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ORIGINAL ARTICLES

CHILD PSYCHOLOGY AND ITS RELATION TO ORTHO- DONTIC PRACTICE*

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THE entire civilized world is taking a greater interest in the study of child life, and this country is leading in this movement. By careful study in the school room and in laboratories equipped for child study, scientific men are developing methods by which it is possible to measure the intelligence of a child and train him in a manner best adapted to his special needs. The parent or teacher who fails to keep in touch with the results of these methods of child study and education will soon be as far behind the times as the farmer who plants his crops according to the phases of the moon, or the community who believes its typhoid epidemic is due to Divine wrath.

Not so many years ago the farmer who found musk-rat houses well protected and his corn husks extra thick, prepared for a "hard winter." If a crop failed he would lay the blame on the planets. But today, instead of planting by the moon, he consults the weather reports. When a crop fails, he knows that the seed was bad, that the soil was deficient in nutrition, his method of cultivation was at fault, or the weather was not favorable. During the past two decades the farmer in most parts of the country proceeds more along scientific lines. He knows that his crops are not at the mercy of unseen beings. Rather they grow by laws acting in a natural way. Instead of paying so much attention to studying the almanac, he has set to work to find out the natural laws governing his farming operations and then he directs his activities according to these laws.

Orthodontists spend their lives dealing largely with children, and it would seem that some time spent in the study of this subject should be for the benefit

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of both patient and operator. It is necessary for us to get on with our patients during varying periods—from just a few months in some cases to several years in others. Where the period of treatment is long and the spirit to cooperate on the part of the patient is not what it should be, we have a condition that is not conducive to the best results. So the purpose of this paper is merely to inject more interest into this subject, which is so much worth while.

Successful men in the business and professional world, also those in public life, know much of the psychology of the crowd. This is splendidly illustrated by statesmen when addressing audiences making use of such terms as "My friends," or "My fellow-countrymen." Strange it is that some very brilliant and able men are lacking in a knowledge of mass psychology. Lincoln and Roosevelt understood it well, and so do Billy Sunday and Harry Lauder.

Billy Sunday has the crowd well in mind when he has his janitor tie a pink ribbon on the back of a kitchen chair and has it placed up back of his altar in one of his made-to-order auditoriums. He knows that thousands of men and women will look up from his great audience and say "Why that is the same kind of a chair we have in our kitchen at home. His methods are interesting."

So it was with Roosevelt on his campaign trips in wearing a big broad hat. He knew that many farmers, cowboys and Indians wore them and he knew also that they would like their great leader all the more because he was wearing a hat similar to their own. Their hats gave them something in common, and where people have even one thing in common, getting acquainted is made easier.

Your audiences are much smaller than those of either Roosevelt or Sunday. In fact many times they consist only of a mother and child. You will not care to use either a kitchen chair or a large hat to interest them, in all probability. But you may have at your command a story, a doll, a watch fob, bunch of keys, a good picture—in fact, something, and it can, in many cases, be a very simple thing which will be just as effectual in the matter of side tracking the one thought that is uppermost in the minds of those children—the possibility of being hurt—and at the same time interest those children in other matters by the use of a little psychology, not unlike that used by such men as Roosevelt or Sunday before their larger audiences. Such men are skilled in the art of "breaking the ice"—placing their audiences at ease. So with us, we should study carefully the art of making strange people feel at home if we look forward to establishing professional relations with them.

When a child hears its parents discuss for the first time the question of orthodontic treatment, the first thought in its mind is: "Does it hurt?" It very frequently happens that they are told by some playmate who is under treatment, or who has been under treatment, that it does sometimes pain. Aside from the question of pain, there is another reason why children dread to start treatment and that is their natural aversion to meeting strangers, particularly is this true up to the age of seven.

"I refuse absolutely to sit in that chair, Mother," was the shrill remark of a nine-year-old son of an auto king recently on being brought to the office for orthodontic treatments. In talking this incident over with the family dentist, I was informed that there was syphilitic taint in the family and that another child

in this same family was similarly afflicted, making both children extremely difficult to care for.

