THE RELATIONSHIP OF SPEECH DEFECTS WITH

THE PERSONALITY DEVELOPMENT OF

ELEMENTARY SCHOOL CHILDREN

APPROVED:

James E. Webb
Major Professor

G. A. Odam
Minor Professor

G. A. Odam
Director of the Department of Education

Jack Johnson
Chairman of the Graduate Council
THE RELATIONSHIP OF SPEECH DEFECTS WITH
THE PERSONALITY DEVELOPMENT OF
ELEMENTARY SCHOOL CHILDREN

THESIS

Presented to the Graduate Council of the North
Texas State Teachers College in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

Eunice Garrish, B. S.

Dallas, Texas
May, 1944

117458
TABLE OF CONTENTS

LIST OF TABLES ........................................ iv

Chapter
I. THE PROBLEM AND PROCEDURE ....................... 1

1 Statement of the Problem
   Purpose of Study
   Importance of Study
2 Source of Data
3 Definition of Terms
4 Method of Procedure
5 Further Explanation of the Problem

II. PERSONALITY CONCEPTS ......................... 6

   Explanation of Test
   Testing Procedure
   Interpretation of Results

III. THE SPEECH PERSONALITY ...................... 24

   Philosophy of Adjustment
   Teaching Procedure
   Conclusion

IV. CASE STUDIES ..................................... 31

V. PREVENTIVE AND REMEDIAL MEASURES........... 42

   Types of Defects
   Defects: Symptom, Cause, Therapy

VI. CONCLUSIONS AND RECOMMENDATIONS ........... 51

APPENDIX ........................................ 55

BIBLIOGRAPHY ..................................... 63
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Range of Scores of Thirty-one Elementary Children on Self Adjustment Section of The California Test of Personality</td>
<td>9</td>
</tr>
<tr>
<td>2. Questions and Responses of Subjects to Section 1 F, of California Test of Personality, Elementary, Form A</td>
<td>11</td>
</tr>
<tr>
<td>3. Questions and Responses of Subjects to Section 1 C of California Test of Personality, Elementary, Form A</td>
<td>13</td>
</tr>
<tr>
<td>4. Range of Scores of Thirty-one Elementary Children on the Social Adjustment Section of The California Personality Test</td>
<td>14</td>
</tr>
<tr>
<td>5. Questions and Responses of Subjects to Section 2 B, of California Test of Personality, Elementary, Form A</td>
<td>15</td>
</tr>
<tr>
<td>6. Range of Scores of Five Primary Children on the Self Adjustment Section of The California Personality Test</td>
<td>16</td>
</tr>
<tr>
<td>7. Questions and Responses of Subjects to Section 1 F, of California Test of Personality, Primary, Form A</td>
<td>19</td>
</tr>
<tr>
<td>8. Range of Scores of Five Primary Children on the Social Adjustment Section of The California Personality Test</td>
<td>20</td>
</tr>
<tr>
<td>9. Questions and Responses of Subjects to Section 2 B, of California Test of Personality, Primary, Form A</td>
<td>21</td>
</tr>
<tr>
<td>10. Actual Range Scores, Median, Percentile Range, Median, and Norm of Self Adjustment, Social Adjustment, and Total Adjustment of Thirty-one Elementary Children</td>
<td>22</td>
</tr>
<tr>
<td>11. Actual Range Scores, Median, Percentile Range, Median, and Norm of Self Adjustment, Social Adjustment, and Total Adjustment of Five Primary Children</td>
<td>22</td>
</tr>
<tr>
<td>12. Classification of Thirty-one Elementary Children according to Speech Defects</td>
<td>23</td>
</tr>
</tbody>
</table>
CHAPTER I

THE PROBLEM AND PROCEDURE

Statement of the Problem

The problem related herein was undertaken to determine how the development of an integrating personality is influenced or retarded by defective speech; to ascertain whether or not personal growth is promoted by the correction of said defects; and to discover therapeutic measures if such are warranted.

Purpose of the Study

The purpose of this study is to aid in the personal development of abnormal speech defective personalities by determining the effects of crippled speech upon certain individuals. The writer's intention is to determine to what extent such individuals are retarded in personal or social growth. A collection of historical data will promote prevention and cure of common defects that will serve as a means whereby others may help the maladjusted child overcome some of the complexities of life. It is desired that this thesis may be advantageously used as a guide and reference by those who influence developing personalities.

Importance of Study

This study is an attempt to help children who are defective in man's most useful means of communication. Such socially handicapped personalities appear unable to adjust themselves with the maximum
amount of effectiveness and seem to be unable to face realities. Because of their crippled speech, various crutches are invented. Introvertive tendencies of shyness, sullenness, constant reading with no physical activity, etc., are common practices. The child may go to the other extreme and develop excessive extrovertive tendencies. It is of utmost importance to know what is wrong with the child and how to correct certain defects before one can help him develop physically, mentally, socially, and emotionally. In this changing world of today, it is essential that one know how to live in a society at large with good social behavior. In order to progress with societies and to make the necessary adaptations, one must be able to meet change. It is conceded by authorities that attitudes toward changing situations are closely related with childhood experiences.

Source of Data

Both descriptive research and personal experience comprise the material for this study. Books and magazine articles in the libraries of North Texas State Teachers' College and The Texas State College for Women have been used extensively. Information was obtained from material borrowed from individuals. Useful data were secured in speech and psychology courses. The writer also observed in the Speech Clinic at North Texas State Teachers' College and personally examined thirty-one elementary school children and four primary school children having certain speech defects in order to determine their deficiencies and emotional instabilities. Corrective measures were administered to some of the children examined.
Definition of Terms

1. Integrating Personality: An integrating personality is one that is continuously changing to meet the demands of society and his environment.

2. Environment: "Environment" is spoken of as influential conditions and forces which change or affect the life of an individual.

3. Speech Defect: A defect of speech is any impediment in vocalization, either organic or functional, which prevents clear or natural flow of speech.

4. Emotions: Emotions are closely associated with feelings. They are a departure from a calm state and are usually designated as fear, anger, surprise, grief, etc.

5. Speech Personality: The speech personality may be described by such terms as timidity, shyness, negativeness, poise or lack of poise, affectation or sincerity, directness or indirectness, aggressiveness, bombast, sarcasm, irony, logicalness of discourse, social indifference.

Method of Procedure

The study was first prompted by an extensive reading concerning the therapy and nature of speech defects and certain psychological factors that were directly involved. The seemingly high percentage of elementary school children who possess abnormal speech is sufficient

evidence to invite study. The writer intends to study the home environments of subjects by securing case histories. Personality tests will be a determinant of likenesses and differences. Speech tests will be given each child to determine types of defects. Whenever it is possible, patients will be given remedial treatment, and progress will be observed.

It will be remembered, and is conceded as a most essential handicap, that the study will be limited insomuch that all children do not possess the same intelligence quotient nor the same environment. It will be further noted, however, that these same limitations are closely related to other fields of research.

After such extensive study is completed, certain conclusions will be drawn, which the writer trusts will serve the purpose intended and will aid in the development of more wholesome personalities and tendencies toward better living.

Further Explanation of the Problem

Life itself should be living for better living. Speech training can do much to enhance the personality of any individual. Perhaps no other side of personality is so susceptible to cultivation. Effective speakers do not just appear by chance. Good speech is essentially good thinking. Speech is a social technique; hence, its improvement automatically improves intellectual, emotional, evaluational, and physiological sides of man. Personality depends upon speech as its chief means of social interaction. In like manner, speech depends upon the well-integrated personality for its effectiveness. Development of the one is retroactive, thus enhancing and beautifying the other. Speech is a means of conveying ideas.
It is the most instrumental invention yet devised to promote social relationships. Hence, speech training in itself may serve as excellent personality therapy.²

Teachers and parents should be particularly interested in the difficulties presented in the speech of small children and how to most effectively train them in the production of sound, teaching the correct use of the voice. It is estimated that 4,000,000 children in the United States alone are handicapped in the use of speech. This is evidence of the fact that the speech program of the present does not meet this vital need.³ Delayed speech cripples mental and emotional development which produces unstable personalities.

Embarrassment in speech leads easily to other forms of maladjustment. It is in these early years of childhood that definite patterns of social behavior are formed. In order to establish desirable habits and skills, the parent and teacher must cooperate in the instigation of desirable attitudes. If the maladjusted speech personality is to be correctly trained, it is essential to know what is wrong and certain methods of procedure before any treatment can be given.

² Ibid., p. 5.
³ Sarah M. Stinchfield and Edna Hill Young, Children with Delayed or Defective Speech, p. 95.
CHAPTER II

PERSONALITY CONCEPTS

Personality is not a thing of itself. Various personality traits cannot be segregated. Each trait is a part of the whole and exists in relationship with other traits. Louis P. Thorpe says:

Our modern idea of personality is a definite one. It includes, in addition to one's pattern of social skills, his facilities for meeting the requirements of his own inner nature, as well as for making harmonious adjustments to the many obligations of the practical world around him. In order to fill these personal and social requirements, in a way that makes for harmony and personal happiness, one must find satisfaction of, and give expression to the basic motives of life.1

Personality is the result of an integrating process, continuously changing to meet the demands of the individual and of society. When traits fail to function as a whole, an abnormality exists. School is not preparation for life; it is living for better living. Thus, the school program is directly concerned with the total interaction of various personality traits. It deals directly with a unitary mode of adjustment with social concepts and ideals of democratic living. It includes mentality, ability, achievement, sociability, and physical abilities and disabilities in relationship. Personality refers to the way in which individuals accomplish personal and social needs. Personality has growth process and is subject to change.

