Babette was thin, underweight, showed poor posture, poor eyesight,

poor muscle control. Her educational achievements were entirely a minus quantity. Her social responses were undoubtedly atypical. All in all, she gave many indications of a need for complete reëducation, and after several days of planning was left at the laboratory, tentatively, for a year, if she proved happy.

Babette's problems had not been reported to the fullest extent, but kept on revealing themselves during the next month. She lied, whenever it suited her, chiefly to avoid responsibility, or being asked to do things. She would affirm solemnly that she did not know school lessons taught a few days before. Then getting an assignment on the known work, would do it quickly, and spend the rest of her time bothering the other children. She was most destructive, especially with other children's toys, deliberately breaking any she could borrow for a few moments. She stole, simply because she had never learned that anything she desired might also be desired by another. She also tried the effect of temper tantrums, fighting, regurgitation, bed-wetting, and running away. She would go to any length to avoid taking a bath or otherwise spending time on her body or personal appearance.

By the end of the third week all details of professional study, psychological, medical, educational, social, and moral, had been temporarily completed and Babette was on a program which included all things necessary for her improvement from all angles. Technically those handling her had to keep in mind that they were treating, not some one symptom, but instability, and, as underlying causes or related symptoms, inherited syphilis, malnutrition, slight thyroid deficiency, inability to sleep, poor appetite, tantrum tendencies, regurgitation habits, delayed academic development, lying, stealing, fighting, destructiveness, and an extreme resistance to all advances made by those supervising her in her new life.

Such manifold needs meant that her program had to cover an exact following of the medical program; exactly regular hours of sleeping and eating, with constant supervision of even the times when she was supposed to be in bed, asleep; absolute supervision of play and study periods; so that no opportunity for any unknown factor to creep in and negate training was available. A parent can seldom maintain such a program, for he cannot keep from being soft-hearted now and then. Thus the child, finding an exception in his program, redirects all his energy to causing other exceptions. Indeed, few professionally trained workers are immune from the tendency which makes more trouble for such cases. They throw in the inadvertent words of sympathy just when a child is forgetting that he has been sorry for himself, and then there are months of work to be done over.

With a few such losses of time from assistants, and a sad break in habits after the ten days at home at Christmas which the family demanded, Babette gradually began to develop into the child she had had the potentialities to be. School work progressed rapidly, two grades being covered in the first year. Health was gained. Normal habits of eating and sleeping were established, and every one forgot about the possibility of other forms of misbehavior. Ten months after this régime was established she went home for a visit of three weeks. When she came back she had lost weight, was overstimulated, cross, argumentative, self-assertive, and bragged of the treats and trips she had had every day. This visit and its indiscretions actually precipitated the need for a second year of training before returning her to her home permanently.

During the second year the lying and stealing were much more marked. Finally the drastic plan of lying to her was tried. A trip was promised for a Saturday morning. When the time came she was told that it must have been a lie,

“caught” from her, for no one was going. She accepted the decision and the responsibility and began voluntarily checking her tendency to story from that morning. The stealing was much harder to control. Finally a number of her more treasured possessions were gathered together, and after it was found that she had stolen a certain toy from another child that child was given his choice of any of those possessions. Babette begged and begged to be allowed to give back the child’s own toy, but the other child very naturally was glad to have something different, and was allowed to keep the toy. (A very mature little girl aided in this experiment, understood that the exchange was not the sort of thing that one did all the time, but saw the point of it. Her mother had previously been asked to allow Barbara to follow out our plan.) The first episode of such exchange seemed to check the stealing, but several months later another similar episode was necessary before the practice actually stopped.

At the end of two years Babette was practically a reëducated child. Her age was ten years one month and her mental age was eleven years three months. She was ready for advanced third or low fourth grade, depending upon the school she should enter. She behaved properly throughout a month’s vacation at home, for gradually lengthening vacations at home, with instruction of the family as to proper procedure during these intervals, and prompt report when wrong handling had brought a relapse, had educated them into a modicum of understanding of Babette’s needs.

After the month at home Babette went off to a private boarding school wherein she has spent the last three years, just now completing seventh grade. There have been no greater difficulties with her than with most children while there, but her learning is still unstable and she is over-emotional, not popular, and sometimes very hard to handle.

Her parents gave her the very worst start possible. What they have made possible of correction is less than her due. Her future still remains more than problematic, and no one would be surprised, at any time, to find her in need of further readjustment to life, as she meets its more varied perplexities and increased responsibilities.

How does the child who is a behavior problem in many diverse ways differ from the child who has only one form of behavior that is objectionable?

In one of three ways. He either has a number of defects or handicaps causing his behavior manifestations, or he has a very serious form of some one disturbing condition, or he is not being properly disciplined.

