

THE PROBLEM OF THE PRE-SCHOOL CHILD

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The Problem of the Pre-School Child

Just the other day I read that the education of a child should begin twenty years before he is born. We have not yet reached that Utopia, but our present program of Parent education may eventually achieve that desirable goal. At least we can begin with the mother early in pregnancy and try to train both parents to realize that a baby is no casual by-product. A couple expecting their first baby are not the best prospects in the world to be taught to envision a future for their child based on health precepts. Father may consider the relative merits of his own Alma Mater versus Yale, Mother may talk over with her friends the values of a co-educational or a non co-educational school, but the immediate future--those days and months filled with habit-training, spelling, children's diseases, arithmetic, are quite over-looked in this far-sighted dream. These come first, however, so it is our job to see that parents are equipped to admit and assume responsibility from the very start. With our poor mothers we must in addition struggle to assemble a layette and balance an almost invisible budget; with the more well-to-do we need to tear mother's eyes away from the entrancing collection of dresses, blankets and the like for baby, and get down to the fundamentals, which include the baby's other heritages--health, a safe delivery, a good place into which to be born. Every mother wants a healthy baby, and this wish is our first and most efficacious tool. For a healthy baby requires, demands many things of his mother: food, correct in balance and variety, sufficient in amount; rest, for body and mind; exercise; fresh air; the sense of physical and mental well-being which a good Doctor faithfully obeyed will give. Before a baby comes, mother must be given her primary education, that is, training as to what to know and what to plan at least to the end of baby's first month. She should know what to expect for herself, what diet to follow; how much work she may do, and how much rest allow herself.

She should understand what physiological symptoms to look for; what her personal hygiene is to be; what her marital relations. She must be taught that baby's habit formation begins at the moment of birth; that all his relapses will be paid for--someday; that no baby can thrive well if mother and father disagree on training procedures. She should know that it is far preferable to consult a trained person about her baby than to follow the advice of the best of friends and neighbors. Again, she should be told what to expect in a new-born infant--color, number and consistency of stools, amount of sleep; difference and meaning of cries; the utter importance of a regular routine; in other words, answer as many questions as can be anticipated for the average baby. That bundle of "unkowns" is amazingly dominant as soon as he is home and the "all-wise" no longer at hand. The mother should be taught simple routines under supervision until she is calm and confident. At the end of baby's first month mother's viewpoint can be extended to cover many months ahead. The baby she hopes to have at the end of one year is just as much the product of her thot, care and feeding as the child in utero. The foundation for chorea, "food-fads", "nerves", poor bodily resistance, the "problem child" is not laid at some indefinite period after the child can walk and talk--by the end of the first year many of the foundations are already laid. It would seem ideal if mothers could have a home visit or a class once each month of this first year, in addition to medical supervision, just as thru the pre-natal period, to discuss the things that make for a healthy baby with a good disposition, good habits, normal development, both mental and physical. Many mothers have no idea what "normal" development includes. Help her to learn this, and give her a good reading list suited to her intellectual capacity and race.

How about baby himself? What about his environment? We have always considered the nine months in utero the baby's one ideal environment; his activity meaningless; his walls soundproof, and the birth only an uncomfortable necessity. Now we are not so sure. Some scientists claim thatthe walls are not soundproof, and that the baby's follows a regular

rhythm which may be conscientiously duplicated post-natal. As for birth, this is a process which may leave quite as much, if not more of a psychological and physiological imprint upon the baby as upon the mother. His next environment is a man-made one, dependent upon the intelligence, training and economic status of his parents. No matter what these may be, the first year of his life is largely made up of sensation stimuli and satisfaction responses, and experimentation nearly all of which is connected with mother, father and immediate family. If his program is largely that of his uterine experience his environment will be satisfying to him; if not, he will devote himself to making it as satisfying as he can. The results of this adaptation are often quite displeasing to parents, but who receives the blame? They? No, the baby. On he goes, then, into his second year, equipped both with his native characteristics and his one year's acquisition of experience. This second year he makes great strides either in becoming the master of the house, or emerging as an individual with good habit patterns and a degree of control. Motor development, progress in speech, muscle skill, the enlarging of his environment to include other children, neighbors, strangers. At the end of this year many of the routine habits should be established and functioning without comment. Toilet habits, nap and night-sleeping; a certain amount of self feeding and dressing; ability to play contentedly alone, or to meet strange people or animals with curiosity but not fear; habits of neatness are started - if only to put large toys back in their place, or hanging coat and hat on low hooks. That brings the baby into his third year and we enter the period so long that of the "forgotten" child; the pre-school child; the years from one to six. What factors have contributed to the neglect of this age? Baby is no longer "baby", particularly if there is a new baby, or one soon to appear. Doctors, Baby Clinics terminate their period of special care. Immunizations are accomplished or given up; the child can eat everything and his "cute" ways are becoming annoying. Parents already say, "you can go to school before long"; the child thinks up more mischief than ever and it becomes easier to spank than to train. Questions mother cannot or