1Louis P. Thorpe, Personality and Life, p. 21.
Explanation of California Personality Test

The nature of the test.—The California Test of Personality — Primary, Form A, and The California Test of Personality, Elementary, Form A, were used to check personal and social adjustment of thirty-six speech defective children. The tests are simple in context and easy to administer. They are tools which the teacher may effectively use in the development of the whole child. The major purpose of the tests is to reveal how well the child is satisfying his needs and developing a well balanced personality. The tests are divided into two parts, self adjustment and social adjustment. The first half indicates how the pupil thinks and feels about himself, his self-reliance, his estimate of his own worth, his sense of personal freedom, and his feeling of belonging. Certain withdrawing tendencies and nervous symptoms are indicated. Section two is concerned with the composites of social adjustment. The purpose of this division is to reveal the child's relationship with society. This is a revelation of his knowledge of social standards and skills, his freedom from antisocial tendencies, and his family, school, and community relationships. The tests are so devised that the profile of one child may be compared with that of the group, and deviations from the norm determined.

Testing Procedure

Since all of the speech defective children did not attend the same school, small groups were tested at intervals between the months of July, 1943, and April, 1944. There was no time limit for responses. All of the children were allowed time to complete the test. Questions were read to only three children. Each child was given a pencil and test booklet.
Accompanying instructions were given. Care was taken to prevent oral answers so that children would not be influenced. Each child was told to answer the questions truthfully. The test instructions were used in administering each section of the test.

Interpretation of Results

Data revealed in personality test.—The personality test was given to thirty-one elementary school children and to five primary children who attended three different schools. Since the elementary form is the one under observational study, it is the first one to be analyzed. The highest possible score on the elementary form was one hundred forty-four. The lowest score of sixty-seven was made by each of two nine year old girls. The highest score, which was one hundred thirty-five, was made by an eleven year old boy. The median for the personality test was one hundred nine and two-tenths. The lowest percentile rank was ten; the highest percentile rank was ninety; the median was fifty-two and two-tenths. The child who made the highest rank had an average home standard and was eleven years old. The children who made the lowest ranks possibly represented the poorest home environments and were each nine years of age. The child who made the highest percentile had a mental achievement level of a ninth grade student as revealed by the Stanford Achievement Test. The chronological age of this child was ten years and eight months.

Data revealed from the self adjustment component.—To assist in the analysis of the self adjustment test section, Table 1 was devised. This table indicates a wide and varied range of scores. The percentile ranges
<table>
<thead>
<tr>
<th>Components</th>
<th>Range of Actual Scores</th>
<th>Range of Scores</th>
<th>Percentile</th>
<th>Median</th>
<th>Norm</th>
<th>Possible Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Reliance .</td>
<td>2 - 12</td>
<td>1 - 99</td>
<td>63.5</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Personal Worth .</td>
<td>5 - 12</td>
<td>15 - 99</td>
<td>55.1</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Personal Freedom</td>
<td>4 - 12</td>
<td>1 - 90</td>
<td>43.2</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Feeling of Belonging .</td>
<td>3 - 12</td>
<td>1 - 90</td>
<td>56.1</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Freedom from Withdrawing Tendenc-</td>
<td>1 - 12</td>
<td>10 - 95</td>
<td>49.3</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>ies .</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freedom from Nervous Symptoms .</td>
<td>1 - 12</td>
<td>1 - 95</td>
<td>34.4</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
</tbody>
</table>

From zero to ninety-nine. Nervous symptoms are the greatest handicap to the children observed. The group was above the norm in self-reliance, sense of personal worth, and the feeling of belonging. They fell below the norm of fifty in the sense of personal freedom, freedom from withdrawing tendencies, and nervous symptoms. The boys showed a range of one to ninety-five in nervous symptoms, while the range of nervous symptoms for the girls was from five to ninety-five. Eight of the subjects were girls; the boys numbered twenty-three. The girls ranged from one to ninety on the sense of personal freedom; the range of the boys' percentile score was from five to ninety. Again the boys' range of one to ninety-five was greater in freedom from withdrawing tendencies. The range of the girls was ten to ninety-five. The sense of personal freedom indicates that opportunities are restricted.
Discussion of nervous symptoms (freedom from).—The result of this test indicates that these speech defective children have nervous symptoms as their worst enemy. Table 2 illustrates these weaknesses. Children of this type may suffer from one or from a variety of physical symptoms. Here, one symptom is defective speech; there could be other symptoms of which nervous energy is the cause. This is physical expression of emotional conflicts. The test indicates that this group of children ranks higher in nervous symptoms than one-third and are exceeded by two-thirds of the children upon whom the percentile norms are based. To better illustrate reasons for this result, Table 2 is instrumental. This test is one of the two sections which contains the greatest variety of actual scores. Testing is one way by which inner adjustment of the personality can be discovered. Nervous symptoms are signs of emotional instability. Requirements of the inner nature of the children are not being satisfied. Nervous disturbances can cause much unhappiness, worry, pain, and fear. They may be the result of emotional or physical ills. Too often emotional disease grows beyond the stage of prevention or cure.

Nervous symptoms are manifested by drumming on a desk with the fingers, rolling pencils across the desk, excessive movements, biting the fingernails, successive headaches, infantile noises made with the mouth, and numerous other ways. In reply to question one of the test: “Do you often have sneezing spells?” 1 seventeen children answered yes. Only fourteen replied with the desirable answer of no. Fourteen were suffering from physical pain that could either be a result or a cause of nervous

1 Louis P. Thorpe, Willie W. Clark, and Ernest W. Tiegs, California Test of Personality, Elementary, Form A, p. 5.
### Table 2

**Questions and Responses of Subjects to Section 1 F, of California Test of Personality - Elementary, Form A**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you often have sneezing spells?</td>
<td>17</td>
<td>14</td>
<td>31</td>
</tr>
<tr>
<td>Do you often have bad dreams?</td>
<td>17</td>
<td>14</td>
<td>31</td>
</tr>
<tr>
<td>Do you bite your finger nails often?</td>
<td>12</td>
<td>19</td>
<td>31</td>
</tr>
<tr>
<td>Does it usually take you a long time to go to sleep at night?</td>
<td>12</td>
<td>19</td>
<td>31</td>
</tr>
<tr>
<td>Does your head ache often?</td>
<td>6</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>Do you often find you are not hungry at meal time?</td>
<td>18</td>
<td>13</td>
<td>31</td>
</tr>
<tr>
<td>Do you take cold easily?</td>
<td>12</td>
<td>19</td>
<td>31</td>
</tr>
<tr>
<td>Do you often feel tired in the forenoon?</td>
<td>10</td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Do you often tap with your fingers on a table or desk?</td>
<td>9</td>
<td>22</td>
<td>31</td>
</tr>
<tr>
<td>Do you often feel sick at your stomach?</td>
<td>10</td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Do you often have dizzy spells?</td>
<td>6</td>
<td>25</td>
<td>31</td>
</tr>
<tr>
<td>Do your eyes hurt you often?</td>
<td>9</td>
<td>22</td>
<td>31</td>
</tr>
</tbody>
</table>

Symptoms. When replying to question two, "Do you often have bad dreams?" affirmative and negative answers were equal in number. This number of undesirable answers could be the result of the emotion fear. Unstable emotional tendencies are indicated. A bad scare could have produced a nervous shock.

Question three, "Do you bite your finger nails often?" was answered desirably by nineteen pupils. Twelve of the children possessed the habit of nail biting which is regarded as an expression of unsatisfied emotions. "Does it usually take you a long time to go to sleep at night?" was answered

---

2. Ibid.

3. Ibid.

4. Ibid.
"Yes" by twelve of the subjects. Only nineteen of the thirty-one children went to sleep each night without difficulty! "Does your head ache often?" was answered correctly by twenty-five pupils. This question and "Do you often have dizzy spells?" had the highest number of correct answers. Six had headaches frequently, and six of them were subject to dizzy spells.

To the question, "Do you often find you are not hungry at meal time?", eighteen responded with "Yes", the undesirable answer. Twelve were subject to colds, and ten of the children often felt tired in the mornings. Nine of the boys and girls had trouble with eyes, and nine of them were subject to frequent tapping with the fingers on a desk or a table. Ten of the children responded that they often felt sick at their stomachs.

Nervous symptoms and emotional reactions are definitely closely related. Since some doctors estimate that one out of every twenty-five children become mentally insane after reaching adulthood, it would also be a delicate subject for study.

Table 3 illustrates the answers given to the sense of personal freedom component of the self adjustment section. Although the greatest number of children gave desirable answers, one is concerned primarily with the personalities that do not change or conform to society; the personalities of those who do not constantly make adjustments to an ever changing society are in the minority. As long as an individual is not adjusted within himself, he can not satisfy his social needs adequately.

