A STUDY OF A REMEDIAL SPEECH PROGRAM IN OPERATION
IN FOUR RURAL SCHOOLS IN THE STATE OF UTAH

by
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I wish to acknowledge with appreciation the criticisms and assistance my committee has given me throughout the preparation of this thesis. I wish especially to thank Professor E. LeRoi Jones, my major professor, who has directed all phases of this study, and Dr. Chester J. Myers, Head of the Speech Department, for his assistance. My deepest gratitude is also extended to Superintendent Kenneth E. Weight and principals Leon F. Christiansen, Glen Taylor, J. D. Gunderson, and Victor J. Bott of the Box Elder County School District whose cooperation made this program possible.
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CHAPTER I

"The field of speech correction is not an old one. In comparison with many of our academic specialties, it is a newcomer. It is only recently in the history of mankind that there has been any consideration for the handicapped person."¹

INTRODUCTION

Problem

Recent speech surveys conducted in Box Elder County showed that approximately 17% of the elementary school children there had speech defects of such seriousness that they needed clinical attention.

A remedial speech program was organized and remedial speech training given at four schools in Box Elder County.

The purpose of this project was to study this remedial speech program, as it was in operation, in an effort to determine the feasibility and value of such a program.

Review of literature

Since the remedial program was something new being used in these schools for the first time a review of literature was made in an effort to find out if similar programs had been conducted before, and if so how they had been conducted. The available literature published by leaders in the field of

speech correction; Van Riper, (16), West, Kennedy and Carr 
(17), Ainsworth, (1), Backus, (3), Travis, (15), Stinchfield, (13) 
and others made no reference to studies giving explicit details 
of remedial speech programs. These authorities discussed tech­
niques to be used to correct the various speech defects, but 
actually outlined no program. Correspondence with various 
states (Illinois, Iowa, California, South Dakota) gave no 
indication that detailed speech programs were being outlined 
by these states. True, they were spending hundreds of thousands 
of dollars each year for corrective speech but information 
received from individuals working in state programs indicated 
that the actual procedures of therapy were left entirely up to 
the initiative of the individual clinician. Lack of completely 
outlined programs likely is due to the fact that the field of 
speech correction is so new.

Literature reviewed did however cite many studies which 
showed how badly the speech defective is handicapped in his 
associations with society. In 1937 Carlson2 made this state­
ment, "Today in the United States alone there are at least 
9,000,000 people whose personalities have been or will be 
limited by their failure to develop flexible, socially acceptable 
speech." She also asserts that the child with a speech defect 
is almost certain to develop personality problems which lead 
him to be either a pert and unruly show-off or a shy self-

2A. Carlson, "Crippled in the Tongue", Harpers, Oct. 1937, 
p. 539-546.
distrusting introvert.

In addition to effects on the personality of the individual it has been found that the speech defective is so retarded in school situations that he cannot possibly compete on equal terms with his associates. Stinchfield\(^3\) found that at Mount Holyoke girls who needed remedial speech training, even though they were as intelligent as the others, failed their classes and were not among the leaders of their groups. A study in Hamburg, Germany, revealed that the higher the speech defective gets as to school grade the greater becomes his retardation.\(^4\) Van Riper\(^5\) says the average speech defective is retarded one year in school because of his defect.

The fact that it is actually the speech defect which causes this retardation has also been attested by H. Gutzmann in Germany who stated that he often found children who stuttered being retained for as high as two or three years in the first grade. These same children with their speech problem remedied not only could keep pace with their present class but could also catch up on what they had lost while being retained.\(^6\)

Speaking of speech defectives who are retarded in school Conradi\(^7\) says:

We should remember that such children are behind, probably not on account of any mental inferiority,

---

\(^3\)S. M. Stinchfield, *Speech Pathology With Methods in Speech Correction*. (Boston Expression Co., 1928)

\(^4\)E. Conradi, "Speech Defects and Intellectual Progress" *Journal of Educational Psychology*, III (Jan. 1912, p. 35-38.)

but either because they are neglected by their teachers or because they are discouraged on account of the jeering of their classmates. Whichever of these cases may be operative, however, the fundamental condition is the defect of speech, and, with the removal of that, normal intellectual development becomes possible.