will not answer; attitudes mother does not know how to meet crop up; new types of diseases lie in wait--what to do about all these? Mothers of all stations in life are learning that the pre-school period, two to six is just as important as the preceeding two years. Pre-school clinics; summer round-ups; mother's study classes; symposiums at Institutes, news-paper columns, magazines' articles show the increasing trend toward caring for those years which are preparing the child for the man he is to be. If our training up to three years had been ideal, would we still need continued emphasis on this age? Surely, for our troubles have just begun. Physicians, psychologists, psychiatrists do not agree on behavior, what can the poor mother do? There is no child so perfect, so normal, so average that he does not pick out ten or twelve technics with which to experiment; there is no mother so poised, so prepared that some prank, some habit of her child will not find a vulnerable spot in her. Many may have had a perfectly balanced diet and still prefer wood-work for dessert; Johnny may have been prepared for months ahead against the advent of a new baby; he nevertheless exhibits a strong desire to choke his new sister. Are these children

abnormal? Not at all. These are but proofs that armed though the mother may be with the latest in child-training her youngster still needs to be treated as an individual as well as a member of the race. What are some of the problems which are likely to beset all parents? Let us make some rather arbitrary groupings. What is the aim of the mother at this time? It is to train her child to meet life independently, confidently; to become a well balanced member of society; to incorporate the old, old combination of "mens sana in corpore sano". This is the golden age of educational possibilities; of building attitudes; the best immunization against later delinquency, the strongest bulwark against physical breakdown in years to come. Even Plato said so, many years ago. If we take only these three fundamentals--Food, Shelter, Security, or the four needs--Response, Recognition, Security and New Experience, we would open fields too big to handle adequately here. Food--the whole range of nutrition; growth for bones, nerves, tissues, glands, muscles; lack of right food is responsible for how many faults?

Slow progress in school, irritability, fatigue, "naughtiness", colds, susceptibility to disease, rickets, etc. are some. Shelter--might include not only a roof over his head, but equipment of child size; sanitation; ventilation; beauty in the home; play-space; safety; smoke, noise, quiet in the environment; the contribution of all or any of these to a child's chances for positive health. Security--that intangible something which hate and broken homes destroy; that something which a child cannot live without any more than without sun or air; that love and affection background which is really every child's birthright. New Experience? This does not have to be big, wide or far-distant at this age; the child of three gains new experience with every new thing that happens to him in the course of his day; his practice work which mother thinks so naughty.

So, when mothers appeal for help with their pre-school problems, whether Nursery School plus mother gets the job, or the clinic plus mother, we first tackle the particular problem for that particular child, straightforwardly, and at the same time approaching the problem at the source--indirectly--the parents. The division of a child's needs which I like most is that of Dr. Blatz and Mrs. Bott who use "Bodily Appetites, Emotions, Attitudes".² By the time a mother has established her child's control over these, she will have established her own self-control (and may even admit it), and she will find that whatever her difficulty, it can be tried under one of these headings, and quite possibly can be worked out through sound thinking and facing of facts. The most outstanding of these which appear in our grouping are: thumbsucking, nail-biting, masturbation, temper tantrums, sleep fads, food fads, poor toilet habits--all physical we say. The question is: "Are they all physical things which rather superficial, patient and persistent training will cure, or are they a combination of physical-emotional-mental"? A plea for security, bids for attention, perhaps? To discover the answer the mother must give much more family history than she considers pertinent. She relearns the value and need for a yearly or bi-annual health examination for her child, and, they tell her, for parents too. It may be revealed that her worry over the rent, her effort to repress