5 Ibid. 6 Ibid. 7 Ibid.
## TABLE 3

**QUESTIONS AND RESPONSES OF SUBJECTS TO SECTION 10 OF CALIFORNIA TEST OF PERSONALITY ELEMENTARY, FORM A**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number Giving Each Response</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>May you usually choose your own friends?</td>
<td>23 Yes 8 No</td>
<td>31</td>
</tr>
<tr>
<td>Are you allowed enough time to play?</td>
<td>26 Yes 3 No</td>
<td>31</td>
</tr>
<tr>
<td>Do others usually decide to which parties you may go?</td>
<td>10 Yes 21 No</td>
<td>31</td>
</tr>
<tr>
<td>May you usually bring your friends home when you want to?</td>
<td>23 Yes 8 No</td>
<td>31</td>
</tr>
<tr>
<td>May you usually do what you want to during your spare time?</td>
<td>24 Yes 7 No</td>
<td>31</td>
</tr>
<tr>
<td>Do you have a chance to see many new things?</td>
<td>27 Yes 4 No</td>
<td>31</td>
</tr>
<tr>
<td>Do your folks often stop you from going around with your friends?</td>
<td>8 Yes 23 No</td>
<td>31</td>
</tr>
<tr>
<td>Are you allowed to do most of the things you want to?</td>
<td>22 Yes 9 No</td>
<td>31</td>
</tr>
<tr>
<td>Are you given some spending money?</td>
<td>24 Yes 7 No</td>
<td>31</td>
</tr>
<tr>
<td>Do your folks stop you from taking short walks with your friends?</td>
<td>5 Yes 26 No</td>
<td>31</td>
</tr>
<tr>
<td>Are you punished for lots of little things?</td>
<td>12 Yes 19 No</td>
<td>31</td>
</tr>
<tr>
<td>Do you feel that your folks boss you too much?</td>
<td>4 Yes 27 No</td>
<td>31</td>
</tr>
</tbody>
</table>

**Social Adjustment**—Social standards, social skills, anti-social tendencies, family relations, school relations, and community relations are analyzed in this section of the personality test. Thirty-one and two-thirds percent of the pupils tested, had better social adjustment than self adjustment, twelve and nine-tenths percent were equally adjusted. Although the percentage of adjustment was higher in social adjustment than in self adjustment, only one component of the social adjustment division surpassed the norm. Table 4 indicates actual and
### Table 4

**Range of Scores of Thirty-One Elementary Children on the Social Adjustment Section of the California Personality Test**

<table>
<thead>
<tr>
<th>Components</th>
<th>Range of Actual Scores</th>
<th>Range of Scores</th>
<th>Median</th>
<th>Norm</th>
<th>Possible Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Standards</td>
<td>3 - 12</td>
<td>1 - 90</td>
<td>42.4</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>Social Skills.</td>
<td>4 - 12</td>
<td>5 - 95</td>
<td>34.2</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>Freedom from Anti-social Tendencies.</td>
<td>3 - 12</td>
<td>1 - 90</td>
<td>46.8</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>Family Relations</td>
<td>4 - 12</td>
<td>1 - 90</td>
<td>63.4</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>School Relations</td>
<td>5 - 12</td>
<td>5 - 90</td>
<td>48.5</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>Community Relations</td>
<td>6 - 12</td>
<td>1 - 85</td>
<td>47.7</td>
<td>50</td>
<td>99</td>
</tr>
</tbody>
</table>

Percentile scores. The median score on family relations was sixty-three and four-tenths. The norm for this division was fifty; the high score was ninety. The lowest median score, thirty-four and two-tenths, reveals a serious lack of social skills; two-thirds of the children upon whom the percentile norms of this test were based, exceeded the average for the group. Approximately six of the children resort to bullying to achieve desires. Some exhibit egotistical characteristics though the number is few. Many are shy and retiring. Few of them ever cause or promote conflict in the classroom. Family relations do not appear to retard the emotions and feelings of security of the majority of the children who were examined. A glance at Table 3 and Table 4 would give one the impression that the percentage on social skills is lower than the percentage on individual skills. This confusion results because a very few made exceedingly low percentile ranks, thus lowering the median percentile. Fifty-three percent of the children ranked lower in self-adjustment, thirty-one
percent ranked lower in social adjustment, and sixteen percent were equally adjusted. A lack of social skills indicates that children do not have a sense of values; this lack may result from egotistical and undiplomatic dealings with people. A lack of subordination and interest in activities of others is also indicated.

**Discussion of social skills, a division of the social adjustment section of the test.**---Table 5 indicates the answers given by the group in this division of the test. An analysis of the chart may lead to a

**TABLE 5**

**QUESTIONS AND RESPONSES OF SUBJECTS TO SECTION 2 B, OF CALIFORNIA TEST OF PERSONALITY - ELEMENTARY, FORM A**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number Giving Each Response</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you like to speak or sing before other people?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When people make you angry do you usually keep it to yourself?</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Do you help new pupils to talk to other children?</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Does it make you feel angry when you lose in games at parties?</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Is it hard for you to talk to people as soon as you meet them?</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Do you usually help other boys and girls to have a good time?</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Do you usually act friendly to people you do not like?</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Do you often change your plans in order to help other people?</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Do you usually forget the names of people you meet?</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Do you often say nice things to people when they do well?</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Do you try games at parties even if you haven’t played them before?</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Do you talk to new children at school?</td>
<td>29</td>
<td>29</td>
</tr>
</tbody>
</table>
better understanding of the group's ideas of right and wrong. A child must have good ideas of social standards that will enable him to develop acceptable social skills. The desirable answers to the first and second questions were yes. One third of the number who were given the test gave the undesirable answer to the first question. The second question, "When people make you angry do you usually keep it to yourself?", appears to be the more serious of the two. This sub-division indicates temper tantrums and unnecessary display of emotions. Seven pupils were not accustomed to helping new pupils become adjusted to their environmental conditions. Three pupils displayed undesirable attitudes by being aroused easily when losing in games. They do not possess the spirit of fair play. Ten of the pupils found it difficult to converse with new students. Their personalities were handicapped by speech defects and possibly by other conflicting emotions. Two-thirds of the group of boys and girls seemed to have no difficulty conversing with strangers.

Three pupils were not concerned when others did not have a good time, thus displaying selfish interests. Eleven in this group had difficulty conversing with people whom they disliked. Four displayed other selfish motives in answering the question, "Do you often change your plans in order to help other people?" Sixteen, over one-half of the number who were given the test, usually forgot the names of people whom they met. Two failed to compliment others when they did well, six did not usually play games they did not know at parties, and two did not talk to new children at school. This lack of social skills indicates serious and selfish motives. Over-indulgent parents, too many opportunities, and little or no

\[ ^{8}\text{Ibid., p. 6.} \quad ^{9}\text{Ibid.} \]
knowledge of the value of money help promote selfish tendencies. Likewise, a lack of parental love and spending money sometimes produces the same effect.

Social skills are potent factors in the development of an integrating personality. Definite ideas concerning relationships with people should be developed early in life. Refined traits of character, good moral ideals, and adaptable social skills should receive much emphasis as important factors in personal development throughout childhood.

Brief discussion of Primary Form of California Test of Personality.—To assist in the formulation of a definite opinion concerning the time element in the development of good and bad traits of character, the primary form of the same test was given to five children who were available. Since results of separate tests are practically the same in each of the five tests, there is not sufficient evidence that variation would have a wide range if a greater number of primary children should be observed.

Table 6 reveals the range of scores of the self adjustment section. The range of scores is not as great as those in the elementary chart for the same section. Two factors could be responsible for this difference. First, primary speech defectives have not been subjected to as many social embarrassments as elementary children. Second, primary subjects were exceeded by five-sixths in number tested. As in the elementary test, withdrawing tendencies and nervous symptoms are definitely lower than other components. They are not as low in the primary children as in the elementary children. All medians are above the norm of fifty. By comparing the results of both elementary and primary sections, evidence seems to reveal that weaknesses comprised of nervous symptoms and withdrawing tendencies
appear in early childhood. Yet, with proper care and training during early stages of development, their growth could possibly be prevented.

**TABLE 6**

**RANGE OF SCORES OF FIVE PRIMARY CHILDREN ON**
**THE SELF ADJUSTMENT SECTION OF THE**
**CALIFORNIA PERSONALITY TEST**

<table>
<thead>
<tr>
<th>Components</th>
<th>Range of Actual Scores</th>
<th>Range of Scores</th>
<th>Percentile</th>
<th>Median</th>
<th>Norm</th>
<th>Possible Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-reliance</td>
<td>6 - 8</td>
<td>70 - 99</td>
<td>37.6</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Personal Worth</td>
<td>6 - 7</td>
<td>60 - 80</td>
<td>72.0</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Personal Freedom</td>
<td>7 - 8</td>
<td>85 - 99</td>
<td>93.4</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Feeling of Belonging</td>
<td>6 - 8</td>
<td>60 - 99</td>
<td>92.8</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Withdrawing Tendencies</td>
<td>4 - 3</td>
<td>30 - 98</td>
<td>78.0</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>Nervous Symptoms</td>
<td>4 - 3</td>
<td>30 - 99</td>
<td>63.8</td>
<td>50</td>
<td>99</td>
<td></td>
</tr>
</tbody>
</table>

Table 7 reveals that nervous symptoms represent the greatest variety of answers in the self adjustment section of the test. Three children were often tired even during the morning. Three of the primary subjects often stayed awake at night because of bad dreams. This probably is a result of the practice of tales told by adults for the purpose of scaring children. This is a common practice of some adults when they wish obedience. Bad scares sometimes produce stuttering if the nervous shock is great enough. If the fear is allowed to develop so that the child can not adjust to his environment, serious complications may arise. Two children have trouble with eyes. Too often eyesight is neglected. Many adults would not be using glasses now if eyes had been properly cared for during childhood. Myopia can often be corrected if children are not given too much close work. A minimum amount of sewing and reading should be done
by those who are near-sighted. One child was very susceptible to colds, and one did not sleep well. The majority of the sections contained few variations in answers, as is presented by Table 7.