Criteria

Whenever a program involving defective speech is encountered the question always arises, just when is speech normal, and when is it defective? Backus\(^8\) says:

There is no absolute line of demarcation between normal and defective speech. Judgement rests largely upon an acoustic basis i.e., what one hears, or, more accurately, what one is conscious of hearing.

West, Kennedy and Carr\(^9\) give a more exact definition. It is rather long, but its specificity is helpful. They say:

The speech of a given person may be regarded as defective under the following conditions: (1) when his voice is not loud enough to be easily heard in the practical situations of his vocational and social life; (2) when his speech is partially or wholly unintelligible because of inaccurate articulation; (3) when his speech is partially or wholly unintelligible by reason of serious lapses of grammar, syntax, or word use; (4) when, for any reason, his speech is intrinsically unpleasant to listen to; (5) when his utterance is so different in rate, rhythm, pitch, loudness, timbre, or individual sounds of speech from that of the average speaker of his age and sex, that the differences serve to distract the hearer's attention from what is being said to how it is said; (6) when his speech is accompanied by extraneous mechanical or vocal sounds or distracting grimaces, gestures, or postures.

\(^6\)E. Conradi, op. cit., III, p. 35-38.
\(^7\)E. Conradi, op. cit., III, p. 35-38.
\(^8\)O.L. Backus, Speech in Education (Longman's Green and Co. New York 1945 p. 29.)
Surveys - Support of the Problem

The recent surveys in Box Elder and Cache County which revealed the fact that about 17 out of every 100 school children tested were defective in speech, spurred local officials and parents to action. This, however, is not the first time that studies have shown a definite need existing in this field.

In 1930 President Hoover called the White House Conference for the purpose of studying the needs and conditions of the handicapped child in America. The survey was conducted, by correspondence, of 48 cities with a population of over 10,000. The findings revealed that 1,000,000 children between the ages of 5 and 18 had defects of such seriousness that they warranted immediate clinical attention. 8

In 1941 Jones 9 made a survey of the Uintah Basin and Provo City, Utah, schools in which he interviewed all children of the third to the sixth grades inclusive. He found the gross percentage of defects to be 13.1% of all those tested.

Perhaps the differences existing between the percentages found in the White House Conference, the survey by Jones, and those made recently by the Utah State Agricultural College speech clinic can be accounted for by explaining that the White House Survey was made by correspondence, while those by Jones

9E. L. Jones, A Comparative Study of the Speech Defect of the Pupils in the Third, Fourth, Fifth, and Sixth Grades of a Rural Area and a city of the Second class in the State of Utah. (Brigham Young University. Thesis, 1941.)
and the Utah State Agricultural speech clinic were accomplished by personal interview. In addition to this the Government reports listed only those defects of such seriousness that immediate attention was imperative to the welfare of the child. Those listed as having defects in the other surveys included all those to whom it was thought clinical assistance would be advantageous.

Classification

In the Utah State Agricultural College clinic surveys all those having irregularities were classified as to school, grade, teacher, and disorder. The disorders were then further classified as articulatory, voice, stuttering and miscellaneous. The articulatory group was composed of those children having a distortion, substitution, or omission of the 's', 'r' or unvoiced 'th' sounds. The voice group consisted of those whose voice quality was harsh, weak, monotonous, or whose voice pitch was too high or too low or who had any other characteristic which called attention to the child in an unpleasant manner. The stutterers were divided into two classes. The primary stutterer who although he stuttered did so effortlessly and in some cases unknowingly; and the secondary stutterer who realized that his speech was very different and accompanied his moments of difficulty with forced speech. The miscellaneous classification was held open for those who did not fit any other group. An example of these cases would be the child with cerebral palsy or a child having difficulty with vowels rather than consonants.
Materials

For the successful operation of the remedial program much material was needed. Mimeographing was very important since letters to parents, poems, practice suggestions, word lists, and complete lesson plans for some disorders had to be made up beforehand.

To meet the demands for the detailed information needed in some cases a lending library was compiled and held ready for use. It consisted of:

"The Child From Five to Ten" by Gessel - 2 copies.
"Children With Delayed and Defective Speech" by Stinchfield and Young - 2 copies.
"Know Yourself" by Bryngleson, Hansen, and Chapman - 2 copies.
"Better Speech and Better Reading" by Schoolfield - 2 copies.
"Our First Speech Book" by Pearl Lloyd - 4 copies.
"Speech Improvement Cards" by Bryngleson and Glospey - 2 sets.