² "Parents and the Pre-school Child: Dr. Blatz and Mrs. Bott."

her own irritation; the experiment of doubling up with the in-laws; the frequent dinner parties at which son was an interested on-looker; all have affected a child "too young to under stand". Neither broadsides nor nuances are lost on the observant small person and he reacts in whatever way will best serve his interests. Obtain the acknowledgment of error and her promise of cooperation and the battle is half won. If she cannot believe that her child imitates what he sees in his home, let her observe for a day with an impersonal eye and ear Tommy's speech and play. Let her also keep a faithful record of his behavior while he is "under treatment" and she can note improvement or lack of it without guesswork. By one means or another show her how much company her child has in his "sins", and try to convince her that this is an experimental, not a sinful stage.

The mother's problem may not be in these fields. The complaints may instead encompass attitudes; qualities of character. She wants to promote the abstracts of honesty, fairness, generosity, truth, "mine and thine", social acceptability, courage, dependability, obedience. Instead, what faces her but their exact opposites. What SHALL she do? She has tried hard to make her child's environment the very best possible; to provide equipment, toys, playmates to meet her child's needs for growth and interest. In addition to the health foundation and history outlined, these parents must be brought to see that their children are not psychopathic, but merely the product of heredity and environment. The children must have ample opportunity to practice all these desirable traits. Parents must allow for natural and racial instincts, (Nature's way of setting up opposition to keep the young from being swamped by the experience and assistance of his elders), for for these the temporary phases which pass without harmful effect if ignored or if favorable substitutes are given. Again, make use of the urge to imitate, go to your way to make the positive qualities more appealing than the negative ones. The matter of punishment and reward often enters here. We have been prone in the past to reward misbehavior as well as to punish it. As ults we do not consider spanking, scolding, yielding to demands

rewards, but in the eyes of the attention-desiring child they amount to the same thing. What price a temporary sting compared to the center of the stage, or a hush-lollipop? True punishment, adapted to the individual child, apparently comes as hard to the mother as to the child. Seculsion, ignoring, isolation demand back-bone of the parent and also deprives her of an emotional outlet. These are less spectacular methods and mothers must be convinced that they will produce the desired results. A good hearty smack relieves mother and brings the child the desired focus of attention. Seculsion frustrates the child's plans, yields no satisfaction and gives mother time to cool off and become genuinely unperturbed. On the other hand, mothers make the mistake of not rewarding good behavior. It is discouraging to any child to have all his acceptable behavior taken for granted, and only his faults noted. The true reward is not a bribe--it is an acknowledgement of approval--perhaps only a pat on the head at the right moment, thereby deepening the satisfaction-path of some particular effort. Where does the mother get the personal guidance she seeks in these child problems? The home visit of the Public Health Nurse is one source; another is the Pre-school clinic where she has the opportunity of talking over with both doctor and nurse these bothersome problems; to ask why the baby should be weaned at once from the bottle; why Junior's tonsils do not need to come out tho all the neighbors insisted that they did; the reason that Susie is just as healthy a little girl as her next-door playmate, six pounds heavier? Why is it important to care for these baby teeth, since they all fall out anyway? She is informed that Jim will have fewer colds if he wears fewer layers of clothing; why thumb sucking is an undesirable habit. The nurse can at this time keep an observant eye on the children's play habits, their social adaptability--which often belies mother's statements.

Another source of education to the mother is the Nursery School, which in the past fifteen years has provided more and more help on a scientific basis for this Pre-school age. Books, magazines,