Why is a child with a number of handicaps apt to have more disturbed behavior?

Because he gets the tendency to certain behavior disturbance from each thing that ails him, and his actual behavior is troublesome in proportion to the seriousness of the sum total of his physical or mental handicaps.

What combinations of handicaps are apt to make a child a general behavior problem?

Such a child usually is handicapped by at least two or three of the following factors, any two or three being variously combined:

There is often some physical handicap, which is frequently a diseased condition of some sort. There may be many physical handicaps.

The mental level may be somewhat below par, but is more apt to be nearly average normal, or above average.

There is almost always some mental instability.

The child's emotional reactions may be extremely unstable, or they may seem to be absent, or they may be normal.

The environment is seldom what it should be.

The discipline is usually poor or intermittent.

What should be done for such a child?

He should be put on a program which provides correction for each and every factor which may be helping to cause his undesired reactions.

David was such a child. He was four and one-half years old and tested six. He came to the laboratory with a reputation of being "the worst child in the city's best residence district." A visit to the home confirmed the truthfulness of the parents' statements as to his behavior. His favorite indoor occupation was riding a velocipede into the bedrooms and deliberately bumping into the lovely enameled furniture or the plate glass door mirrors. He fought, swore, lied, stole, tore things to pieces, screamed, yelled, hid things, teased, bit, scratched, and kicked. Nothing upset his self-satisfied attitude. He was undernourished, calcium deficient, a congenital syphilitic, with too little play space, limited companionship, and limited, uncertain supervision. A corrective program that covered all the points of his inefficient living was begun. After four months he was practically a well child from the social standpoint. Against all advice the parents gradually dropped the whole routine. Trouble flared up just seven months later and to-day he is again one of the "worst" children, older, more erratic, doing more serious things over a wider territory. The worst factor in his condition is his unstable parentage.

Can children with such multiple disturbances be made into well-behaved children?

Yes. The more things one can find to correct in a naughty child, the more rapid is apt to be his improvement.

Will he improve with a simpler attempt at correction through discipline alone or health work only?

He may improve, but the chances of helping him grow into a normal, well-behaved child are few.

How does the child with numerous reasons for his misbehavior compare with the child who has only one cause of his behavior problems?

The child with one, marked condition causing behavior difficulties is usually a less hopeful case.

Why is he less hopeful?

Because if some one thing is causing many and varied behavior disturbances, that trouble must be deep-seated and serious. Of course it depends upon the nature of the condition.

What are some of the factors which might be sufficient to individually cause extreme behavior disturbances?

Disease conditions such as congenital (inherited) syphilis, glandular disturbances, epilepsy, extreme malnutrition, or other chronic toxic conditions.

Mental disturbances such as feeble-mindedness, hysteria, or insanity when the condition is not recognized, and the individual is not kept from opportunities for getting into trouble.

Complexes and fears.

Is there always a cause for misbehavior?

Yes, and careful study of the child will usually reveal it in an hour or two.

Doreen, too, was a behavior problem. She was only four and was unmanageable "in every way." She ran away, told stories (fabrications), stole things, and hid them, was destructive, deliberately disobeyed orders, and was always getting into some unexpected mischief. She was found to have inherited syphilis. A simple treatment kept up regularly brought a "made-over" child in a year, and with continued care there has been no more trouble, although four years have passed.

Dorcas was six, and tested seven. "She leads the neighborhood children into things no one would think of a child's doing," reported nurse, mother, and grandparents. She had an inferiority complex which caused all her trouble. She asserted herself, in Bolshevik fashion, to gain attention, and to "get even" with those who had not given her the consideration she felt she needed. Analytic work and more time with her mother, away from the critical guidance of grandparents, relieved the whole behavior complex.

How does improper discipline cause such manifold behavior outbreaks?

A child quickly realizes when there is a probability that he can escape being disciplined for some naughtiness. If he is

irregularly, or insufficiently, or half-heartedly disciplined, he soon begins to take chances, hoping that he will get away with it *this* time. He is infrequently told what to do or what not to do. In between these times he does as he pleases. Consequently, he varies his mischief and directs his attention to acts that have not been recently forbidden, arguing that he has not been told *not* to do such things. Since his discipline is irregular, he also develops a resentment against the injustice of punishment at one time for something for which he is left unpunished another time.

What should be done with such a child?

Immediate reversal of the discipline program will often bring a complete change in a few weeks.

Is such a program easily established?

The first few days are usually very difficult.

Why are the first days on a new program difficult?

The child expects to find lapses in the supervision he is given and so tries everything he knows to find the escape from the discipline he is meeting.

