

The Mental Welfare of Normal Infants*

Methods of Protection and Supervision

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PEDIATRICS, pediatric nursing, and public health nursing will from sheer necessity have to take increasing cognizance of the mental, *i. e.*, the psychological, factor of their common problems. Nearly every situation in medicine whether preventive or curative raises problems of mental health. We can not meet the almost universal challenge of these problems by setting up separate subdivisions of psychiatry or of mental hygiene to deal with them. The problems of modern medicine, public and private, cannot be solved through processes of professional subdivision. It therefore seems that pediatrics in one form or another is destined to take a controlling responsibility in the protection and supervision of the mental welfare of normal infants. It is significant that this type of work is evolving under medical auspices and medical safeguards.

Pediatrics holds a unique position in the whole scheme of medicine and of public health. Pediatrics is a specialty and yet it is not a specialty. Most of the specialties in medicine deal with some special functions or structures of the body—the eyes, the ears, nose and throat; the nervous system, etc. Pediatrics, however, is concerned with the young infant as a whole. It is, as Osler once said, “the specialty of general medicine.”

It is very significant that modern pediatrics is first of all concerned with the basic problem of nutrition both in the sick and in the well child. In the beginning no hard and fast lines are drawn between the sick and the well, and the major duties of pediatrics, as a preventive branch of medicine, consists in the supervision and promotion of the child's development under all conditions.

RESULTS OF THE DEPRESSION

The close relation between mental and physical welfare has been emphasized by the recent depression which is bearing with heavy weight upon the whole population including even infants and children of preschool age. Malnutrition and illnesses both among the young and the old have unquestionably increased as shown by recent studies in Detroit, in New York, in the mill towns of Maryland, by the American Friends Service Committee in Pennsylvania, the Department of Public Health at Springfield, Ohio, the Children's Bureau of the Department of Labor, the Association for Improving the Condition of the Poor, and the East Harlem Nursing and Health Service. Even the old diseases of rickets and scurvy have shown an increase.

Closely associated and bound up with this reduction of physical stamina has been a reduction of mental stamina. The Children's Foundation of Michigan reports an increasing number of children who have come to the health centers because of nervousness, hypersensitivity, physical complaints with no organic basis, overmastering fears, lying, stealing, and other tendencies. Baffling behavior problems arise in erstwhile and potentially good children because of these circumstances. Even young children have become prey to anxiety. Unquestionably such psychological conditions have been tragically increased by the depression.

The point of view which needs to be stressed is that even the nutrition of the infant cannot be conceived narrowly in chemical or dietetic terms. It is surprising how rapidly and decisively the problems of nutrition become problems of psychology of the infant. Nutrition is dependent upon methods of care,

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methods of ministration, and of management. The functional and psychological factors cannot be divorced from physical hygiene. And if we wish systematically to protect the mental welfare of the rising generation, we must begin with the new-born child and recognize the psychological aspects of development from the moment of birth.

These statements are a bit abstract because they express a point of view but I should like to make them concrete and quite tangible. We need not think of mental welfare in mystical terms only. In the field of public health we must attempt to reckon with mental welfare with the same realism that we approach problems of rickets and diphtheria, knowing full well that nervously and mentally sick adults of today occupy as many hospital beds as do those who suffer from all other illnesses put together.

A WORKING CONCEPT OF THE MIND

How can we make this approach concrete and tangible? We need a working concept of the mind which in essence is as substantial as our concept of the body. We cannot weigh the mind in a balance as the nurse weighs the infant when she assists in the supervision of his physical welfare. But the mind is none the less a structured organism. It develops with the same certainty, precision, and differentiation which the body manifests during the whole period of infancy and childhood. Mind as well as body grows. This growth is a process of organization which expresses itself in progressive patterns of behavior. Even though we can not handle these patterns of behavior, nor measure them with a tape or with the scales, we can observe them, appraise them, and follow their orderly growth.

We find, for example, that typically a twelve-weeks-old infant will regard a wooden cube which is placed before him on the table top; that a twenty-weeks-old infant will contact the cube. At twenty-four weeks he will grasp it in his palm and at forty weeks he may grasp it with his finger tips. At eight-

teen months he can build a tower of two or three cubes but ordinarily it takes him another eighteen months, *i. e.*, he must attain the age of three years, before he can combine these cubes into a simple bridge.

By the use of the moving picture we can note the infant's reactions to the two-cube situation. One cube is placed in his left hand by the examiner, a second cube is placed on the table top before him. His behavior reactions can be shown at normal speed, then at slowed speed, and then in dissected, stopped-motion pictures which will delineate the salient movements in the various reaction patterns. Then we can call upon the technology of the cinema and bring these two age levels into immediate juxtaposition. The selfsame infant is coincidentally shown at twenty-four and at twenty weeks in comparable behavior situation. By this method of coincident projection the cinema resolves the past and future of the infant into a simultaneous present. The increments of mental growth will thus be made manifest.

