The biggest handicaps which some children have are their parents. No parent would intentionally be such a handicap. Yet many are without knowing it. We hear a good deal about problem children. What about the problem parents?

I once heard a noted mental specialist say: “There are very few problem children, there are a great many problem parents.” In this I thoroughly agree.

In my fifteen years at Judson Health Center as General Director and one of the doctors, I have not been surprised at the effect of slum life, with its unsanitary housing, terrible congestion and poverty, on our children. I expected that. What has surprised me has been the frequency of the problem parent and what he or she was doing to the child. These findings might be duplicated in the higher economic areas of the city, though possibly overemphasized by the close proximity of the crowded tenement, with the less chance of clashing personalities to escape. In the same economic type of home, where we have intelligent, cooperative and emotionally balanced parents, with mutual understanding and love, we see radiant children developing physically and mentally into personalities who will be a credit to America and who in the privileges of our democracy may go far.

Far too many mothers bring their children to my clinic either with such a complete indifference toward them, or with such overindulgence, that you know you cannot arouse cooperation. Sometimes they come with such mutual and emotional misunderstanding—even advanced antagonism between parent and child—that it has been a distinct shock to me. All too often the mother has come saying, in front of the child: “He so fresh, he so bad, I can do nothing with him.” The sullen little fellow of only five or six looks up at the parent criticizing him to a stranger, with a look of resentment.
and hate that is appalling. Right here we see the beginnings of a problem child, the developing of a mental and emotional attitude of antagonism which will be carried into the future relationships of life, the beginnings of a possible criminal. It is wise to have conferences to discuss the eradication of the crime problem. But it is not around a conference table that crime will be eradicated. It must be met first of all in the problem parent and the handling of the little child in its home. Henry Ward Beecher once was asked, “at what age should one begin to train a child.” He answered, “a hundred years before he was born.”

Therefore, the first essential is trying to prevent “problem parents.” The real function of a Health Center is this. This is the reason that Judson has added to the usual medical and dental clinics, the nursing and nutrition departments of a Health Center, a mental hygiene or child guidance department. The success of this department depends not only on dealing with the so-called problem child, but the problem parent. One psychiatrist and social worker is teaching the public health nurse and nutritionist how to recognize mental health problems, the way to approach the parents, and how to convey health education to the problem parent.

When our Child Guidance Department was first added to the Judson Health Center, it was before the days of a mental hygiene service in the public schools. The attendance officer asked if he might bring to our clinic the truant and delinquent children of our district. Up to that time such children were brought to court, and thus started life with a court record. To prevent this he wanted to bring them to us. That winter we handled fifty-five children referred to us by him, and these were so adjusted by us that only two were taken to court. We made a study of the causes leading to delinquency in this group. First of all causes, in fifty-one out of fifty-five instances, were broken homes or disharmony between the parents—problem parents.

The problem parent is the result of various factors, often dating back to their own problem parents, “a hundred years before they were born,” according to Mr. Beecher. Where it is due to marked mental inferiority little can be done. But these cases, fortunately, are a minority, and it is not these that chiefly interest us at Judson Health Center.

The first, and chief, cause is ignorance. Most of our parents, even where this noticeable antagonism seems to be developing, deep
down in their hearts, love their children. With patience and tact, they can be shown, they can be taught to understand their children's needs, more easily in regard to their physical needs, than given an appreciation of child psychology. To many adults, the child is regarded as a "little grown-up," while he really lives in a complete world of his own, which an intelligent parent should attempt to learn about and appreciate. This can be done and when grasped gives an entirely different attitude on the part of the parent.

Ignorance of child care and need is appalling. Too many feel that the mother instinct is sufficient to make a person a good mother. Instinct may teach the lower animals care for their young, but it does not teach a human being to be a good parent. We must depend on education and scientific knowledge, too. Instinct does not teach us how to prevent rickets, to make our child immune to diphtheria, or to give him a chance to become a healthy, educated and emotionally balanced individual.

In the early years of Judson Health Center services, before we had won confidence and faith in our health leadership (which now make such experiences rare) a nurse made a follow-up visit of instruction in one of our homes. There were seven children, each more malnourished than the other. The two-year-old was almost crippled by rickets, and a little baby was in wretched condition. They were seven child failures. This baby had been brought to the clinic and the nurse had gone to teach the mother how to prepare the formula ordered by the doctor. As the nurse left she turned to see the mother pouring the formula down the sink. When she asked why, the mother answered: "My husband, he say I got seven children, you got none, I know more than you do."

But slowly and patiently we have been able to win faith in our teachings and to demonstrate what education in baby care can do. The health area where Judson Health Center has operated from the beginning and conducts its most intensive service, is one of the most crowded slum areas, with old-fashioned cold-water, walk-up tenements. When we opened fifteen years ago we had one of the highest infant death rates in the city, and at that time it was called by a health authority "The Health Desert of New York." Though the housing and economic conditions have not changed much, a study of average infant death rates made by the Neighborhood Health Development Committee covering the years 1929 to 1933 showed the
infant death rate in this health area to be the lowest in the whole west side. It was lower than in a high income area, one of the lowest in the city. Education can change the problem parent.