Donnie was such a child. He was three and tested five. "He is the worst child I've ever seen," said the doctor. The parents said, "He is too hard to handle for us to think of ever having any more children who might be like him." His mother made him obey when she was not too much interested in reading or sewing. His father overdisciplined him for nonessentials, and at the wrong times. Donnie resented his father's attitude and despised his mother's. He dictated to the maids. He was temporarily taken away from home and within a week was behaving as well as any three-year-old. It took months, however, to bring normal behavior in his own home.

Should all difficult behavior cases be disciplined?

Yes. They need regular and suitable discipline.

What is suitable discipline?

First of all discipline should fit the underlying physical condition. It should then fit the child's understanding and his

emotional condition. Finally it should be the logical outcome of his own naughtiness. Moreover, discipline to be effective must be immediate.

How can punishment fit the physical condition?

A child who is naughty is not thinking clearly. Isolation from active family contacts, more rest and more sleep, are a fit basis for rapid forgetting of what he has done, and for bringing a better condition, wherein the naughtiness will not be repeated as easily. Bed, a period on a chair in a room alone, or play outdoors alone, are all valuable. Sometimes, if the child seems "spoiling for action," he should be made to work. He should sweep porches, rake leaves, dust furniture, wipe dishes, clean silver, clean the washbowls, or perform any other simple task. In this way he gets a relief expression for the energy that would otherwise go into mischief. A busy child is never a mischievous child.

How can discipline fit his understanding?

Associate what he is made to do with his discipline. "You are getting so wild and thoughtless you must be too tired to play nicely, so you'll have to go to bed." "You have so much energy to put on teasing baby, you need something better to do, so dry these dishes." "If you can't remember {how good little boys act } you may sit on this chair and think." {what I've told you }

Is it necessary to make such frank comments on his problems?

Yes. A child cannot realize his errors unless they are named, but he must always be given a constructive correction at the same time.

How may one fit discipline to the child's emotional condition at the time discipline is needed?

The disciplinary handling should be so planned that it brings him back to a normal calm, with no extreme feeling of any sort. If he is excited he must be isolated until he calms down. If he is depressed, he must be stimulated into normal activity by being given something to do. If he has been destructive,

his correction must include construction, that is, replacing the damage done, directly or indirectly.

How can it be a logical outcome of his misbehavior?

To make this connection demands careful consideration and the parent must think at least two moves ahead of the child. In general it is a moderate application of the principle, "an eye for an eye."

What are some illustrations of such discipline?

A child hits another child, his own hitting hand must be tied up until the association, hitting-hand-is-useless-for-play, is formed. If this does not stop it, the hitting child must be hit, as hard or harder than he struck.

A biting mouth fastened even ten minutes with a bit of adhesive tape seldom bites again.

The kicking and stamping foot bandaged, thus necessitating quiet on the bed or couch, is easily cured.

The child who breaks another's toys must have a similar toy of his taken and given "for keeps" to the other child.

The child who steals must take back the article stolen, if possible, and should, in most cases, have something of his "stolen." If the stolen thing cannot be replaced he should be made to earn money to replace it. This earning for replacement should also be applied to other acts of damage or property destruction.

A five-year-old who persistently broke things had to put all the dishes away after meals for 65 meals to pay for a broken pane of glass, at a salary of one cent per meal. He had broken eight or nine panes of glass before this discipline was instituted. He unfortunately broke one since, but his attitude and behavior were made over by the time he had paid for the last two. Handling the dishes of itself taught carefulness, for he had been told that he'd probably have to pay for them if he broke any.

The child who lies must be lied to.

The child who runs must be tied.

The child who delays obedience must lose trips, privileges, etc.

The child who screams and cries should be put in a room alone *the moment the crying begins*. He must then be totally ignored.

The child who cannot be checked in any logical way often responds beautifully to a good old-fashioned spanking.

What is the value of spanking?

It is a physical "shock" which abruptly breaks chains of thought, and habits of acting. It asserts the final authority of the parent. Its value lies in its infrequency. It is a last argument, and should usually be followed by a period of quiet meditation and isolation.

Why is immediate discipline necessary?

Because the child cannot associate cause and effect readily unless the effect (discipline) closely follows the cause (naughtiness).

Should punishment be prolonged?

No. A child should not be nagged again and again about the same thing. He may have to work out his compensation for a naughty act over a longer time (especially if earning money to replace something) but a disciplinary attitude should not be maintained. The discipline lies in the need for the replacement.

Should a child be made to feel responsible for his acts?

Yes. One may believe that his physical or his mental condition, or some experience has caused his difficulties, but if he is to grow into a normal adult he must be given the responsibility for his behavior, in order that he may cooperate in remodeling it.