**TABLE 7**

**QUESTIONS AND RESPONSES OF SUBJECTS TO SECTION 1 F, OF CALIFORNIA TEST OF PERSONALITY - PRIMARY, FORM A**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number Giving Each Response</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you often bite your fingernails?</td>
<td>0 5</td>
<td>5</td>
</tr>
<tr>
<td>Is it hard for you to go to sleep at night?</td>
<td>1 4</td>
<td>5</td>
</tr>
<tr>
<td>Do things often make you cry?</td>
<td>0 5</td>
<td>5</td>
</tr>
<tr>
<td>Do you catch colds easily?</td>
<td>1 4</td>
<td>5</td>
</tr>
<tr>
<td>Are you often tired even in the morning?</td>
<td>3 2</td>
<td>5</td>
</tr>
<tr>
<td>Are you sick much of the time?</td>
<td>0 5</td>
<td>5</td>
</tr>
<tr>
<td>Do your eyes hurt you often?</td>
<td>2 3</td>
<td>5</td>
</tr>
<tr>
<td>Do you often wake up because of bad dreams?</td>
<td>3 2</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 8 is presented that comparison may be made with the corresponding table in the elementary test, Table 4. It is interesting to note that both groups of children had social skills as their lowest median. The primary children exceeded the norm of fifty by nineteen; the median for the primary children was sixty-nine. The median for the elementary children was thirty-four and two-tenths which is fifteen and eight-tenths below the norm of fifty. In each component, primary children had the higher medians. This was true in all divisions of the self adjustment sections. This fact indicates that the complexities of life increase as the responsibilities increase. The children who were observed found it difficult to conform to the best interests of group activities. Undesirable attitudes and
TABLE 3
RANGE OF SCORES OF FIVE PRIMARY CHILDREN ON
THE SOCIAL ADJUSTMENT SECTION OF THE
CALIFORNIA PERSONALITY TEST

<table>
<thead>
<tr>
<th>Components</th>
<th>Range of Actual Scores</th>
<th>Range of Scores</th>
<th>Median</th>
<th>Norm</th>
<th>Possible Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Adjustment</td>
<td>7 - 8</td>
<td>65 - 90</td>
<td>80</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>Social Skills</td>
<td>5 - 8</td>
<td>30 - 95</td>
<td>69</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>Anti-social Tendencies</td>
<td>7 - 8</td>
<td>70 - 90</td>
<td>82</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>Family Relations</td>
<td>7 - 8</td>
<td>75 - 95</td>
<td>91</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>School Relations</td>
<td>7 - 8</td>
<td>70 - 90</td>
<td>86</td>
<td>50</td>
<td>99</td>
</tr>
<tr>
<td>Community Relations</td>
<td>7 - 8</td>
<td>75 - 95</td>
<td>87</td>
<td>50</td>
<td>99</td>
</tr>
</tbody>
</table>

skills seemingly increased as these children developed. Few variations in answers can be seen anywhere in the primary test. Greater variations were found in nervous symptoms and social skills, corresponding with the lowest medians found in the elementary children.

Table 9 should be studied in relation with Table 5. Both of these tables show variations in conversing with new people, conversing with people children dislike, and in the control of temper. Three of the five primary children found it difficult to talk to new children at school. Only two of the elementary children revealed this difficulty. Two of the primary subjects did not talk to new people; twenty-one of the elementary children refrained from talking to new people. Two of the primary children are angered when people stop them from doing things. There seems to be some improvement in this tendency before the elementary stages of development are reached. The remaining answers in the nervous symptoms and social skills division of the primary test show no variation and are desirable ones.
TABLE 9
QUESTIONS AND RESPONSES OF SUBJECTS TO SECTION 2 B, OF CALIFORNIA TEST OF PERSONALITY - PRIMARY, FORM A

<table>
<thead>
<tr>
<th>Questions</th>
<th>Number Giving Each Response</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you talk to the new children at school?</td>
<td>3   2</td>
<td>5</td>
</tr>
<tr>
<td>Is it hard for you to talk to new people?</td>
<td>2   3</td>
<td>5</td>
</tr>
<tr>
<td>Do you say nice things to children who do better than you?</td>
<td>5   0</td>
<td>5</td>
</tr>
<tr>
<td>Does it make you angry when people stop you from doing things?</td>
<td>2   3</td>
<td>5</td>
</tr>
<tr>
<td>Do you sometimes hit other children when you are playing with them?</td>
<td>0   5</td>
<td>5</td>
</tr>
<tr>
<td>Do you play games with other children even when you don't want to?</td>
<td>5   0</td>
<td>5</td>
</tr>
<tr>
<td>Do you help new children get used to the school?</td>
<td>5   0</td>
<td>5</td>
</tr>
<tr>
<td>Is it hard for you to play fair?</td>
<td>0   5</td>
<td>5</td>
</tr>
</tbody>
</table>

A summary of the data collected in the California Personality Test... The majority of the children studied were from homes where finance was not a serious problem; most of the children were allowed many privileges. Many of the children have traveled a great deal. Some have been to Mexico. One child has visited in Canada. Trips to the west and east coast have been taken by some of the patients. Some of the children have never been out of the state of Texas. Only two children reported a hard time because of financial circumstances. Only one child represented a broken home.

A study of Table 10 will reveal a wider range of scores on the self-adjustment component. At least two-thirds of the children have opportunities exceeding the average. Delegation of certain duties and responsibilities would possibly promote desirable growth in self-adjustment. In
TABLE 10

ACTUAL RANGE SCORES, MEDIAN, PERCENTILE RANGE, MEDIAN, AND NORM OF SELF ADJUSTMENT, SOCIAL ADJUSTMENT, AND TOTAL ADJUSTMENT OF THIRTY-ONE ELEMENTARY CHILDREN

<table>
<thead>
<tr>
<th>Components</th>
<th>Actual Range</th>
<th>Score Median</th>
<th>Percentile</th>
<th>Range</th>
<th>Median</th>
<th>Norm</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Adjustment</td>
<td>27 - 65</td>
<td>52.3</td>
<td>10 - 90</td>
<td>50.9</td>
<td>50</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>Social Adjustment</td>
<td>33 - 71</td>
<td>55.0</td>
<td>5 - 95</td>
<td>54.4</td>
<td>50</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>Total Adjustment</td>
<td>67 - 135</td>
<td>105.6</td>
<td>10 - 90</td>
<td>52.0</td>
<td>50</td>
<td>2.0</td>
<td></td>
</tr>
</tbody>
</table>

The growth process, one must deal with mental, emotional, physical, and social change. Failure to develop in one respect would necessarily limit other forms of development. The chief purpose of the school is to develop integrating personalities. All of the evidence presented by test results show inner conflicts of emotional status. Nervous and withdrawing tendencies predominate as being the chief conflicting emotions. It appears that most of these variations occur during the elementary stage of development, as is revealed when a comparison of Table 10 and Table 11 is made.

TABLE 11

ACTUAL RANGE SCORES, MEDIAN, PERCENTILE RANGE, MEDIAN, AND NORM OF SELF ADJUSTMENT, SOCIAL ADJUSTMENT, AND TOTAL ADJUSTMENT OF FIVE PRIMARY CHILDREN

<table>
<thead>
<tr>
<th>Components</th>
<th>Actual Range</th>
<th>Score Median</th>
<th>Percentile</th>
<th>Range</th>
<th>Median</th>
<th>Norm</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Adjustment</td>
<td>36 - 44</td>
<td>40.6</td>
<td>60 - 95</td>
<td>82.0</td>
<td>50</td>
<td>32.0</td>
<td></td>
</tr>
<tr>
<td>Social Adjustment</td>
<td>42 - 48</td>
<td>45.2</td>
<td>80 - 99</td>
<td>92.8</td>
<td>50</td>
<td>42.8</td>
<td></td>
</tr>
<tr>
<td>Total Adjustment</td>
<td>61 - 90</td>
<td>85.8</td>
<td>80 - 95</td>
<td>89.0</td>
<td>50</td>
<td>39.0</td>
<td></td>
</tr>
</tbody>
</table>
These children were better adjusted socially than they were self-adjusted. Five children were equal in self and social adjustment; eleven ranked higher in self adjustment than in social adjustment; twenty of them ranked higher in social adjustment than in self adjustment. Thirty-one children showed tendencies to withdraw, while thirty-two (including primary children) showed nervous symptoms. Two children made the high score of ninety-nine on the sense of personal worth. No child had a perfect score on either self or social adjustment. The group had lower medians than sixty-two primary children who were given the test by Anna Elizabeth Christiansen.\footnote{Anna Elizabeth Christiansen, \textit{Relationship of Social Concepts and Personality in the Third Grade of Travis Elementary School, Mineral Wells, Texas}, p. 43.} Their score medians were: self adjustment, thirty-five; social adjustment, forty-two; total adjustment, seventy-eight and five-tenths.

One child was lower than average in social adjustment, one lower in self adjustment and social adjustment; three were lower in self and total adjustment; three lower than fifty in social and total adjustment; and seven ranked lower than the norm in self, social, and total adjustment. The children have high mental ability and excellent social vocabularies. The major personality problems are presented by nervous symptoms, social skills, social standards, personal freedom, freedom from withdrawing tendencies, community and social relations, and freedom from anti-social tendencies which were all below the norm of fifty. A study of the individual tests show that nervous symptoms and withdrawing tendencies present greatest problems.
CHAPTER III

THE SPEECH PERSONALITY

Happiness and success are meted in proportion to self and social adjustment. Mental operations are conveyed by physical activities. The most commonly used mode of transmission of ideas is speech. If a man lived by himself as a hermit, he would have little or no use for speech. Hence, speech is a social technique. It has done more to advance civilization than all other inventions combined. Speech should be purposeful, easily seen and heard, and interesting. Speech is composed of four elements: ideas and feelings, a mode of expression as language, voice, and action or gesture. The speech personality is the verbal communication of ideas. Not only does personality depend upon speech as its chief means of social interaction just as speech depends upon the well integrated personality for its effectiveness, but speech training in itself may serve as excellent personality therapy.¹ Speech is a psychological and social technique of modifying human behavior by means of thought, language, voice, and activity.²

Good speech must necessarily be the result of clear thinking. Beautiful speech enhances and beautifies the personality. When mental and physical maturation progress smoothly, speech will develop steadily and evenly. Likewise, disturbances are reflected in speech.³ Teachers

and parents should never allow children to misuse their voices. Too seldom are children commended for good manners and social graces in speech which are not only ornamental, but are good habits from the standpoint of sociability, character formation, and personal growth.