All of these books were very closely related to the problems that could arise in carrying out such a program.

In order to have some definite means of checking the progress of students recordings were made at the beginning of remedial training and again at the end. Six inch discs were used for the recordings, and each child recorded a poem or other material so selected as to point out the irregularity.

It was decided that it would be desirable to have the reactions to the program of parents and teachers whose children or pupils had received remedial training. To obtain these reactions, questionnaires were sent out on which these people could make known their ideas as to the value of the program.
Schools

A corrective program was established and remedial training given weekly at the Central and Lincoln schools at Brigham City, Utah, the McKinley School at Tremonton, Utah, and the Garland school at Garland, Utah. These were the larger institutions in the county and consequently possessed the greater number of cases.
CHAPTER II

PRELIMINARY PROCEDURES

Surveys

Professor Jones of the Utah State Agricultural College speech clinic was invited to attend a meeting of the principals of the Box Elder County Schools. At this meeting he explained the importance of the speech correction program and it was decided that an effort should be made to determine the extent of the problem in Box Elder County.

To accomplish this the Utah State Agricultural College speech clinic made surveys of the following schools:

- Central School in Brigham City, Utah
- Lincoln School in Brigham City, Utah
- McKinley School in Tremonton, Utah
- Garland School in Garland, Utah
- Deweyville School in Deweyville, Utah
- Honeyville School in Honeyville, Utah
- Bothwell School in Bothwell, Utah
- Bear River City School in Bear River City, Utah

Every child attending school on the day the survey was made was met and checked for speech defects. The personal interview method was used which means that the child was met by the clinician with a very cheery informal attitude. A leading question or two was usually sufficient to start the child talking, and as he talked the clinician noted carefully any speech irregularities. If the child was reticent about talking, pictures were used to test his knowledge of and ability to make the correct sounds.
In all, 1,947 children were tested in the aforementioned schools, and 332 or 17.05% were found to have speech irregularities.

When the results of the surveys were compiled it was decided by school board action that a remedial program should be set up under the direction of Professor Jones.

After this decision had been made all those children who, in the first survey, were judged as having irregularities of speech were contacted personally. At this time the Bryngleson Test Card\textsuperscript{10} method was used to determine whether or not the defect actually existed. Findings of the first survey were substantiated in approximately 90% of the cases. A classification was made according to the criteria set up in the first chapter of this paper.

A third survey was then conducted. From this final survey the most serious cases and some of the less serious were selected to make up the caseload. Those selected were from the articulatory, stuttering, and miscellaneous groups. Because of the brevity of this program and the time-consuming complexities of correction of voice problems it was decided not to attempt therapy for them at this time.

This distribution shows 128 cases were given remedial training by weekly meetings. Other schools received aid, and remedial procedures were set up, but because of the few cases involved, visits were not on a weekly basis.

\textsuperscript{10}This method consists of pictures which use the 16 most frequently distorted sounds in the initial, medial and final positions.
TABLE I

DISTRIBUTION OF SPEECH IRREGULARITIES ACCORDING TO SCHOOLS

<table>
<thead>
<tr>
<th>Type of Defect</th>
<th>Central School</th>
<th>Lincoln School</th>
<th>McKinley School</th>
<th>Garland School</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>at Brigham</td>
<td>at Brigham</td>
<td>at Tremonton</td>
<td>at Garland</td>
<td></td>
</tr>
<tr>
<td>Defective 's'</td>
<td>19</td>
<td>6</td>
<td>16</td>
<td>9</td>
<td>50</td>
</tr>
<tr>
<td>Defective 'r'</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Defective 'th'</td>
<td>10</td>
<td>6</td>
<td>18</td>
<td>4</td>
<td>38</td>
</tr>
<tr>
<td>Stuttering (Primary)</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Stuttering (Secondary)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>43</td>
<td>22</td>
<td>41</td>
<td>22</td>
<td>128</td>
</tr>
</tbody>
</table>

Children were given remedial training on only one sound at a time. Since peripheral sounds or sounds that can be seen are more easily comprehended than others, if a child had difficulty with more than one sound the peripheral sound was selected for training. This was done for the benefit of the child since succeeding in overcoming one irregularity would provide confidence to work with the more difficult ones at a later date.