classes, radio have contributed much to the mother in the home. Many mothers, however, for one reason or another have looked for help beyond these. For them the evolution of the Nursery School has been a great gift. As we look at a Nursery School in action to-day, we are apt to think, "how simple", but its inception and growth have been the same matter of pioneering in a new field that the majority of our other "simple" processes have been. In England, where the Nursery School idea was first put into practice in 1918 by Robert Owen and Mary McMillan, its object was to relieve the working mother in war-time; in other words it was on an economic-social foundation which has few counterparts in the United States at the present time. Its formal introduction into the United States was under English leadership, experimental schools being established here in 1919-20 at Teachers' College; New York Bureau of Experimental Education and by the Yale Psychological Clinic. From 1920-'30 the Nursery School movement had a quite rapid growth. No matter under what auspices they have been established, their aims have been essentially the same: "to give each individual a chance to start life fortified with adequate emotional controls and social adjustments which may obviate many of the present difficulties in adolescence and adult life."³ Nursery Schools serve as a substitute for the type of family life we no longer have, but in no sense does it undertake to deprive parents of their responsibilities. Rather it develops them in it and in many instances where parent education is essential to the reconditioning of a child, the parent training, if direct, must be as forceful as possible. Many parents work on the false premise that "if the physical being is well looked after, the mental development will take care of itself." Nursery Schools have been set up under various conditions. Many exist as a combination research laboratory

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"Nursery Schools. Their Development and Current Practices in the United States".... Mary Davis
Rowena Hansen.

and training school connected with various colleges and Universities; some have arisen as co-operative enterprises from a felt need on the part of the parents. There are at present many connected with public schools; others are independent schools run by well equipped personnel on as sound administrative basis as any other business. A still later trend has been the opening of Nursery Schools in connection with a large hospital, as at Bellevue, to teach the nurses how the well child acts before she attempts to handle sick children; and those in connection with Settlement Houses, where the foreign, ignorant or working mother can receive help and education along child-raising lines. Regardless of the inception of any Nursery School, all, including parents', have discovered that it is an expensive proposition, involving specialists in every line--business administration to avoid waste; trained teachers, psychologists or psychiatrists; a nutrition worker, cook, nurse and doctor. The cost does vary, of course, with the type of unit, the program, amount of food provided. The program must be sound, however, and for all, equipment such as cots, chairs, tables, toys, play apparatus and record material are essential..

The daily routine for Nursery Schools differs only in small details, so it is safe to give an "average" day.
8:30-9:00--Children are brought to school by one or the other parent. Before joining the group, some form of medical inspection is given, usually by the nurse. If no sign of an infectious condition is present, the child enters into school. This time gives the mother one opportunity of consulting the nurse and of reporting on the child's condition and behavior since the night before. She has a second chance when she returns for the child at the end of the day. This procedure enables both school and mother to maintain a continuous, 24hour check on each child and allows either one to modify the child's routine if this is indicated.

9:00-11-- Play. This period consists of play both indoors and out. The proceedings during a morning involve: supervised and non-supervised play; supervised toilet routine, the child being as independent as possible; individual and group play; change of activity to include large and small muscles and to avoid fatigue from prolonged play along any one line; habits of orderliness. If a mid-morning lunch is served the children absorb lessons of table manners and management of tools. They also learn to dress and undress themselves for outdoor play and to use their own marked spaces for wraps.

11:00--Preparation for lunch involves more positive health habits; toilet, handwashing, hair-combing, and the practice of helping set table and wait on their playmates. Lunch consists of meat or egg, green vegetable, whole wheat or white bread, fruit, milk and a simple dessert. This is posted early in the morning in some schools so that mothers may read it and discuss it with the nurse.

12-2:00--Nap time. Even the smallest tot is taught how to prepare his cot for the rest period and its care afterward. Usually the most stubborn of non-nappers succumbs at the end of a week to the unaccented, quiet nap routine.

2-4:00 Play or music periods. Preparation for going home (putting playthings in their own places) and from four o'clock on someone calls for the children.

Most schools provide a place where parents can inconspicuously observe their infants. The school may be a mixture of children sent to correct behavior defects; to allow mother more free time, or just because mother is of the opinion that this is the very best way in which to start off a youngster, but every mother is astonished that ~~HER~~ child conforms so happily and so readily to this routine. He often shows traits of character and dormant abilities, moreover, long desired but quite unsuspected at home. How do "they" do it? This is just one part of the educational treatment. The daily conferences; special interviews; good bibliographies for home reading;

interviews with the doctor at examination times; explanations of the menus, and above all, insistence that the parents maintain the school routine over the week-end; requests that parents keep a home record of all progress in the "treatment" of their particular problem helps mother to answer this question. Of all our schools at the present time, the Nursery School seems to build most thoroughly on the concept that the "whole" child comes to school.