**Philosophy of Adjustment**

"Education in a democracy seeks to effect the actualization of the potentialities of each individual in consonance with, and for the development of a continuously progressing society." The writer could find no evidence to support the theory that children "outgrow" disorders of speech. A disorder of speech is almost invariably accompanied by serious disturbances of the whole personality. In many instances, a speech defect is a symptom of instability, impeding social relationship. Because of its use in the communication of ideas, speech is the response and reflection of the whole child. A profound disturbance in the speech pattern necessitates a profound change in the total personality. Full cooperation of home and school and changes in both environments are necessary for speech therapy. Jon Eisenberg says:

A personality may be said to be the totality or the pattern of the reactive possibilities of the individual. A personality exists only in relation to an organism behaving in an environment. It is important for us to remember that the personality is not a spiritual something which emanates as a disembodied essence from the organism or the individual. The personal reactions of the individual (his personality) are determined by interactions between himself and his environment; they are an expression of his complex organism reacting to a complex environment of which his

---


5 Ibid., p. 61.
own organism is an integral part. 6

Hence, the factors of personality lie partly within the individual and partly in his environment. The speech development of the individual parallels and reflects his physical, emotional, and intellectual maturation. Nearly every conscious act of the individual is verbalized. Speech represents and reflects a condensation of total cultural development. 7 Speech which is correctly used from babyhood, without a period of "baby talk" to be corrected later on, is one of the greatest assets in personality development.

Teaching Procedure

The speech test was two-fold. Individual patients were given sentences on the reading level of the patients. As sentences were read, the twenty-seven sounds were checked by the examiner in order to discover an initial, medial, or final mistake. Since many sounds can be made correctly when alone but incorrectly produced when they occur with groups of sounds, patients were observed closely throughout the testing period. Substitutions are quite common. Conferences with teachers and patients were held when necessary. Types of defects were diagnosed; causes were not always found, since no specialist assisted in the examinations. The majority of the defects were minor ones that could have been prevented. Remedial treatment was given to those who had baby talk. Beyond the realm of encouragement and sympathetic treatment, no stutterer was treated since none of them was in the writer's

7 Ibid., p. 156.
home room. Organic defects cannot be treated until after an operation has been performed by a specialist, and then only under the direction of the specialist. Even after an operation, the defect of speech will remain unless remedial treatment is given.

The sound test was composed of a check sheet with sounds listed in corresponding order with the sentences in the test. The elementary test contained twenty-three sentences. Each sentence tested one sound which occurred in three different positions in a sentence: initial, at the beginning of a word; medial, in the middle of a word; and final, which occurs at the end of a word. It is possible for a child to enunciate a sound correctly in one position and incorrectly when located in another position. The writer was taught this method of checking defects in a speech pathology class at Texas State College for Women. Sentences are constructed by the examiner on the reading level of the children. For primary children, or for children who have not learned to read, cards are used with three pictures on each card for the purpose of checking medial, final, and initial sounds. Anyone can easily make a set of his own by using 3" x 5" cards and collecting pictures from magazines that will illustrate the sounds. Samples are in the appendix. One picture contains the initial sound, one the medial sound, and one the final sound. Children need not know they are being checked. The tests are easily and quickly administered. An anecdotal record was kept on case studies and on some of the other children. The testing procedure, then, was two-fold: observational and conferences, and testing.

Analysis of material.—Environmental forces play the most influential
TABLE 12

CLASSIFICATION OF THIRTY-ONE ELEMENTARY
CHILDREN ACCORDING TO SPEECH DEFECTS

<table>
<thead>
<tr>
<th>School Number</th>
<th>Stuttering</th>
<th>Cleft Palate</th>
<th>Lazy Speech</th>
<th>Nasality</th>
<th>Lisp-ing</th>
<th>Lolling</th>
<th>Baby Talk</th>
<th>Tongue Tied</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>II</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>III</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

role in speech development; heredity furnishes the capacity. Only twelve
of the elementary children had organic speech defects. The tongue-tied
speaker has a frenum which is too short, thus causing his defect and pre-
venting correct sounds from being produced. Before this speech defect
can be corrected, the physical defect must necessarily be corrected. Three
of the children had nasality. Two of these cases possibly were caused by
asthma. In all three cases of nasality, a specialist should be consulted.
Three children have lolling tongues which are the result of weak muscles
of the tongue. Adequate exercises will strengthen them. One child with
a cleft palate had had an unsuccessful operation. Organic cases must be
treated by a physician. The teacher must follow his directions for he
alone must control therapy. Sometimes the patient can be helped; some-
times effort is futile. Time and patience are vital factors. A good max-
imum to observe is: never tire the patient.

The remaining nineteen cases are functional disorders, seven of whom
stutter. Stuttering is the most serious defect and the hardest to treat.
Case histories and autoanalysis methods are used. One must go back to
the time when the patient first began to stutter and help him readjust himself to the same social situations. It is a matter of building self-confidence and rebuilding social attitudes. It is a slow process. Two children of the same family have lazy speech. Poor speech environment in the home is the cause of this type of speech. These children must be taught the need of good speech. As long as they get what they need without correct speech production, they will not realize its value. Ten of the patients speak baby talk which is the easiest type of defect to treat. The surprising fact was that no stutterer stuttered at the time the individual sound test was given.

Conclusion

The majority of speech defects in the elementary school is of a functional nature. Speech defects may be either the cause or the symptom of personality maladjustment. Over-protection is probably the chief cause of baby talk in early life. Sometimes it continues because the speaker thinks his speech is cute, but more often its continuation is prolonged because the patients have not been taught correct sound production. Speech is learned by imitation. Most children learn to talk by seeing and hearing others. There are some who need special attention; they need to be shown accurate sound production by the parent or by the teachers. If people who work with children were more alert, many speech defects could be prevented. The writer has formulated the following conclusions concerning the speech personality:

1. Speech is the response and the reflection of the whole child.
2. A profound disturbance in the speech pattern necessitates a
profound change in the total personality.

3. A disorder in speech is almost invariably accompanied by serious disturbances of the whole personality.

4. The majority of defects are functional in nature.

5. Baby talk is the most common defect among elementary school children.

6. Stuttering is the most complex defect to treat.

7. Full cooperation of home and school and changes in both environments are necessary for speech therapy.
CHAPTER IV

CASE STUDIES

Because of the continuous interaction of the individual and his environment, various personality traits cannot be segregated. The causes of maladjustment can be discerned only by information about the child and his environment. Facts such as the divorce of parents, older brothers and sisters, influence of grandparents, the lack of or too many outside interests, and physical disabilities can often reveal why a child behaves as he does under given conditions. If each school system would adopt a method of collecting such data, much time could be saved, and many maladjusted personalities could be prevented or corrected early in life. Being able to obtain material when it is needed is a valuable aid to any teacher. Cumulative records are important factors in the prevention of delinquencies. The National Elementary Principal contains interesting details of a particular record system.\(^1\) There are two kinds of tests that may be given children: the pencil and paper type, and the test of behavior in actual situations.

Some behavior problems are easily recognized; others are more difficult to detect because the child's overt behavior does not conflict with the ordinary progress of the classroom. Children's difficulties are classified under three main headings: undesirable habit formations,

\(^1\) The National Elementary Principal, Fifteenth Yearbook, p. 469.
undesirable relations with other people, and unsatisfactory scholastic performances. Some of the most common symptoms are lack of discipline, social immaturity, and a lack of security or feeling of security. Like symptoms may be the result of entirely different causes. Symptoms are often associated with the child's physical condition and maturation. Poor eyesight, malnutrition, inharmonious growth, and nervous disorders may be discovered by the alert and competent teacher. Most authors agree that the greatest danger of physical handicaps lies in their influence upon the emotional and social reactions of the individual.

The writer has selected several of the subjects examined to illustrate the manifold personality difficulties presented by elementary school children.

Case I

A is a boy of fourteen who has been twice retained in school. He has an older sister, a younger sister, and a younger brother. His family represents the lower middle class. They live on a farm where A has regular chores to perform. His parents are a jolly, happy-go-lucky couple who do not seem to worry. A is not interested in school work and receives little encouragement at home. He is a poor reader. His percentile rank on the family relations test was one. He answered the test with eight undesirable answers. He thought the family needed more money, that the family often treated him mean, and that someone at home picked on him. He sometimes feels like running away from home and seemed to be

2 Ibid., p. 437.
delighted when he could stay with his grandmother. He felt that no one at home cared for him. He was unhappy because his folks did not like the same things he did, and he said they thought he was not nice to them. He felt that his people believed he would never amount to anything. Despite all of his inward feelings, his parents allowed him to do chiefly as he pleased. His percentile rank on feeling of belonging and freedom from anti-social tendencies was five. A does not like the place where he lives and sometimes wishes for other parents. He has few friends, and is aware that his classmates know of his difficulties in the school room. He thinks people are mean and sometimes stays away from school because it is so bad. In the room, he often sits and daydreams. He is lazy about school tasks but enjoys working and playing outside.