Parent-Teacher Cooperation

Upon completion of the caseload the cooperation of parents and teachers was desired. In order to gain this cooperation a meeting was held for the parents and teachers of those children selected for remedial training.
Since home practice was essential to the success of the program the parents were taught the methods and drills to be used for the correction of faulty sounds. It was explained to them that the procedure would have to be that of learning an entirely new sound. First it would have to be learned in isolation as a new sound, next, use of the sound in nonsense combinations with the vowels, then use of the sound in simple words for recognition purposes and finally habituation of the sound and its integration into daily conversation.

Parents and teachers alike were told that because of the shortness of the program they were not to expect complete correction of a difficulty, but that some improvement could be expected.
CHAPTER III

THE REMEDIAL PROGRAM

General Procedures

In order to give the children as much assistance as possible it was decided methods of therapy should be adopted that had proved themselves effective in clinical situations. The method used for teaching the 'r' sound is used by West of Wisconsin. All other methods used in the program are those taught by Jones of Utah State Agricultural College.

The establishment of rapport is very important if the child is to progress. Since it was feared that some of the children might resent correction of their speech, they were approached from the standpoint of being allowed to take speech lessons. It was explained that some people take piano lessons, others singing lessons, others dancing lessons, and still others boxing lessons in an effort to make themselves better in their respective fields. In fact, it was pointed out, very few people do not take lessons of one kind or another. It was made clear that anyone who did not wish to take the training would not be forced to do so. In the course of the program only one child decided to withdraw. This was an eighth grade boy who became involved in baseball and so did not wish to continue.

Procedures for Articulatory Cases

In the case of articulatory disorders it was possible to
draw up, in advance, lesson plans for the entire program. These plans were mimeographed in such a manner that each lesson could be cut away from the others and be the right size to fit into notebooks given each child. In no case was the child given a new lesson until he had satisfactorily completed the preceding one. At this time the new lesson was stapled on an empty page and the child began practice on the new assignment.

At each meeting both group and individual therapy was applied. The group would first be met, the previously assigned work would be reviewed and the next step explained and practiced. Each case was then met individually for a check of progress, explanation of anything that was not understood, practice with the child alone for a moment, and decision as to whether or not that particular case was ready for advancement to the next lesson.

Although all articulatory cases have much in common and the procedure of teaching the sound in isolation, nonsense syllables, nonsense words, simple words, and habituation stages are similar, the techniques involved in the teaching do differ according to the sound.

In the case of the 's' sound the first lesson consisted of giving each child a notebook, and teaching him or her the new sound. The notebook had stapled in it a general information letter, a list of practice suggestions, a poem for recording purposes which utilized the 's' sound, (Appendix A), and the first lesson.

The 's' sound was taught from a bouncing 't' (see Appendix B). Since the 's' and the 't' sounds are made with approximately
the same tongue position and since the 't' could be made by all the children, the child was taught the new 's' sound by first making the 't', then sliding into the 's'. The child was taught to make three 't's' and prolong the fourth 't' into an 's' by merely retaining the tongue in the 't' position instead of moving it as is done when the 't' is made. The entire pattern then as taught to the child was 't-t-t-ssss'.

The second lesson (see Appendix B) involved the combining of the new 't-t-t-sss' pattern with vowels to form nonsense syllables as 't-t-sss-u', 't-t-sss-a' etc. Also at this time a disc recording was made of each case to be used later as a measure of progress.

In the third lesson (see Appendix B) the new 's' sound was used for the first time in isolation without the use of the 't' as a position finder. This assignment also included the use of the 's' in nonsense syllables as 's-u, s-a, s-e, u-s-a, u-s-u' etc..

The fourth lesson (see Appendix B) connected the new 's' sound with words for the first time. The assignment was to recognize the new sound and use it correctly in simple words.

Teachers and class participation were used at this time. Lists of words were furnished the teachers (Appendix B) with instructions that they be studied by the class for a short period each day.