Is one ever justified in demanding implicit obedience without explanation?

Yes. Every child has the right to learn immediate and full obedience without questioning. An adult who has never practiced such obedience is not fully socialized.

Why is implicit obedience necessary to socialization?

Because implicit obedience to the group will is the necessary attitude in many group activities. Unless one can achieve it he will always be an imperfect member of his social group.

What should be done with the child who is just naturally mischievous?

Mischief is normal activity applied to the wrong situation. It is the parent's duty to supply more, and more suitable, occupations which will be an outlet for the child's energy.

Are rewards allowable?

Yes, but not bribes.

What is the difference between rewards and bribes?

When a child is told beforehand that he will be given a certain pleasure if he does a certain thing, that is a bribe. If he is merely given a pleasant experience because he has done as he should, without having worked for the pleasantness, he is being rewarded. One may then tell him it is given because he *has been* good, but never may it be offered if he *will be* good.

CHAPTER XXII

PATSY LEARNS ABOUT LIFE

When Patsy was four years old her mother placed her in preschool to provide for her the companionship which she, as an only child, did not have at home. Patsy was mentally as competent as the average child entering first grade, yet a baby in many ways. She tested six years two months on the Stanford Binet scale, which gave her an I.Q. of 154. On performance tests she was as capable as most children of five, but socially she was little more mature than the average three-year-old who has been well protected and has had a wholesomely restricted sphere of daily activities.

Patsy adapted to the new demands made upon her with no indications of stress, strain, or unhappiness. She soon became a most efficient "worker," taking care of her "babies," feeding them, washing their clothes, and visiting with other young "mothers" in serious consultation over the prevailing sickness of the day. In between the periodic recurrence of the maternal interests, as expressed in choice of play, she was just as widely competent as the rest of her group, singing, playing outdoors, building, investigating, "imagining," and observing.

When she was seven months past four her mother came to the school to discuss the best method of telling her about "where babies come from," as there was to be a new baby in a few months. Although she was highly intelligent, a college graduate, a member of a child-study group which conscientiously studied the approved methods of raising

children, she shrank from becoming involved in a situation in which Patsy might ask questions she could not answer, or which she might answer in the wrong way, and thus develop wrong attitudes in her. She was much relieved when she discovered that a program was already well under way to provide Patsy, and all the others in her group, with just such information.

Early in the previous fall even the three-year-olds had been taken out to gather flower seeds from hollyhocks, bergamot, zinnias, cinnamon vines, and all other available garden plants. These had been talked about, and put away in boxes made and marked by the children, for spring planting. Then they had all helped to plant other flower-babies, the bulb-babies, crocuses, daffodils, scillas, and tulips, in the school gardens, each child taking an active part, putting his bulbs to bed and covering them warm against the winter, even though he was sometimes reluctant to part with them. A seed song had also been learned. The information so gathered was reënforced by a nature talk on the milkweed seeds as their pods dried in the schoolroom, and they "parachuted" out, then again by observation when the cat-o'-nine-tails began to fly away. Later, growth from seeds and bulbs became even more vivid a matter when narcissi were planted in bowls, then watched and tended as they grew in the schoolroom windows.

One of the early fall additions to the personnel of the nursery school had been a playful half-grown kitten, a deliberately chosen female. As always happens, a child who had had some experience with pets asked if it were a mother cat. He was told that it was a little girl kitten but would grow into a mother cat. In similar fashion a "boy" puppy entered the group furnishing another live playmate and providing demands for care and consideration.

The children were constantly encouraged to be considerate

to those younger than they, to play father, or house, or mother. Interestingly enough they seldom played mother and father. The mother's activities, plus the behavior of doll-children, were the keynotes of home imitation. The father's position was usually vague and seemingly lacking in interest. After a few weeks it was uniformly ignored and replaced by male activities more closely related to home industrialism, such as milkman, "chef," doctor, from whom many hours of care would be needed, groceryman, and sometimes iceman, typical in his visiting propensities.

Cradle songs had also been taught, and through conversation and stories everything that would develop an attitude of interest in babies was encouraged. At the time Patsy's mother raised the question of sex instruction, the group was interested in the observation of spring birds building their nests, and in identification of the growing flowers which they had planted the previous fall. Many hours were spent in the spontaneous observation of a pair of baby rabbits about whose origin *none had asked questions*. By this time the "little-girl-kitten" had grown up and gave timely arrival to four sleek babies which she was more than willing to have exhibited. At least five times in earlier group discussions it had been mentioned that Smudge was about to have some babies, but no child had seemed to take it as an item worth discussion or investigation.