His speech is so defective that one who understands, must know him well. His palatal arch is higher than the average but is not so high that it interferes with production of the k sound. Thus, the defect is not organic. The writer classifies his defect as lazy speech. He has a smaller sister who has been retained once. She does not speak as well as A speaks. A smaller boy has not entered school and speaks the same "dialect." A's lips and teeth remain inactive during enunciation. His tongue is used a minimum amount. Speech consists of sounds instead of words. The direct cause is a poor speech environment, as speech is learned by imitation. Instead of helping and teaching him and his brother and sister to speak, the parents imitate the children, laugh and think their speech pattern, if thus it could be called, is funny. Correct sound production was taught to A, but a lack of practice and no
encouragement at home prevented progress. His percentile rank on the personality test was twenty-five. He was one who ranked higher in self adjustment than in social adjustment, the percentiles being thirty and fifteen. All selections were below the norm with the exception of the self-reliance rank which was eighty. Speech therapy and personality adjustment will progress little until his home environment improves. Neither of his parents finished high school and think it unnecessary for a farmer to acquire an education. A was allowed to make things with his hands in art classes and enjoyed making them. He remained slow and was still uninterested in all other assignments and tasks. His speech improved little; he learned to make some sounds, but he failed to practice them and adopt them as his. He needs encouragement at home very much which would likely create some interest.

Case II

B is a boy of thirteen in the seventh grade who has been retained once because of illness and absence from school. His parents are of the middle class. His total adjustment is forty, which is ten below the norm. His lowest ranks were on community relations, sense of personal freedom, self-reliance, family relations, and nervous symptoms. Self adjustment and social adjustment percentiles also were forty. His parents began by living above their means. The mother was socially inclined and was seldom home when the father returned from work. Heavy debts were incurred. The father began to drink. Quarrels would result in separations which would likewise end in reunions.

The child has been in bad physical health since babyhood. He has
been allowed to have his way. He is a very thoughtful child and is kind and considerate of others. He is given no responsibilities, has no regular chores, and has little self-reliance. He still talks baby talk, making frequent substitutions such as f for th. He has an older sister; he has been treated as a baby by both father and mother. He does not mind corrections and would no doubt show much improvement if his home environment would improve and if his parents would try to help him. He is not a good student; he relies upon the help of his parents. He seems to worry because his home is not a harmonious one. He realizes that his home is not as well kept as others. Little remedial speech training has been given.

Until the past year, the child was under-nourished because of the eating of snacks instead of meals. Recently he has improved physically. His mother took a business course and has left his father the fourth or fifth time. The mother has always talked against the father in the presence of both children. He now lives with his sister and mother in one room. It seems that the child is a victim of his parents' conduct. His home environment needs improvement before the child's personality can develop normally. He has recently had irregular school attendance because of poor health. Irregular sleep and meals and worry may be the cause. He is very sensitive and nervous, and at the present, is not at all well. When home environment improves, it is possible that his physical condition will improve.

Case III

O is a sixth grade girl of ten who has the intelligence of a ninth
grade pupil according to the Stanford Achievement Test. Her total adjustment percentile on the California Personality Test is eighty-five, on social adjustment, ninety, and on self adjustment, seventy-five. Her percentile rank in nervous symptoms was the only one below the norm of fifty at the time the test was given. It was forty. The next two lowest ranks were social skills and withdrawing tendencies. C is not neat in her dress and is negligent of school work because of an intense interest in reading. She wants to cooperate but too frequently forgets to study her lessons. For a period of two months her attention seemed to lag more each day. She is very easily influenced. Since she seemed to have few close friends, she was seated at a table between two talkative girls. By the end of the first month, C had begun to talk more and to make more friends, but she was neglecting work she had done exceptionally well before.

At the end of a two months period, much timidity had been overcome. Her teacher now placed her between two very studious boys. C has begun studying again, but she still likes to talk and retains the friends she has made. She is very obedient. She is remembering instructions better than she ever has.

She bites her finger nails constantly and worries too much about little things. The first three six weeks periods, her desk charts were neat and complete. The fourth period, they were incomplete and not fastened together. She had to take a low grade and complete the unit. The fifth period, her work was much improved though no better than the first.

Her speech defect is a very slight lisp and substitutions which produce baby talk. With consistent effort, the baby talk would gradually
disappear and little of the defect would remain. Her speech is better than it was at the beginning of this study. C does not seem to mind corrections and likes her teacher very much.

C is the daughter of a college professor and has an older sister. Her home life is congenial. C ranked third on the Stanford Achievement Test which was given to a group of thirty-one sixth grade pupils. C needs to improve on personal appearance to enhance her personality; her hair never looks combed. She is an obedient child and one with whom anyone should enjoy working. Constant effort will improve her personality and speech. Both are already showing progress.

Case IV

D represents a family where the father accepts full responsibility. He cooks breakfast, works, and helps care for the children. He is a deacon in the church and fifteen or twenty years older than his bashful and retiring wife. The father also is timid. There are two boys older than D, and a younger boy who died two years ago. The children speak only when spoken to. D takes piano and has been in recitals. If one should ask her to play, she will sit and grin, but say nothing; neither does she play. Her teacher can seldom get her to answer in class. She cannot enunciate correctly—speaking baby talk if she speaks at all. The boys of the family also speak baby talk.

D's rank on the personality test was surprisingly high. The total adjustment was eighty-five, social adjustment, ninety, and self adjustment, eighty. On no component did she fall below the norm of fifty. Nervous and withdrawing symptoms were lowest.
D's most difficult sounds are the medial p, medial g, initial wh, and initial r sounds. The defect is functional. D needs more play and social contacts. She is not allowed as much freedom in choosing her playmates as she needs to have; she is thrown with grown-ups too frequently. She needs to share more responsibilities in the home. Home and school environments differ too much. D has shown little improvement during the testing period. If she could have little friends come visit her, she would probably outgrow or overcome some of her timidity.

Case V

E is a very conscientious pupil of middle class people. His father is a lawyer and his mother, an ex-school teacher. He has a younger brother in kindergarten. E has nasality which is probably an organic defect produced by asthma. No speech training has been given. All sounds are affected, especially the nasal sounds. The nares are blocked, thus cutting off the resonance chambers of the nose.

E is an intelligent pupil but did not complete the Stanford Achievement Test because of illness. He is out of school quite a lot, but the writer wonders if he is really ill all of the time. When taking the personality test, he stated school was so bad that he sometimes stayed away. He has been seen in town and at club meetings during his absence from school. Nervous symptoms and self-reliance percentile ranks were below the norm, while school relations and withdrawing tendencies were equal to the norm of fifty.

E consistently bites his fingers nails, takes colds easily, and often has a headache. He seems to worry quite a bit about failing in school.
work and his family. His mother is attractive, refined, keeps a good home, and is nice to her family. She expects her family, especially E, to accomplish too much. E has been seen cheating on examinations several times. He has an excellent vocabulary and expresses himself well. He is afraid his intellectual achievement will not satisfy his mother's expectations, but does not apply himself as he should. He has improved some during the testing period but absence has detained his improvement and retarded progress.

Case VI

F unfortunately has the serious organic defect of cleft palate; a serious defect caused by failure of closure of the hard palate. The writer was told two or three operations had been performed. Because of the sensitivity of certain individuals, investigation was limited. All sounds of speech are affected. F is an only child of an ambitious mother. He is over-protected, quiet, retiring, and obedient. He is not an exceedingly bright pupil and is overjoyed when he makes a hundred on spelling. His rank on sense of personal freedom was five. His total adjustment percentile was thirty, self adjustment, forty, and social adjustment, twenty. The only components that were above the norm of fifty were self-reliance and sense of personal worth. The lowest percentile ranks were on social skills and standards.

E has difficulty in following directions but tries very hard and never complains. It usually takes him a long time to go to sleep at night, he feels hungry in the forenoon, and is often not hungry at meal time. He is not popular, but he is well liked by his classmates and has their sympathy.
If work is very difficult, E ceases to try and thinks that people are not fair. He often feels lonesome while with people and is not proud of his school which is one of the best in the country. It is difficult for him to talk to new pupils. He has no close companions. He does not usually change his plans to comply with interests of others. He is over-protected and depends upon the sympathy of other people. This has been slightly overcome by his teachers treating him just as other children are treated; no special privileges are allowed. No speech training could be given; the organic defect would first have to be removed. The child is very conscious of his defect.

Case VII

G is the son of a lawyer. His home life is congenial. There are two older children, one being in high school. He is very intelligent and has made two mathematical charts whereby answers are located at the intersection of lines. He is in the high fourth grade group. At the beginning of the year, he was the only boy in the low fourth with a large group of girls. The high fourth was in the same room. At the end of the year, the two groups were separated. More pupils joined the high fourth. G at once adopted an attitude of superiority and began to do little things to invite attention of others. His feelings are easily hurt. His total adjustment rank was sixty, social adjustment, seventy-five, and self adjustment, forty-five. He ranked lowest on withdrawing and nervous tendencies. He thinks people are mean and unfair, has bad dreams, dizzy spells, and often feels tired. He masturbates incessantly. The teacher can correct him, but within three or five minutes, he will be masturbating again.
He does not mind the presence of others. His speech defect is not a serious one. He has a lolling tongue and a slight baby talk. He takes directions easily concerning his defect but does not practice them. The cure of any speech defect rests with the patient. The teacher must be exceedingly patient and constantly remind him to practice. He gives the impression he is superior to other children. In reality, his sense of personal worth and freedom from withdrawing tendencies are far below the norm. His teachers are cooperating in an effort to help him overcome some of his deficiencies.
CHAPTER V

PREVENTIVE AND REMEDIAL MEASURES

Speech defects most usually manifest themselves in the entire life of the individual and are symptoms of physical or emotional maladjustment. The desired treatment seems to be prevention rather than cure. Emotional health of the adults who influence the child is the best preventive. Children who have maladjusted emotional health usually have as high a scholarship standing and intelligence scores as those who have sound emotional health. Factors which influence personality development are difficult to control because they are innumerable. Psychiatrists generally agree that the shy, fearful, and unsocial tendencies in children are more menacing to the future mental health of the individual than are the over confident, domineering, and attacking tendencies.¹ Homes, schools, and other social agencies must increase their efforts in order to guide all children toward individually and socially accepted behavior patterns.