In the fifth lesson (Appendix B) the object was to teach the child to distinguish between the 's' and sounds made in a similar manner, and used in similar words, such as zip and sip.
This was done through drilling by means of word lists. Again the teacher was given words to use for class drill. (Appendix B)

Habituation of the sound and integration into conversation was begun in the sixth lesson. The child was assigned the words say, asleep, and yes to use correctly at all times. If the 's' sound should be distorted on any occasion the word had to be repeated until it was said correctly. (Appendix B)

Lesson number seven (Appendix B) was very similar to number six. The words saw, mister, and us, were added to those already being watched for correct sound usage.

The eighth lesson (see Appendix B) was the final lesson. The child was urged to be mindful of his problem and strive to overcome it at all times. A final disc recording was made to check progress made.

For those cases having difficulty with the 'r' the procedure was much the same as for those having difficulty with the 's'. These cases received a notebook which, except for the fact that a different poem was used, contained the same material as the one received by the 's' group.

The first lesson (Appendix C) involved the teaching of the 'r' position with the assistance of the 't'. The child was taught to say the 't' sound and while continuing phonation to draw the tip of the tongue upward and backward. This curved the tongue into the correct position and 't-rrr' resulted.

At the time of the second lesson (Appendix C) the child was instructed to continue the 't-rrr' exercise, but to now add vowels forming nonsense syllables 't-rrr-u', 't-rrr-a', etc.
A disc recording was made for later use as a progress check.

Lesson number three (Appendix C) involved the production of the 'r' without the 't' and using it in nonsense syllables 'r-u, r-a, r-e, u-r-u, e-r-e, u-r, etc..

When the fourth lesson (Appendix C) was given, the child began using the 'r' sound as he recognized it in simple words.

Teachers were given lists for class participation.

The fifth lesson (Appendix C) taught differentiation of sounds. In the case of the 'r' sound it is most often confused with 'w' and many children substitute 'w' for 'r'. For this reason word lists for this lesson were made up of combinations like red-wed, or reek-week. Teachers received lists.

Lesson six (Appendix C) was the assignment of the words red, ran, rest, to say correctly in conversation. The same principle was used here as in the 's' group.

The words race, rug, ring, were added to the vocabulary in the seventh lesson (Appendix C).

Lesson eight (Appendix C) as in the case of the 's' was for the purpose of stressing the objective viewpoint and making a final disc recording.

Of the three groups of articulatory problems handled in this program the unvoiced 'th' sound as found in the words think, or thousand, was undoubtedly the easiest to work with. This is due to the fact that the sound can be seen as well as heard thus making for more rapid progress. The reason that this group was made of all unvoiced 'th' distortions was, of course,
due to the fact that distortions of the voiced 'th' as found in 
the and this are in the great minority and not often found.

The first lesson (Appendix D) was for the teaching of the sound. Unlike the other two articulatory groups this sound was not taught in connection with another. Since the correct position of the tongue can be easily seen this was not necessary. Use of the voiced 'th' was mentioned to give them the position but the sound itself was not needed. The child was taught to place the tongue between the teeth and blow. To add variety he was encouraged to wet the back of his hand and blow on the wet area. By doing this he could tell whether or not he was making the sound properly.

Nonsense syllables were introduced in the second lesson, (Appendix D) as 'th-u, th-a' etc. and a disc recording was made.

Simple words came with the third lesson (Appendix D) for the 'th'.

The fourth lesson (Appendix D) was used to teach differentiation between the voiced and unvoiced 'th' sounds. Since they look alike they are often confused. Teachers were given lists for class use. (Appendix D)

Lesson number five (Appendix D) started the habituation phase. The words think, thank, thumb, were assigned as words to always pronounce correctly.

The sixth lesson (Appendix D) added the words thick, think, and mouth, to the original three for correct usage.

The sound being the easiest of the three groups worked with, required only seven lessons. The seventh lesson (Appendix D)
served the same purpose as the eighth in the other groups. Objectivity was stressed and final disc recordings made.

Procedures for Stuttering

Due to the extreme variability which always exists in stuttering cases it was not feasible to draw up lesson plans in advance. The stutterers were divided into two groups. The primary group, made up of those cases whose stuttering was merely easy effortless repetitions, were not given clinical therapy. Letters were sent to parents and teachers informing them as to the best course to follow. (Appendix E) The reason for this, of course, was that many of these stutterers had no idea that their speech was different and actual clinical work would only have called it to their attention. This, perhaps, would have aggravated their defect.