Two days after the kittens arrived, the kindergarten group were taken down to see them, and told they might bring them up in their basket from the basement to show to the preschool children after milk time. Promptly at 10:15 when the two groups came together for an occupation hour Joan, aged seven, precipitated the great event by the remark, "Smudge has kittens; I'll show them to you." Down the stairs she trotted, bringing back the large basket with four furry bits of kittenhood, Smudge proudly and serenely trailing along behind her. "Don't touch them;

they're too new," Joan cautioned the three- and four-year-olds, Bob, Patsy, Jack, and all the rest. Then all hung in silent rapture over the basket while Smudge, blasé in her motherhood, accepted "nursery school" care for her babies.

Soon they were all busy at picture-cutting and basket-making again. But little tongues can well keep pace with little hands.

"Where did they come from?" asked the five-year-old.

"The basement," answered Billy, practical six-year-old.

"How did they get there?" persisted Jack, four-year-old legal light.

"That's just it, how did they?" echoed daydreamer Joan, looking startled by that phase of the matter. "I didn't see them yesterday, and Smudge couldn't carry all of them. Where did they come from, Miss Andrews?" One and all turned to the nursery-school instructor, confident that her omniscience could give the desired information. With careful restraint, answering merely the vital point in each question as it was asked, she replied with literal exactness, "Smudge had them."

JOAN. Where?

MISS ANDREWS. She carried them with her.

PATSY. Where?

MISS ANDREWS. Inside her.

BILLY. How did they get there?

MISS ANDREWS. They grew.

MARY. How did they stay there?

MISS ANDREWS. There's a little nest in every mother cat and as the kittens grow it grows.

JACK. Did she know they were there?

MISS ANDREWS. In a way I guess she felt them.

JOAN. Yes, that's right. I know because yesterday she was crying sort of and I think she knew about them.

MISS ANDREWS. Yes, I think she was hunting a nice soft dark nest to put them in.

PATSY. How did they get out? Did you cut them out?
(*Recent appendicitis.*)

MISS ANDREWS. No. There's a small opening and when it's time for the kittens to come out it stretches just like a rubber band and lets them out.

JOAN. Was the mother cat surprised?

MISS ANDREWS. No. I think she was just happy. You hear how she purrs.

JACK. And do mother dogs have nests in them, too, for puppies?

MISS ANDREWS. Yes.

OTHERS. And elephants?

MISS ANDREWS. Yes.

ALL. And tigers do! And bears! And wolves! And lions!
And hens!

JACK. No! Chickens come from eggs.

PATSY. But eggs make chickens.

JACK. But they have to sit on them.

MISS ANDREWS. Yes; some creatures lay eggs and then hatch them, but most big animals have their babies grow in the nest inside them.

MARY. And other things lay eggs?

CHORUS. Ducks do! Turkeys do! And guineas! And sparrows! And red birds!

(*Silence and busy fingers.*)

JOAN. I bet Smudge is glad they came.

MISS ANDREWS. Mothers are always glad to have babies.

PATSY. Smudge wouldn't eat her milk to-day.

MISS ANDREWS. No. She's tired from letting them out of the nest. To-morrow she'll eat. Mothers always rest when babies come.

After this experience (which is reported verbatim) the mothers of the nursery-school group were individually helped to adapt further information to that already known wherever there was need for such instruction in the near future, through the anticipated birth of a child in the family or in the immediate circle of acquaintances.

Several weeks later in Joan's home, with Miss Andrews visiting to help the mother gain confidence and answering questions only whenever the mother felt puzzled, Joan's education was continued, mother and visitor casually sewing.

MOTHER. Your Aunt Joan has a little baby.

JOAN. Did it come out of its nest?

MOTHER. Yes, it came out yesterday.

JOAN. May I see it? Does Auntie Joan like it?

MOTHER. Yes, you may see it in a few days.

JOAN. Where is it?

MOTHER. At the hospital with Aunt Joan.

JOAN. Why did she take it to the hospital?

MOTHER. All good mothers, who can, go to a hospital when their babies are going to come out of the nest.

JOAN. Why?

MOTHER. (*Silent.*)

MISS ANDREWS. Because a baby is so tiny and so easily hurt it is best to go where doctors can help take care of it.

JOAN. And Auntie Joan can rest?

MOTHER. Yes.

JOAN (after some minutes). Did you go to a hospital when I came out of the nest, Mummie?

MOTHER. Yes, Joan.

(*Silence.*)

JOAN. I'm going to have a lot of babies, Mummie. I have a nest, haven't I?

MOTHER. Yes, Joan.

There have been no more comments from Joan in the twenty-one months since this conversation occurred.

A month later in Patsy's home, with a teacher visiting, her education, too, was continued.

MOTHER. Patsy, how would you like to have a baby brother or sister?