Types of Defects

Speech defects may be classified as organic or functional. If there is a physiological abnormality, the defect is organic, and an operation must be performed if the patient hopes to overcome his handicap. If an operation is performed early in life, it is more likely to be successful.

¹ National Elementary Principal, Fifteenth Yearbook, p. 613.
For instance, if a child is operated for hare-lip, the scar has much more time to disappear than it will have if a man should be operated for the same defect. At the same time, the emotions of the child will not have received as great a shock.

All defects that are not organic, are classified as functional disorders. They are not due to a physiological basis but have their seat in the emotions. Correct sounds haven't been taught or learned; baby talk may be a hangover from childhood days, or the emotional development of an individual may be failing to function in its proper order. In either instance, the individual should not be ignored. He needs more attention than the normal person.

An organic defect means there is something wrong with the machine. Somewhere there is a malformation. It may be due to one of two things: an accident, or improper development of the embryo. The connection is deadened. If the disorder is organic, the teacher can do no more than diagnose, and sometimes diagnosis is limited. Her duty is to send the child to a speech specialist where he may receive proper attention. A child with a speech defect usually develops a maladjusted personality. The earlier something can be done for his speech mechanism, the better will be his chance for emotional adjustment. General organic defects result from a defect of a certain part, as a cleft in the palate.

A functional disorder has no physical malformation. The organs do not function as they should. Either the child has not been taught the sound or an emotional disturbance prevents his enunciation of it. Defects

---

2 Robert West, Disorders of Speech and Voice, p. 100.
that are emotional in context, as stuttering and stammering, are
classified as general functional defects because no one particular
organ is affected. Defects such as baby talk which affect certain
specific organs are specific general defects.

The common causes of speech defects are hereditary factors, de-
velopmental factors, birth injuries, physical injuries, diseases and
mental deficiencies.

Defects: Symptom, Cause, Therapy

Baby Talk.—When the child enters school, he may still have symp-
toms of baby talk. This is the most common defect of beginning school
children. Occasionally a young girl talks baby talk because she thinks
it is cute. The cause is a poor speech environment or else sounds and
their production are difficult for a person to understand. The patient
should be made ashamed of his speech so that he will feel a need for
correction and will have a desire to learn. He may be taught through
direct imitation if he is old enough to understand tongue placement, etc.
If he is very young, he will enjoy playing "It" games where correct enun-
cication is required. If the patient is willing to work, no doubt of his
cure is evident. Time required will vary with intelligence and desire
to learn. Phonetics will be valuable in the correction of this defect.

Some of the most common errors are omissions of:

<table>
<thead>
<tr>
<th>(l)ittle</th>
<th>poor for pure</th>
</tr>
</thead>
<tbody>
<tr>
<td>p(l)ease</td>
<td>(h)ow</td>
</tr>
<tr>
<td>b(l)ow</td>
<td>b(r)eak</td>
</tr>
<tr>
<td>foo for few</td>
<td>(a)stand.</td>
</tr>
</tbody>
</table>
Lisp ing.—Lisp ing is another common defect. It is organic and may be due to many causes, such as missing teeth, improper dental arch, hare-lip, lip paralysis, or other causes. The patient should see a good specialist. Sounds are substituted for other sounds. The most common substitutions are sh for s and th for s. The cure depends upon the cause, the treatment, and whether the patient is willing to work. First, a physician should be consulted, as some of these causes may be corrected. Exercises for the tongue, lip, and soft palate should be given in order to develop the muscles. Carl C. Garrison says lisp ing is probably the most common speech defect of school children and lists the following causes:

1. Lack of practice in proper use of the articulatory organs, due to bad models in child's language environment

2. Weakness of auditory center

3. Incomplete development of speech organs

4. Anatomical abnormalities of teeth, lips, tongue, jaws, soft or hard palate, nasal or pharyngeal cavities

5. General deficiency of motor centers.3

Tongue-Tied Speech.—Tongue-tied speech is a specific organic defect. The frenum is too short and prevents the tongue from operating correctly. Every sound will be affected. A tongue which can not be extended beyond the teeth is not free enough for speech. A surgeon should split the frenum after which the patient may be given exercises. Explanations may be given concerning the manner of making sounds. Nonsense syllables may be introduced into games. Anything is good that will exercise the tongue. Many speech teachers first have the child learn to trill. This

3Carl C. Garrison, The Psychology of Exceptional Children, p. 274.
is a good exercise. Again "It" games may be played. Children who do not correctly enunciate or make designated sounds must pay a forfeit.

Nasal Speech.—This defect robs the m, n, and ng sounds of their proper nasal resonance. The back of the tongue blocks sound passages to the nose. Patients are not using the nares in this defect. Nasality may be the symptom of an organic defect or it may be functional. Sinus, enlarged turbinates, deviated septum, adenoids, asthma, or common colds may be the cause. A physician can determine whether the cause is functional or organic. If there is an organic obstruction, it must be removed before corrective measures can be administered. The voice does not have its proper resonance since these certain sounds do not possess their true quality. Exercises to strengthen the tongue and soft palate should be given. Humming and yawning are exceptionally good exercises. 4

Cleft Palate.—Before any remedial help is given, one must ascertain if an operation is possible. This is an inherited defect. The sooner an operation is undertaken, the better chance the patient has to develop normally. If the palate is repaired before speech is attempted, no speech defect will appear. If the palate is beyond repair, a false palate is a device that may sometimes be used. The bones have failed to close in embryonic development. If a child can blow a whistle without holding his nose, if he can make a clear, sharp s sound, if he can properly utter any of the plosive sounds, there is nothing wrong with his cleft palate. Many parents labor under the delusion their child has a cleft palate. After

4 Robert West, Disorders of Speech and Voice, p. 40.
an operation, exercise should be given the velum. Any exercise teaching
the patient to close the opening into the nares is good. This is a very
serious defect that should not be delayed. Any teacher should cooperate
with the physician concerning exercises and time. The patient should
never work too long at a period of time.

Hare Lip.—Another serious defect is hare lip which sometimes ex-
tends inside and becomes a cleft palate defect. Like cleft palate, it is
inherited. Before any remedial training is attempted, operative repairs
must be made. This defect has a direct bearing upon bilabial and labio-
dental sounds. It robs the patient's speech of vigor and firmness, be-
cause attention becomes centered upon the defect. The patient is likely
to speak in a soft tone and develop a "cluttered" speech in an attempt
to draw attention away from his facial blemish. The writer once taught a
child who had been operated for hare lip during infancy. The scar had al-
much disappeared at the age of ten, and the boy was a leader of his group.
Blowing wind instruments, protruding lips, blowing bubbles and whistles,
and similar exercises are excellent training for the use of defective or-
gans. Cure depends upon the patient's age, intelligence, and willingness
to work. The emotions of the patient must also be given much attention.
Treatment of these patients is most discouraging.

Stuttering.—Stuttering is purely a functional disorder. Often the
environment of the patient must be changed. There is no definite and

---

5 Robert West, Disorders of Speech and Voice, p. 33.
6 Ibid., p. 34.
known cure; that which causes one child to stutter will not be the reason another stutters. Usually there is something in the emotional life of the patient which upsets him. It is generally conceded that changing a left-handed child to be right-handed may cause stuttering. This is true only when there is an emotional disturbance. However, if a child who stutters has been changed, it is worth time and effort to have him learn to use the other hand. It may cure him, and no harm will be done. Stutterers can sing, act in a play, talk while crawling, can talk in a peculiar voice, can talk in a sing-song manner, can talk in a group, and can talk in the presence of some while he can't in the presence of others.7

Stuttering is a symptom of an emotional disturbance. Any emotional disturbance interferes with comprehension. The attitude the patient builds prevents progress. He thinks of himself as a stutterer; fear prevents effort. He is in his way rather than on his way. A nervous and unsympathetic teacher does him no good. He must be given a feeling of success. He should be made to feel that he can do something and is useful. After stutterers once get started, they can finish without any difficulty. Their greatest source of trouble is in beginning on an accented syllable. Stuttering pathology is in the experimental stage. Authorities themselves do not agree; in no instance should the stutterer be thrown aside. He should be made to feel that he is one of the group and can do something. One must find out what is in the environment that upsets him and re-educate him emotionally. There are today five schools of thought concerning the

stutterer. Each concedes that training should consist of physical hygiene, mental hygiene, including environmental changes in home and school, and speech training. Stuttering so disturbs the emotions that clear thinking is impossible. The extent of cluttered thinking depends upon emotional stability and the severity of stuttering.

Investigation of one hundred subjects shows stuttering to be a display of a neurosis. Such a state is an outgrowth of the evolution of the general complex personality pattern; its surroundings, state of the nervous system, motor capacity, character, etc., operating in a united but significant manner. Changes in the following factors are related to changes in severity of stuttering:

1. general emotionality
2. desire to keep from stuttering
3. embarrassment
4. awareness of real or imagined embarrassment on the part of the audience
5. effort and muscular strain.

Stuttering treatments are in the experimental stage. Since stuttering is emotional in context, there is no known panacea. Handedness, twinning, fear, etc., all have a theoretical role in cause and therapy. As stuttering develops, the personality changes in one of three ways: suppression of the personality, overassertion, or sensible acceptance of the situation with reasonable attempts to bring about a gradual improvement.