The secondary stutterers, two in number, were aware of their difficulty and were treated. Clinical therapy was given which followed the relaxation technique as outlined by Professor Jones.* Letters were also sent to the parents and teachers of this group. (Appendix E)

Procedures for the Miscellaneous Group

This group was composed of two boys and a girl. The boys were cerebral palsey cases and were treated with the same

*Professor Jones is head of the speech clinic at the Utah State Agricultural College. His method involves the teaching of relaxation as a distraction device. It differs from other distraction devices in that if it becomes a habit the stuttering will be alleviated.
general relaxation procedures as the secondary stutterers.

The girl had been subject to foreign influence and distorted her vowels. Her therapy followed the same general lines as the articulatory groups. She was taught the vowel sounds by tongue and lip positions, they were used in nonsense syllables and then she was drilled with very simple reading material\textsuperscript{11} in an attempt to establish the sounds correctly in words.

\textsuperscript{11}\textsuperscript{P. Lloyd, Our First Speech Book, (Newson & Co. New York 1942)}
CHAPTER III

THE REMEDIAL PROGRAM

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Procedures for Articulatory Cases

In the case of articulatory disorders it was possible to
The results of the questionnaire can be seen in the following tables:

**Question No. I**

a. I was aware of the speech problem before the program began.
b. The program called the speech problem to my attention.

**TABLE II**

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Parents</td>
<td>73.3</td>
<td>26.7</td>
</tr>
<tr>
<td>Teachers</td>
<td>67.2</td>
<td>32.8</td>
</tr>
</tbody>
</table>

It will be noted that a higher percentage of parents were aware of the problem than teachers. Perhaps this was due to the fact that the child was refusing to respond in the classroom situation thus making it difficult for the teacher to observe the speech defect.

**Question No. II**

a. In your opinion did the problem affect the child's school work. Yes or No

**TABLE III**

<table>
<thead>
<tr>
<th></th>
<th>Yes %</th>
<th>No %</th>
<th>Didn't Answer %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>48.9</td>
<td>33.3</td>
<td>17.8</td>
</tr>
<tr>
<td>Teachers</td>
<td>45.5</td>
<td>32.7</td>
<td>21.8</td>
</tr>
</tbody>
</table>

The higher percentage of parents than teachers indicating the child's school work was affected is in harmony with Table II.
It may also indicate a means for the parent to excuse the child for poor school work.

**Question No. III**

In your opinion was the program:
- a. Very helpful
- b. Helpful
- c. Of little help
- d. Of no help

<table>
<thead>
<tr>
<th>TABLE IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
</tr>
<tr>
<td>Teachers</td>
</tr>
</tbody>
</table>

The results of question #3 indicate that parents and teachers have been quite favorably impressed by the program since over 90% of either group indicated it had been very helpful or helpful.

**Question No. IV**

Do you think that a program such as this one would be a desirable addition to the school curriculum? Yes or No

<table>
<thead>
<tr>
<th>TABLE V</th>
</tr>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Parents</td>
</tr>
<tr>
<td>Teachers</td>
</tr>
</tbody>
</table>
The results of this question indicate that the program has stimulated a desire for this type of training to be added to the school curriculum.

The results as shown in figure I and tables II to V show the attitude of the parents and teachers concerning the program. This is all that was intended and anything more precise is beyond the scope of this study.

In general, the program moved along rather smoothly. There were, however, many handicaps to overcome. In some instances rooms were difficult to get and the interruptions encountered tended to slow down the rapidity with which cases could be handled. At the McKinley school in Tremonton, the only room that could definitely be used each week for corrective work was the office. This was very confusing since the proceedings were always being interrupted by telephone calls, trips to the first aid kit and the like. In some instances the lounging cot, used for those not feeling well, was occupied. This gave a very insecure atmosphere since it was difficult to retain the undivided attention of those children being worked with at the time of the interruption. These unfortunate circumstances in no way reflect upon the principal or the teachers. It was simply true that the school was so crowded that all available space was being utilized.