PATSY. Like Billy's? (*Billy being an envied nursery school chum, possessor of a new baby sister.*)

MOTHER. Yes, something like Billy's.

PATSY. Could I hold it?

MOTHER. When you are a little bit bigger. You could help take care of it right away.

PATSY. Where will it sleep?

MOTHER. We will have to go down town and buy it a new bed.

PATSY. Where will you buy? . . . Is it in the nest?

MOTHER. Yes, Patsy.

PATSY. Will it be a little boy?

MOTHER. We cannot tell till it comes out of the nest.

Patsy, seemingly taking all this information without any deep understanding, ran off to play. Fifteen minutes later, she came slipping around the doorway.

PATSY. Mother, when is it coming out of the nest?

MOTHER. Not for a long time yet, Patsy, a good many weeks.

No more comment until a few days before the baby's arrival.

MOTHER. Patsy, the baby is ready to come out of its nest soon now and mother is going to the hospital so there will be good doctors to take care of it. You will have to stay and take care of father, and then he will bring you down to the hospital to see the baby.

PATSY. Oh, mother, may I have the baby's bed in my room, to be ready for it when it comes home?

There was complete acceptance of the baby on Patsy's part, and no further questions relating to its origin in nineteen months.

Two succeeding groups of children have been similarly introduced to a consideration of the origin of life with equal interest, simplicity, and paucity of questioning. At least eleven other mothers, coöperating, have given full and early information to the children concerning the advent of a new

baby, without any difficulty in answering the questions asked, with no show of abnormal curiosity, and no emotional disturbance because of the new child.

It is interesting to note that in none of these instances, and seventeen children have been involved in the handling by the thirteen mothers, has any child under seven asked concerning the father's function in relation to the new child. There seems to be a relationship between the absence of play imitation of the paternal activities and the lack of consideration of the father in this more remote rôle.

At how early an age should a child be given beginning sex instruction?

The time varies greatly. A very bright, observing child may need to have questions answered much earlier in life than a child who is less mature mentally. The age probably varies from two and one-half to five years.

Is there any definite rule that may be followed?

Yes.

1. A child should always be given wholesome but simple instruction at home before he is apt to be exposed to wrong instruction elsewhere.

2. A child's questions should be answered when he asks them. If he is old enough to raise a question relating to life, he is old enough to have it answered.

Should a child be given information before entering grade school even if he has not asked questions?

By all means.

Is it necessary to start with instruction concerning the origin of life in the animal or plant kingdom?

Not at all. The instruction of a group of young children, be it one or two in the home, or twenty in the nursery school, can be made much more direct and natural if instruction concerning the origin of life in human beings is related gradually

to the observation of the miracle of life elsewhere. The more such relationship can be built up, the less peculiar or stressful is the discussion of human reproduction, and the child is consequently less apt to be emotionally disturbed by it. In older children with more background, instruction may be more direct, although even then proper perspective must be developed.

What is the value of avoiding emotional or intellectual disturbance?

The child lays the basis for a normal acceptance of sex as a frank, unpeculiar part of life. This attitude persists and affects his whole later life. It makes him less apt to develop emotional conflicts in maturity and probably encourages a more sane attitude towards the opposite sex. Successful marital relationship may depend upon such normality of early attitudes towards sex.

Should young children be deliberately taught the physical characteristics of both sexes?

No. If there are, happily, boys and girls in the same family, the daily intimacy of family life while they are young will give them the differences. If there are children of only one sex, an opportunity for normal observation of the young child of the opposite sex should be sought and provided while they are still young enough to accept it casually, that is, probably before the age of three or four at the latest.

In nursery school and the intelligent home the observation of simple rules of decency regarding toilet, baths, etc., will gradually broaden and interpret such experience. When a child misses both home and nursery school contacts with other children, provision should be made for individual instruction to replace that lack.

What principles should be followed in giving instruction to children?

Their questions should be answered, just to the point of satisfaction, not in elaborate fashion.

What should one do if the child asks a question which the parent does not know how to answer?

He should be told that mother or father, as the case may be, will find the answer to the question and tell him as soon as he knows. Then, without waiting for the child to question again, an opportunity should be made to give him the answer to his original question.

Why is it not wise to wait until he asks again?

Because he has a certain confidence in the parent's statements to him. He consequently expects the subject to be reopened by the parent, according to the promise made him. If he has to ask again, he loses confidence in the promise made, and the parent's value is permanently decreased. Many children would never again broach the same subject, but add it, as another mystery, to their childish problems.

What should be done to protect children from the improper and misleading sex information rampant in most school systems?