The nurse, if necessary, ^{in addition} to the above schedule, may make home visits to help the Nursery School to interpret the child's behavior; to see into what type of home the child returns at the end of each day; to help the mother follow some plan suggested by the school to clear up some behavior difficulty; to follow up remedial work and various immunizations suggested at the examination .

Some very worth-while Nursery School projects have been inaugurated under F.E.R.A. (65 at a fairly recent survey). These have served a two-fold purpose--work for unemployed trained persons, and the usual Nursery School motif--education of parents and children, and the providing of an improved environment for these young ones of the poor. There is really a third advantage in these schools; they too have been drafted as a sort of training school for high school age girls in part time vocational schools. The adjustment of the schedule to coincide with the various girls' training period gives an opportunity for reaching more girls, and also of giving them a well-rounded idea of the whole plan. As these girls go back into their already over populated homes, with mother too busy and too tired to care about newer methods of child training, (even if they believe in it), surely they will carry seeds of growth so that tho they may be unable to effect much change in their parent's methods, they may still look forward to more satisfactory home conditions in that

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future when they are sure they will have a place of their own. And in the meantime the little fellows are having seven or eight hours a day of planned care, of sunshine, music, play, and at least one good meal a day. And as perforce some member of the family must bring the child to school and come in contact with doctor, nurse and teacher each day these contacts leave some impression. There is no such thing as "hurry" with foreign-born parents. They may be "exposed" a whole year to health suggestions before yielding a point. But if patience at length wins out and we have one more child saved from--rheumatic fever--heart conditions--sight or hearing defects--delinquency--if the child gains mental and physical security, tools with which to meet the eventual struggles successfully, the reward is sufficient.

The Pre-school child is indeed in the spotlight just now, at least light is being turned upon this "Dark Age". Thanks to research and statistics we know that we have not only the "poor little poor child" but also the "poor little rich child", and that the parents of the latter are often harder to convince than the former. Wealth, however confers no immunity from disease or poor training. Educators are waking to the fact that too long have well intentioned but ignorant nurse-maids been allowed to implant fears, superstitions and erroneous ideas in their small charges' minds. There is a plan on foot to establish short training courses for these maids so that wealthy children often deprived of the amount of love and affection which the lower wage-scale mothers lavish on their children will still arrive at adulthood with sound bodies, minds, a sense of responsibility and a wholesome attitude toward life.

Our Nursery Schools and mothers' classes endeavor to provide the foundation for good habits, good thinking, and good health wherever group teaching is a possibility. For isolated parents and children the Childrens' Bureau pamphlets are an especial boon, one in all probability not known until the County nurse finds her way to the rural

home. These provide not only pre-natal and infant help, but carry on past the point at which most magazines stop their "Better Baby" column. The Summer Round-up, designed especially for these two to six-ers is a nation wide project, incorporating the aid of the local P.T. A. and using a form sufficiently standardized to elicit more response from the over worked or indifferent physician than a hearty thump and a cheery "He's O.K., send him to school", while the mother carries her questions about Jonny's eneursis and Mary's night sweats back home, unasked. It is our hope and ambition to send children to school one of these days protected against the immunizable diseases; remedial ^d defects already attended to; the child well along the way to independence and self control. We do send the whole child to school; it is not fair either to him or to his teacher to have an empty stomach, sore throat or imperfect hearing interfering with his capacity to work; with his behavior or his general attitude or apptitude. We may also hope that since with the best of care we fall heir to many distressing things, that mother and teacher will know whata lunch consists of which will contribute both to good resistance and to good grades; that both will recognise danger signals and what to do about them; that the teacher will be a good example of the health which she skillfully integrates with the rest of her curriculum. We hope that our mothers and not play-mates and schoolmates will handle sex questions, answering them simply frankly, honestly and according to the degree of the child's curiosity, not anticipating his future questions at this time. By building an early, healthy attitude toward sex, the boy and girl will have a sound something upon which to fall back when their actual adolescent sex situations materialize. Far too late then to make a simple, beautiful thing of sex; too late to ally sex acts with the building of a harmonious home life and the perpetuation of the race. That foundation should have been laid back in the pre-school period.