AN INFANT AT 24 WEEKS

The infant has marks of individuality and these marks come into early prominence. He shows great physical nobility; he is, in a motor sense, dynamic; he takes great satisfaction in motor activity. He is also alert in the social sense; he has perception of the mood of others and is resourceful in adopting a corresponding mood; but he is not compliant and has in addition well defined negative reactions and a fairly robust temper. He shows self-dependence, likes to do things himself, insists on participation in motor activity in particular. In manipulation he displays interest in detail, delicacy of touch and a certain kind of mechanical aptitude. All of these characteristics are in large measure conditioned by his inherent capacities and inherent growth traits. His department is, of course, much influenced by the character of his home management, but it is very important that we emphasize his own original contribution to his behavior patterns.

These contributions have manifested themselves through the first year of life and will doubtless project themselves into the future.

THE CONCEPT OF GROWTH

Growth is a key concept. Certainly growth and guidance are two concepts that belong together and the growth concept must always be used generously as a corrective for over-zealous guidance concepts. It is so easy to forget that factors of growth underlie child behavior. Much that he learns he learns incidentally and without our instruction. In most child guidance situations we are prone to adopt rigorous ideas of right and wrong, of authority and obedience, of discipline and training, which make us blind to the almost axiomatic truth that the mind grows and that behavior can develop only in accordance with laws of growth which are as inescapable as the laws of gravity.

If optimal growth is the basic concept of child hygiene, it follows on the practical and administrative side that the protection of mental health depends upon organized forms of protection directed toward the conservation of the potentialities of growth. Translated into practical terms, the protection of the mental welfare of infant and child can be accomplished in four fields of social endeavor as follows: (1) Parental and preparental education; (2) Reconstruction of nursery and kindergarten; (3) Local clinics and guidance units; (4) Periodic developmental supervision. In all of these fields, and especially the last, the nursing profession has an active rôle to play.

PARENTAL AND PREPARENTAL EDUCATION

There are endless opportunities for the instruction and guidance of parents in the arts of infant care and of child training. Both the public school system and the public health nursing profession have responsibilities in this direction. To build for a more remote future, educational provisions must also be made for more adequate preparental training for young men and young women in their pre-adult years. We need ade-

quate courses of instruction in human biology dealing candidly with the origin, physical growth, and mental growth of the human child. In this way we can bring into the curriculum a practical type of psychology concerned with the laws of human nature and with the development of the child mind. The professional training of the public health nurse likewise should embrace concrete courses in the developmental psychology of the child.

RECONSTRUCTION OF THE NURSERY AND KINDERGARTEN

We must reconstruct both the kindergarten and the nursery school in such a way that they will reach all the people and contact a wider range of the pre-school years. Here again educational and nursing provisions may be brought into closer coördination.

LOCAL CLINICS AND GUIDANCE UNITS

Knowing the great prevalence of nervous and mental diseases, it is necessary from a preventive standpoint to make early discovery of abnormal developmental deviations. Child guidance centers should be at least as available as medical dispensaries. These clinical and guidance provisions should include a guidance type of nursery and guidance units in children's hospitals. Such units would make transient contact with a larger number of clients, the contacts being adjusted to the gravity of the guidance needs.

PERIODIC DEVELOPMENTAL SUPERVISION

Finally, and perhaps most fundamentally from the standpoint of public health nurses, is the concept of health supervision. From the community point of view this concept is most auspiciously and tangibly represented by the infant welfare station, the well baby conference, and the child health center. Through private medical practice, as well as through public health provisions, every progressive community now provides for periodic supervision of the child's physical growth. Favored sections of the community throughout the land are making increasing demands for the widening of this supervision to

include psychological development. Whatever organization medical service will assume in the next twenty years, it may be safely predicted that there will be provision for periodic developmental examinations which will include the mental hygiene of the child.

In an incidental way much work of this kind has been constantly done by the visiting nurse and by the consultation center and by physicians in private practice. But what is now being incidentally done should be done deliberately and systematically. There are minimum norms and standards of mental growth and of mental health which can be checked by periodic examinations. In a sense the psychological hygiene of a large mass of our young children is at the same low level as their nutritional hygiene was in 1892 when Dr. Budin established in Paris the first infant welfare center.

We now know that in these '90's sausage and dill pickles still figured prominently in the diet of even the very young. Their equivalent in the psychological field is today represented by misguided forms of harshness expressed in scolding, sarcasm, shouting, cuffing,

beating, and similar inconsiderate methods of child management. Here is a very simple and concrete field of mental hygiene which lies open to every nurse who comes into contact with parents and their children.

In summary, then, we can envisage a more or less complete system of mental hygiene protection which is already in the making and which includes these four distinguishable methods of approach: parental and preparental education, reconstruction of nursery and kindergarten, local clinics and guidance units, and periodic developmental supervision. The methods of approach are distinguishable, but in actual operation they interact and function together both under private and public auspices. All of them concern the normal as well as the problem child. Nursing education, public health nurses, home nurses, all have contributions to make to the further development of the safeguards which have already taken shape. These safeguards must be strengthened, for experience of the past has taught us with no uncertainty how formidable is the weight of mental disability which may descend upon the future.