If a child has had normal wholesome sex instruction while he is under school age, it is necessary to tell him merely that he will meet boys and girls whose parents have not told them about such things, and that as a result they make up all sorts of ugly stories about their bodies and where babies come from. Tell him to be sorry for such children but not to pay any attention to them for he knows things the right way. Then insist upon his reporting directly home from school, not loitering by alleys, garages, or back yards. Such a rule eliminates a great deal of the time in which unwholesome contacts are possible. Ask in detail about toilet supervision and inspection in the school, and keep the child's confidence, so that peculiar experiences will be reported.

What is apt to be the parents' greatest trouble in giving simple sex instruction?

His own unsolved sex problems, or memories of early maladjustments in that phase of his development.

How may these be relieved?

By reading, by consistent coöperation of husband and wife, the one less handicapped aiding the other, and by frank discussion with physician or psychoanalyst when other methods fail.

Should masturbation in early childhood be taken as an indication of sexual abnormality?

No. It is prevalent everywhere among young children. It is as much experimentation resulting from growth impulses as is the first attempt to talk, or run.

What should be done to check it?

The child discovered masturbating should be referred at once to a competent physician for physical examination. Any physical disturbance found should be corrected by treatment or surgery. The ordinary rules of everyday hygiene should be enforced. The child should be kept physically active to the point that he will be too tired to desire such stimulation when he goes to bed. He should be watched to see that no chance or opportunity for the repetition of the practice occurs. His living conditions should be free from overexcitement and overstimulation.

Should masturbation be punished?

No. Punishment fixates the child's remembrance of the act and makes it harder to relieve the habit. So far as possible the young child should be kept from a realization of anything wrong with his behavior. He is less apt to suffer remorse or other emotional disturbances and can usually be effectually retrained into proper self-neglect without any permanent memory of the difficulty his parents had in dealing with him.

What should be the aims of the sex instruction of the young child?

To give him information concerning the origin of life and the relations of the sexes which shall be so casual, everyday, matter-of-course, that he accepts it as he accepts the need for sleep or food. To avoid overstimulation of such interest, or the

development of undue emotional stress, in such instruction. To immunize him through frank knowledge against the obscenities of group communications regarding sex. To develop in him the attitude that the life of the family, that is the father-mother-child relationship, is normally to be desired, is a privilege, and a logical consequence of normal living and normal growth, in reality an expected part of his maturity.

CHAPTER XXIII

THE MENTAL HYGIENE OF THE HOUSEHOLD

Why is it necessary to consider the mental hygiene of the household?

Because the only way the problems of the child will be seen in their right importance or unimportance is when they are related to their background, the family.

Does not the mental hygiene of the child cover the whole situation?

By no means.

Why not?

The child is only one aspect of family life. He is an important part of all normal families, but he is not necessarily the most important part.

What other aspects of the family should be considered?

The rights of the father and mother, the rights of the servants, if there are servants, and the rights of neighbors, relatives, and visitors.

What is meant by the rights of the parents?

A child has certain rights but when everything has been said, his present part, as a child, is unimportant to the world in general. The parents are important because they are mature individuals who have a certain economic and social value to humanity in general. The child is a dependent, still a liability, not an asset until he matures. The parent is an individual first of all, and secondly a parent. His rights as an individual must never be swamped by his obligations as a parent.

Are the two apt to conflict?

No, but in many homes the tendency is to submerge the rest of the parents' (especially the mother's) attributes beneath the demands of parenthood.

Is this necessary?

No.

Is it logical?

No.

Is it healthy?

No.

Is it sensible?

No.

How long should the newborn child occupy practically the whole life of the mother, and be the center of family activities?

Not over three weeks, unless there have been unusual complications at birth.

Why should the time be so limited?

Because only for the shortest time possible should a child be allowed to disturb the other demands of living of a whole family. This is most important if there are other children.

What should be the aim during that three weeks?

To establish right feeding, right digestive and right sleeping habits for the baby; to restore the mother's energy so far as possible; to adjust household routine to the extra work demanded by a small baby; and to develop the right emotional acceptance of the baby in any other children.

What should be the child's place in the home after the first three weeks?

As nearly coequal with that of the other members of the family as possible.

He will naturally demand a great deal of attention but this will be markedly decreased by the time he is six months old. From then on he will become less of a care physically.

Mentally he must begin being weaned from being a dependent the day he becomes an individual, that is the day he is born.

Why must he be taught to be independent?

Independence is the law of maturity or full growth throughout nature. No plant has served its purpose until the fruit is ready to leave its stem, fully ripe. No fruit is of any practical service until separated from the mother-tree. An apple must be separated from its parent-tree before being made into applesauce or a pie. In the same way, no child has reached a point of service to humanity until he is weaned from dependence upon his parents. Parents have not done their duty by their children until they have helped them grow into independent living. Capable independence is maturity, readiness to contribute somewhat to the welfare of society.