---

10 Ibid., p. 277.
11 Ibid., p. 279.
The stutterer must be taught a sense of re-evaluation and given confidence by being allowed to achieve. Conrad F. Wedberg says the stutterer must go back to the beginning of his troubles, begin all over again with new ideas of speech and social adjustments, and through the application of these in speaking situations, he must establish new physical, mental, and emotional habits. Whatever is done, the stutterer must do it himself. Emotional control and constructive thinking must be practiced in those situations where anxiety and tension have prevailed.\(^{12}\)

\(^{12}\) Conrad F. Wedberg, *The Stutterer Speaks*, p. 56.
CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

Language is a way of behavior that, as soon as it is meaningful, becomes a pattern for future reactions of individuals and contributes to those of the social group. It plays an important role in mental growth and is an important factor in producing mental health or maladjustment. Language is not merely a device for communication. It is a mode of behavior. Reactions of maladjusted speech defectives reveal the most common maladjustments to involve nervous symptoms, withdrawing tendencies, and lack of social skills. The majority of patients are not individually adjusted. Embarrassment in speech leads easily to other forms of maladjustment. Maladjustment may be either the cause or the symptom of other forms of behavior.

The speech defective children attain high scholarship at least as often as do the other school children. They usually rank higher in mental achievement for their speech embarrassment often promotes a desire to achieve and excel in literary realms. Often they have been known to read extensively or indulge in mental activity to compensate for speech defects. The same growth conditions form both the personality and speech.

Since speech is the response of the whole child, a profound change

---

1 Paul A. Witty, Charles E. Skinner, and Others, Mental Hygiene and Modern Education, p. 324.
in the speech pattern such as that required to correct speech disorders must be accompanied by profound changes in the personality. The improvement of the one, automatically improves the other.

Tests of behavior and emotional tendencies are subject to error. The data acquired and accumulated leads to the following conclusions:

1. The same growth tendencies that control personality growth, control the speech mechanism. Heredity and environment influence both. Environment seems to have the leading role in the development of each.

2. The influence of the school alone is not sufficient to counteract opposing forces of out-of-school environment in correcting either a personality or a speech defect. Both require the same painstaking care and treatment.

3. Speech defective children have as great a mental capacity as normal speaking children. They sometimes excel because of concentrated effort in a desire to excel and compensate.

4. The best time for treatment of speech defective people is during elementary school age before the time for the emotional conflicts of puberty.

5. The correction of a serious speech disorder requires time, patience, special information, and the cooperation of the school and the home. This is true of any other personality maladjustment.

---

2Letitia Reubinoff, *How to Teach Good Speech in the Elementary Schools*, p. 63.

7. Any measure that improves the physical health, the mental health, emotional poise, or social adjustment will aid in the improvement of speech.

8. Functional speech defects and personality defects are the result of emotional conflicts and disturbances.

9. A deficiency of one may produce a deficiency of the other. Speech and personality development are interrelated. Speech is a means by which the personality has full expression of social relationships.

In order to promote successful achievement, responsible behavior, and good vocal expression of the personality, the teacher herself must have sound physical and mental health. She must be well poised and adhere to ideals of good citizenship. A usable knowledge of child psychology and speech pathology should be an asset of everyone who teaches children. Each public school should have a method of collecting data concerning family relationships and home environment; environmental factors appear to be more effective than hereditary forces in both speech and personality therapy. This information should be available to every teacher. When home and school environment conflict, maladjustment is the result. Teachers in the public schools need speech training; they lack knowledge for making dependable diagnoses.

Speech defects usually manifest themselves in the entire life of the individual. A child who has poor speech habits will have a defective personality; beautiful speech enhances the personality. Social and
personal integration are the goal standard of the educative process. When the home and school intelligently cooperate to aid the speech defective instead of pushing him aside, and produce a harmonious environment for the emotionally ill, the writer is confident there will be a reduction in the high rate of speech defective personalities. To promote this era, teachers everywhere should be required to select training that will enable them by speech and personality therapy to help develop personalities that will produce a harmonious society.
APPENDIX
### The Sounds of English Speech

<table>
<thead>
<tr>
<th>Organs</th>
<th>Sounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bi-labial</td>
<td>b &lt;sup&gt;P&lt;/sup&gt; m w &lt;sup&gt;W&lt;/sup&gt;</td>
</tr>
<tr>
<td>Labio-dental</td>
<td>f v</td>
</tr>
<tr>
<td>Lingua-dental</td>
<td>θ ë</td>
</tr>
<tr>
<td>Lingua-rugal</td>
<td>d t n r &lt;sup&gt;S Z&lt;/sup&gt;</td>
</tr>
<tr>
<td>Lingua-palatal</td>
<td></td>
</tr>
<tr>
<td>Lingua-volar</td>
<td>g k ë h</td>
</tr>
<tr>
<td>Glottal</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manner</th>
<th>Plosive</th>
<th>Nasal</th>
<th>Trilled</th>
<th>Semi-vowel</th>
<th>Fricative</th>
<th>Lateral</th>
</tr>
</thead>
</table>

Voiced—not underscored  
Voiceless—underscored (breathed)

---

<table>
<thead>
<tr>
<th>Name</th>
<th>Parents' Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age: Mo. Day Year</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nationality</th>
<th>Examiner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>P</th>
<th>f</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td>v</td>
</tr>
<tr>
<td>t</td>
<td>θ</td>
</tr>
<tr>
<td>d</td>
<td>χ</td>
</tr>
<tr>
<td>k</td>
<td>s</td>
</tr>
<tr>
<td>g</td>
<td>z</td>
</tr>
<tr>
<td>m</td>
<td>j</td>
</tr>
<tr>
<td>n</td>
<td>z</td>
</tr>
<tr>
<td>η</td>
<td>r</td>
</tr>
<tr>
<td>M</td>
<td>l</td>
</tr>
<tr>
<td>h</td>
<td>w</td>
</tr>
<tr>
<td>j</td>
<td></td>
</tr>
</tbody>
</table>
INTERMEDIATE TEST

1. Polly put the top typing papers here.
2. Bob told baby to bite her boots.
3. Tiny Tim fought the mighty monster.
4. A great deal of feed is needed for the load.
5. Mr. Marker makes the children keep the track free from grass.
6. Go to Piggly Wiggly for a bag of sugar.
7. Come meet the man who removed the maniac.
8. No one had seen Nona untie the balloon.
9. The strong man was singing the songs he liked.
10. The bewhiskered old gentleman wanted to know why he couldn't go to Wheeler.
11. Helen could not find a hat that would enhance her head.
12. Beef was used as food in the strifes between friend and foe.
13. Violet said the raven could not dive.
14. Ethel said the undergrowth in the thicket was heavy by Thanksgiving.
15. Neither brother nor sister could bathe the baby.
16. Yesterday she sent her sister to this grocery for some rice.
17. Daisy is at the zoo feeding the lazy zebras cheese.
18. The ocean surely has much fish swimming near shore.
19. He had a vision of a garage with azure ceilings.
20. The children come for the stories Robert tells.
21. The man came late for his camel.
22. Weeds and wild flowers grow in the woods.
23. Year after year the youngsters use more perfume.
CASE HISTORY OUTLINE

I. Symptoms

1. Can patient produce speech?

2. Does he block?
   1) on a sound
   2) on a word
   3) sound combinations

3. Does he repeat?
   1) sound
   2) sound combinations
   3) words
   4) phrases

4. Does he start with movements other than speech such as facial movements?
   1) spasms of tongue
   2) spasms of chest
   3) spasms of soft palate
   4) spasms of lips
   5) spasms of vocal cords
   6) spasms of chest
   7) spasms of diaphragm

5. Does patient substitute any consonant sound for another?

6. Are the sounds incorrectly made, slurred, or incomplete?
7. Does he use correct pitch?
8. Is volume of voice abnormally loud or soft?
9. What mood or emotion does the voice suggest?

II. Speech History
1. Was any language other than English spoken in childhood home?
2. Talking age
3. Age speech trouble began
4. Is defect getting worse or better?
5. Previous help
6. Patient's attitude toward defect
7. Other people's attitude
8. Does difficulty vary with circumstances?
   1) does fatigue increase difficulty 
   2) topic of conversation most likely to increase difficulty
   3) can he talk over a telephone?
   4) can he talk to children or pets?
   5) list types of speech where symptoms of stuttering are absent.

III. Family History
1. Father
2. Mother
3. Siblings
   1) nervousness
   2) personality traits
3) epilepsy

4) insanity

5) speech defects

V. Medical History

1. Conditions at birth
   1) weight
   2) obstetrical difficulties

2. Illnesses during first year

3. Operations and accidents

4. General health

VI. Physical examination

1. Weight and height

2. Posture

3. Gait

4. Condition of skin

5. Condition of mouth, nose, throat

6. Hearing

7. Normalcy of secondary sex characteristics
   1) shape and expression of face
   2) shape of pelvis
   3) shape of shoulders
   4) shape of body and limbs
   5) love affairs
   6) prominence of larynx and pitch of voice

8. Education
1) grades completed

2) teachers estimates of intellectual ability
BIBLIOGRAPHY
BIBLIOGRAPHY

Books


Stinchfield, Sarah M., and Young, Edna Hill, Children with Delayed or Defective Speech, Stanford, California, Stanford University Press, 1938.


Thorpe, Louis P., Clark, Willis W., and Tiegs, Ernest W., California Test of Personality - Elementary, Form A, Hollywood, California, California Test Bureau, 1942.

Thorpe, Louis P., Clark, Willis W., Tiegs, Ernest W., California Test of Personality - Primary, Form A, Hollywood, California, California Test Bureau, 1942.


West, Robert, Disorders of Speech and Voice, Madison, Wisconsin, College Typing Co., 1933.
Report


Articles

Blanton, S., "Stuttering," Mental Hygiene, April (1931), 278.


Van Alstyne, Dorothy, "Collecting and Organizing Information about the Child," The National Elementary Principal, XV (1936), 463.

Unpublished Material

Christiansen, Anne Elizabeth, Relationship of Social Concepts and Personality in the Third Grade of Travis Elementary School, Mineral Wells, Texas, Denton, N. T. S. T. C., 1942.