In this period if problems are too deep to be handled by any of the ways already enumerated, an effort is made to direct parents to the nearest Child Guidance Clinic, for more highly specialized service. Until quite recently this service was entirely out of reach for small places, in fact, few large places have been able to offer an adequate service of this kind. Now, as more and more research is done in the field of child training and its relation to delinquency and crime totals, it becomes more and more urgent to reach the parent and the child before any degenerative process sets in. Therefore, inspite of the fact that there are never enough finances to go around for work of this kind, and that work in Child Guidance with a travelling clinic is never as satisfactory as where closer contact can be maintained, it is now considered valuable enough to promote. Oregon is extending one such service. In cases where such specialized service is not indicated, and the mental hygiene is one of common sense, a concrete program which the worried mother can follow, under careful supervision and interest on the part of the Public Health nurse, is usually satisfactory.

I find the expression of my views on this period of a child's life somewhat attenuated after nine month's of living in a place where the majority of children have a chance for what is known as "home-life", where they have safe and often beautiful places in which to play; where I know they receive loving care. I do realize that even here there is a great need for higher standards; that there is a gap between need and accomplishment; I know from records in the Children's Department that vice and deplorable home conditions, desertion, illegitimacy, foster homes, neglect, transiency and the lot are found here as elsewhere, but I do believe that most of the children have a better life than those living in dark, dirty, infested, crowded tenements. Those babies' infant life is spent on a fire-escape, or in a rickety baby carriage on the sidewalk; their pre-school years are passed on the same

congested sidewalks, amidst trucks and cars; accustomed to lack of privacy; noise, profanity, eating off the end of a soiled, food laden table, unable to avoid learning the "facts of life" at raw first hand. Is it any wonder that some of the primary laws of their existence are to keep something in the stomach , and to keep far away from the arms of the law? Or, if born to Jewish parentage in addition to these hazards of poverty, one must add over-coddling, irregular discipline; irregular eating habits, sleeping routines; lack of opportunity to learn or to practice habits of independence or self control. It is really astonishing that such a large proportion of these children turn out as satisfactory adults as they do.

So, go where you like, the need is ready to your hand. The stress may vary with locality, but until a race of parents grows up whose feet have been set on the right path since birth, among the many needs which call for adjustment, none will call more urgently nor demand more of skill, sympathy, patience and foresight than our Pre-school children.

- Children of the Pre-school Age -----Ethel Kavin
 The First Two Years -----Shirly
 Your Child is Normal -----Grace Adams
 My Little Child's Health -----A.C.Health Association
 The Pre-School Age -----Minnie W. Kamm
 Nursery Schools, Their Development and Current Practice in U.S.A
 Mary Davis and Rowena Hansen
 The Co-operative Nursery School -----Smith College-Howes and Be
 What it can do for parents -----Winifred Price
 Eleanor H. Johnson
 Mrs. Bixler
 National Society for the Study of Education---Year Book--1929
 Parents and the Pre-school Child-----Dr. Blatz and Mrs. Bott-193
 Big Problems on Little Shoulders-----Dr. Carl and Mrs. Rentz-1934
 Newer Ways with Children-----M.vincent O'Shea--1929
 "The Nurse Teacher"----Public Health Nurse,May 1935
 Ruth Andrus
 John M. Garrison
 White House Conference Reports-----1932
 Emergency Nursing Schools-----U.S. Office of Education
 Current Magazines:
 American Journal of Nursing-----April 1936.
 Hygiea
 Parents' Magazine
 Good Housekeeping
 Better Home and Garden
 Public Health Nurse
 The Oregonian--"Shall I send My Child to Kindergarten?" by
 Fred White in October 20, 1935 issue.
 Radio---Broadcasts from the Children's Bureau, Washington,D.C.

Bibliography for Parents.

Thom: Everyday Problems of the Everyday Child.

Greenberg: Your Child Today and Tomorrow.

Groves, E.R: Wholesome Childhood.

Blatz and Bott: Parents and the Pre-School Child.

De Schwenitz, Karl: Growing Up.

Dennett, Mary W: Sex Side of Life--U.S. Children's Bureau Pamph.

Adams, Grace: Your Child Is Normal

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