How should children begin being independent?

By being self-helpful. The baby who learns to hold his own bottle has taken a step towards independence. Holding his own bottle relieves an adult of certain responsibility for him, and frees the time of that adult for other activities.

What are the earlier things a child should learn to do for himself?

To feed himself, to make his wants known, to be cleanly, to undress himself, to play alone, to dress himself, and to run errands.

What are the chief obligations of parents to a young child?

To feed, clothe and shelter him.

To train him to cleanly habits, self-help, self-occupation.

To let him hear speech which will aid his best understanding of language.

To protect him from the indifference and neglect of hired servants.

To supervise his friendships and acquaintanceships.

To defend him against the unwise criticisms or indulgences of relatives and friends.

To keep him well and healthy.

To keep him mentally and emotionally sound, if possible.

To exact obedience.

To supply occupation.

To give him the opportunity for an education.

To help him adapt to the life around him. In other words, to make him hearty, happy, honorable, capable of self-direction, and self-support, and thoroughly aware of and respectful towards the laws of his social group or community.

What are the chief obligations of the children to the parent?

Obedience. Respect. Coöperation on home activities. The routine completion of certain duties essential to the maintenance of home comfort.

Proper usage of school time.

What are the chief obligations of parents to themselves?

To keep as well as possible.

To keep alive mentally by interests outside the household routine.

To keep a budget balance between expenditure for self and expenditure showered upon the children.

To be as one parent with two bodies in their agreement about and before the children.

To keep young and ready for companionship with their children, by pleasures and relaxations, no matter how simple.

To keep wisely tolerant by association with varied types of human beings.

To keep a sense of humor, principally by sufficient rest and relaxation.

To keep their individuality by constant self-assertion to balance family demands.

To keep, or regain, an impersonal attitude towards family problems by getting away from them, alone, at least two weeks each year.

Will not the child lose when parents devote only part of their time to him?

No. He gains in ability and self-reliance.

Is a child apt to care less for the parent who gives him only part of his time?

No, the child respects the parent as an individual more than he ever respects the parent who is his meek slave. The parents away from the child keep growing more as he grows and never become so well-known that their opinions may be predicted and disregarded.

What conditions are essential for the maintenance of a satisfactory home?

Orderliness and regularity.

Why is orderliness an essential?

The primary requisite of normality is orderly association, orderly thinking. The young child forms his thinking patterns upon the patterns he finds around him. If his home reflects confusion, disturbance, lack of system or order, one cannot expect efficient thinking. A child whose home constantly gives him manifold experiences of orderly thinking applied to concrete situations, has learned in the most consistent fashion the first rule of mental health and economic efficiency.

What is the significance of regularity in the home?

It is the second factor of importance in mental health. Orderliness is of little value if occasional. Attempts to achieve it at intervals promote instability more than they do normality. The regular or systematic carrying out of the household's *orderly* characteristics habituates the child into systematic orderliness. This directly affects his health, his mentality, his social adaptability, and his economic efficiency.

What should be the general attitude of the family towards its home?

It should be appreciated and protected. If children are trained to contribute to the home activities and share home

duties from early childhood, they learn to appreciate their home because they have helped to make it.

How can the home be protected and preserved?

By encouraging the children to use it as the place to which their friends and playmates may always come. Thus its activities are broadened and prolonged.

What, then, to sum it all up, should be the parents' aim in forming and keeping alive a home?

To give each child an inheritance of admired characteristics; to further in him a strong body, a normal mind, normally poised, self-control and emotional balance; to train him to independence, thoughtfulness and kindness; to give him the opportunity for such development in a serene and pleasant environment; to set him the example of seeing the intimate daily life of two normal, healthy, active, kindly, balanced, and interesting individuals; and to encourage him by their interest in him, and their devotion to his welfare.

What is the general principle for accomplishing this?

To take care of their own problems as adults, to check as soon as possible all wrong tendencies in the child, and to avoid meddling with the free development of the child's good characteristics.

Do adults with unsolved problems of their own make ideal parents?

By no means. The problem will find its unfortunate reflection in the home atmosphere, no matter how hard one tries to prevent that happening.

Is there ever any tendency of parents to exaggerate the seriousness of their problems or to be too conscientious in the care of their children?

Yes, indeed. It happens very frequently. Out of the magnitude of their desire to do right parents raise up unnecessary worries.

*Are there many homes in which parents face no grave problems
much of the time?*

Yes. All over the world, in every countryside and city, the great majority of houses are filled with just normal parents who just normally raise just normal children.

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