In attempting to place under treatment these strange and unusual types of children, which is better—severity or indulgence? It is impossible to give a definite answer, as we deal with children as individuals. Some well-meaning people maintain that until the child has become a rational being it must be considered and treated as a little animal, because it has no sense of shame, or of the rights of property, or of social duty—that those methods which it most fears must be adopted—that is the whip or stick.

As a rule, special attention and indulgence should be shown to children who suffer from nervous fright, or are predisposed to it. One should be kind to them and not oppose their whims with too much severity. Their explosions of grief and nervous agitation are unfortunate; every violent emotion leaves a morbid tendency behind. Is it wise to oppose them? Is it not better in many cases to postpone matters until they become less sensitive, and until they have had time to think things over and reason them out?

When a timid and nervous child comes to one of our offices for the first time, and finds surroundings to which the child is a complete stranger and meets a strange office assistant, and also a strange man, who, he has perhaps heard, is going to cause him pain, and sees suspended from the ceiling or wall a dental engine, whose outline and music he is quite familiar with, is it any wonder that some children give way and are overcome with fear?

A clever, well-trained, and resourceful office assistant who is really fond of children, can do more in many cases in breaking down the feeling of dread and fear that possesses some of our children than any other means at hand. Sunshine, kindness, good stories, pictures of children at play and enjoying their pastimes furnish splendid mediums of establishing an acquaintance with the younger generation.

It has already been stated that some cases require considerable time, and one of our great overwhelming problems is to get children to like us. If at the beginning a child takes a dislike to you, it is better that the parents plan to change orthodontists. Results are not uniformly satisfactory when the proper regard and respect does not prevail between patient and operator.

Human interest works wonders in getting on with the younger generation. Know what the interests and hobbies of your patients are and ask questions in regard to them. Is there a boy anywhere who is not pleased when asked the score his football team ran up on the losing team? Is there any boy scout who is not pleased when you ask relative to the work of his troop? Likewise little girls are so pleased to have it said that their new dress is pretty, or when asked if they enjoyed a recent party. These things may seem to some of you as time thrown away, but to children they have much significance.

Children look at the world through different eyes than our own, and we would do well to get their viewpoint. While under treatment their interests should be our interests and if, in this way, you can make their lives brighter, coming to your office will become a pleasure, not a hardship. Among the boys the use of such terms as "Old Pal," "Old Man," or "Old Top," are names that please them.

With boys you strike a responsive chord at once if you make them out older than they really are. With girls there is no term that sounds so well as "Dear," or, if quite young, "Pet." It is the quick and proper use of these names in our offices that frequently paves the way to not only successful treatment, but to lasting friendships.

There exists among children two traits that are of genuine concern to us in practice—anger and fear—and of the two, the latter is much the more common. Though for a stranger to ingratiate himself into the confidence and good wishes of an angry child, who has been brought to the office by a mother or nurse, is not always a simple task. It frequently involves the employment of much good judgment and tact, and then one sometimes fails.

Anger is hot displeasure due to a sense of injury or wrong. The right kind of anger, rightly governed and directed, is a powerful instrument for justice and good. The wrong kind may not only work disastrous injury to the object at which it is aimed, but usually exhausts the mind and body and weakens the nervous system of the child who gets angry.

With children you must keep open the door to the inner life, and understand its emotions. If you want to cure it of bad temper, or prevent it from having bad temper, it is well to understand the cause, the impression produced on the child's mind by the cause, and the line of reasoning by which it proceeds from the cause to the outburst of anger. Then, when you have found the cause, and understand the nature of the anger, educate the child's will to overcome its tendency, and, most important of all, provide some other outlet for utilizing the emotional force in a useful direction.

Advise parents to encourage games that run to physical contest for the simple reason that exercising his physical muscles against an adversary develops the boy mentally, and gives the poise, the sense of justice and fair play, along with which anger of the wrong kind can not exist. The boy whose sense of personal dignity and worth is neither exaggerated nor too low will have the larger sympathy, the more pity, the better control of temper.

While anger among children gives us some concern in certain individual cases, it is fear on their part that is found to be the greatest obstacle.