A second and more difficult cause for problem parents is the emotional difficulties which they are suffering. Too often the parent is unadjusted, upset and distressed. Study of our delinquent children showed this. Often with parents afraid to let out their pent-up emotions on another “grown-up,” the child becomes the recipient of these emotions, of unjust fault findings, scoldings or whippings. A mother comes saying: “My child, he hit me and slap at me.” I ask: “How often do you slap your child?” Or “my child, he so nervous, he kick and scream,” and I ask, “are you nervous, and do you let out your emotions on him?” Often I get the answer: “I cannot help it, he makes me nervous.” I answer: “Which is the older, and which must learn self-control first?”

A third, but less frequent and more hopeless cause is indifference. Here, in the mother, lacking the normal affection for the child, we have a personality problem to be handled by the psychiatrist. The only hope for the child lies here, or in finding a new home for him.

The fourth, and worst, is the delinquent, the “criminal parent.” We cannot go back the hundred years of Dr. Beecher, but let us anticipate the hundred years in the future. Here, where possible, children should be removed to foster homes with non-problem parents.

The depression of today has been a frequent cause of “problem parents.” Anxious parents lead to troubled children who are unable to meet life today without fear and tension. Unemployment, lack of regular income, the struggle to maintain one’s family without going on relief, is not only taking its toll in physical health but in mental health. The parent who is habitually tense and fearful has had his fears and anxiety increased in the last few years. Children who, above all else, need security in the home day after day find parents too preoccupied with worries over rent, discouragement over fruitless job hunting, to give them as much as a kind glance or a cheerful word. Most children are so sensitive that these experiences leave scars upon them. The Judson Health Center child guidance clinic works to prevent these deprivations from leaving too deep a mark.

To illustrate:

A father of three children was able to support his family regularly until the factory where had always worked closed. Frequent
changes of job and periods in which he had none at all were more than he could bear. He became moody, withdrawn and suspicious, accusing his fellow employees of plotting against him. When he finally attempted to end his life he was sent to a mental hospital where he will probably have to remain always. Agencies quickly came forward to provide relief for his wife and children so that their worries about food and shelter were over. But the children have been exposed to his moods for the past five years. The oldest boy, a lad of ten, had been particularly disturbed by him. He became unable to sleep at night; he showed a fear of every knock at the door; he suffered pains around his heart so that he could not go to school, but would sit miserably about the house while his mother feared that he was becoming just like his father. Finally he came to our child health clinic for a heart examination. The doctor found no physical basis for his pains, but knowing that worries can cause pain too, he and his mother were sent to our child guidance clinic. Here the psychiatrist got to the root of his suffering and helped him to bring out fears that he had never dared to express to anyone before. The psychiatrist was able to give him the reassurance his sick father had never been able to give him. His mother also had a chance to find a friend in the clinic, who helped her understand her children, to meet the problem of raising her three children bereft of their father with a little more courage and understanding.

If crime is to be lessened, if America is to give a chance to its children for a normal, healthy, and adjusted life, it lies in seeing that parents cease to be problem parents, that when Mother's Day comes, it awakens in each individual the emotions and memories of the best and most helpful influence of life. Unfortunately, today that is not the case for everyone. Children in a Sunday School once were asked which was the hardest commandment to keep. The answer of one little boy was, "Honor thy father and thy mother." The home was investigated, and both parents were found to be drunkards.

There are major problem parents—but how many of us may be problem parents in "spots" or at off moments? We at Judson Health Center run into many blind spots on the part of the parent that interfere with their handling of their children. For instance, Barbara as the only child was the pride of her parents until a new baby brother arrived. The mother could not understand why Barbara suddenly became impudent, sulky, refusing to eat or go out to play. Discipli-
nary measures increased the difficulties and a tense situation of anxiety on the part of the mother and unhappiness on that of the child rapidly developed. When the mother learned that it was only natural for Barbara to be jealous of her brother and that she was struggling for the love she felt she had lost, her handling of Barbara altered—and, making the child feel the continuance of her family’s love, Barbara learned to love her brother, too.

Another blind spot parents frequently show is in regard to their children’s food fads. The mother comes complaining that the child will not eat without being fed, or that Mary has “no appetite,” though she urges her to eat and does all she can to make her. The mother little realizes that Mary has learned to secure the attention so dear to all children—to obtain a greater share of mother’s time and care than the brothers and sisters, through refusing to eat. Mary has already learned to control her mother, and malnutrition is a price Mary is willing to pay.

How often a mother, when tired or irritated, releases her feelings on the children. All of us who are mothers have to a certain degree been unjust in the handling of our children, and to that degree we have been a problem parent. One winter day when there was much ice in the streets, but a thaw had caused big puddles, a mother was taking her two little boys to school. Their suits were clean and neat, and their appearance showed care and consideration. One block from the school the mother sent them on alone. The little chap started to run, stepped on a piece of ice and sat down in a big puddle. The mother grabbed him, shook him violently, and slapped him, scolding in a shrill voice. It had been a pure accident and the little frightened, helpless child was not in any way guilty of willful wrongdoing. I have never found resentment on a child’s part for punishment for wrongdoing for which he felt guilty. But nothing causes greater heart-breaks and antagonistic reactions on the part of a small child than treatment or punishment he considers unjust. The beginnings may be small, but the end results may be very big. “Blind spots” in parents which they have not faced may be the cause when Johnny grows up of social behavior which breaks mother’s heart.

The answer to problem children, maladjustment and crime is in the home and the agencies trying to better the homes. Crime begins at home, and so does the remedy.