The fears of childhood are many, and the first visit to a dentist or orthodontist is unfortunately frequently paid in apprehension or fear that the unusual might happen. And when one thinks of this subject in its broader aspects, it becomes a matter of very great importance, for if the first visits are comfortable and pleasant, it means a favorable impression has been made on the child's mind. If it happens that the child gets the opinion that it is not receiving good treatment, it may mean that the child will go through life with a neglected mouth, or with a bad malocclusion of the teeth, with its face devoid of harmony and symmetry which proper treatment would accomplish.

Mosso, the Italian author in his book entitled "Fear," states—"Every ugly thing told to a child, every shock, every fright given him will remain like minute splinters in the flesh, to torture him all his life long. These bad mistakes in education have not yet disappeared, for children are still frightened with the bogey man, with stories of imaginary monsters, witches, and a hundred other terrors which make the tears come to their eyes and spoil their disposition,

making their lives burdensome, which will make them timid, and shrinking for the rest of their lives. Anxiety, fear, and horror which come to many children through bad stories are miserable possessions which twine themselves into the memory, like so much deadly ivy choking the light of reason.

"The imagination in children is far more vivid and excitable than in adults. When a child is naturally timid, it is better not to leave it in the dark, but to have at least a little light in the room, so that, on waking, it may at once recognize the place, and its fancies may not seem real. The child's eye is much more apt than ours to trace pursuing spectres in the outlines of accustomed objects. The stories told them in the evening, any exciting emotions towards bedtime are quite sure to be reproduced in their dreams.

"The dreams of children are more real, vivid and fearful than is the case with adults, because their brain is so much more impressionable, as is shown by the fact that things seen in childhood are indelibly impressed on the memory, and because their weakness renders them more timid, exaggerates every danger and makes every enemy appear very formidable."

And in conclusion I wish to quote from Dr. Josiah Morse where he states:

"True courage is developed in the young, not by artificially insulating them against all pains and fears, but by teaching them to meet these bravely and wrestle with them until they are overcome. With fear, as with love, hate, anger, pity, etc., it is better for one's soul and character to have had the emotion in due measure and in due season than by artificial training to be kept in ignorance of some of them merely because they are painful. The soul of the overprotected child, like its body, is puny and delicate, and deficient in those fundamental qualities which make for true manhood and womanhood, just as the hothouse plant is inferior in taste, smell, and other qualities to those grown in the open fields."

DISCUSSION

Dr. Elizabeth E. Richardson, San Francisco, Cal.—Mr. President, Members and Friends of the Dewey Alumni Society: I wish to compliment Dr. Burke on the excellence of his paper as it contains some very interesting and important facts.

We know that much time and energy is being spent by men and women prominent in professions in the successful development of child study and education. Our schools on the coast have established classes for backward children. These classes are placed in charge of women teachers who have fitted themselves for this special work, with satisfactory results. Some of these children are being treated for defective speech by special trained teachers for this branch of work.

Many of these children are referred to the orthodontist for treatment. Each child is a problem in itself, and in the majority of these cases there is a lack of interest on the part of the patient. Here is where psychology is of value, as we must have cooperation.

To successfully control the different types of children is a problem we have to face daily, as there is no set rule. My idea in handling children is as individuals, remembering we are only grown up children. The mind of a child is sensitive and almost uncanny in the power to determine the real from the pretended.

I do not believe that force can be used in overcoming fear. Remember that attraction is the greatest power in the universe. Tenderness and earnestness will do much to win any child's confidence. I have found that the least attention paid to shy and timid children is the best, as they are easily embarrassed. It not only takes patience and tact with these little ones, but due consideration of their timid nervous tendencies, and the most sincere

desires, to enter and take any one of us through the portals of a child's heart, for they are well guarded, not by doubt, but by discernment. The child, unlike the adult, sees with imagination, and feels what he does not see.

It is necessary with some children to be firm to gain their respect and confidence, but we must not defeat our purpose by doing the wrong thing at the wrong time. If the child is timid and nervous and becomes hysterical, I do not attempt anything other than to accustom him to the surroundings of the office for the first visit. A music box will prove of great value in quieting the fears of these timid children. They will invariably ask the nurse to play it for them.

There is another side to be considered, as some children will take advantage of the least familiarity.

I agree with the essayist that we should feel it a pleasure to make the child's life brighter when it comes to us for treatment, as to be successful practitioners in orthodontics, we must be humanitarians.