At Garland facilities were better. The library room was turned over to the program and it was used exclusively for that purpose when needed. There were no interruptions unless teachers or parents had been invited to observe the handling of cases.

At the start of the program it was necessary to use the
A COMPARISON OF THE PERCENT OF PARENT AND TEACHER RESPONSES TO THE PREPARED QUESTIONNAIRE.*

*Questionnaire Appendix E
office at the Lincoln school in Brigham City for remedial work. Very soon, however, arrangements were made for the music room to be turned over to speech work. This proved much more satisfactory.

Central school in Brigham City, having more space available than the other schools offered the ideal set up as far as facilities were concerned. The working space here consisted of three adjoining rooms. One had a table with seats on each side and was very good for group work. The next had a desk and chair which made it possible to give individual instruction. The third was equipped with a cot, and was private. This, of course, was very good where relaxation techniques were used.

The importance of adequate room facilities cannot be over emphasized. Of course, a three room arrangement such as Central offered is most ideal, but actually is not imperative. Any room which is private is, as a rule, adequate.

Aside from room facilities, it is felt that the program was not long enough. At the end of the program most cases were in the habituation phase, but time did not allow for habituation to be complete. For this reason some cases who seem to have corrected their difficulty may, since the program is now ended tend to regress to their old speech habits.

**Weekly Progress Sheets**

A progress report was kept of each child at each meeting. Progress was identified by four levels: Poor, fair, good, and excellent. Definitions of these categories were purely subjective and hence did not attempt to make an exact measurement of progress by anyone else's methods. "Poor" was defined as such little progress
that a new lesson could not be given. "Fair" meant that the lesson was well enough in hand that another could be given, but that progress was relatively slow and that continued practice was necessary on the past lesson. "Good" meant that the child had mastered the old lesson and was ready for the next. "Excellent" was interpreted to mean that the child had done so well that he had already achieved the objective of the next lesson so in many of the cases the next two lessons were assigned.

These progress reports show that over the course of the program 56% of the pupils made good and excellent progress according to the definitions described earlier in this paper. This 56% complied with all assignments and completed every lesson of the course. The group which showed fair progress was composed of 35.2% of the cases. The progress of these pupils was of a sporadic nature first slow than fast, but never quite attaining the excellent rating. Most of these students also finished all eight lessons. There was also a group of students whose progress was poor. These students who made up 8.8% of the total did make progress but it was so slow that they were behind the rest of the group. Sometimes they would remain on one lesson for two or three weeks. None of them finished the prescribed eight lessons. According to the writer's observations progress for the entire program was good.

Recordings

In order to have some basis for comparing the speech of the individual before and after training, two phonographic recordings were made, one at the beginning and one at the end of the
program. The material used for both recordings was identical thus making it possible to compare the number of errors made before and after training.

After the final recording the number of errors were computed. In order to check the number of errors found, two graduate students in the speech correction field, made separate counts and then compared results. It was found that they agreed perfectly on the number of errors detected.

Using formulas designed for small sample groups the differences in the number of errors found in the first and second recordings were checked for statistical significance. It was found as shown in Table VI that progress indicated by these differences was significant at the 1% level.

These computations were made only for articulatory disorders since for the serious stuttering and miscellaneous cases there was no way to check progress after such a short program. The writer feels that some progress was made and the individuals concerned say that they feel they have progressed, but it would be very difficult to measure at this time.

Suggestions and Recommendations

It is realized that this program is of a specific type and not all inclusive. As a program it has its limitations and restrictions. However, it is felt that observations made during its operation indicate some recommendations that should be made if a similar program is to be used in the future. It seems logical to believe that programs of this type can be efficiently handled by being divided into three major parts or procedures.
### TABLE VI

<table>
<thead>
<tr>
<th>Type of Defect</th>
<th>No. of Recordings Made For The Group</th>
<th>No. Of Errors In First Recording</th>
<th>No. Of Errors In Second Recording</th>
<th>No. Of Differences In No. Of Errors Of First And Second Recordings</th>
<th>Critical Ratio</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>'s'</td>
<td>43</td>
<td>290</td>
<td>91</td>
<td>199</td>
<td>11.5</td>
<td>'Significant' at The 1% Level</td>
</tr>
<tr>
<td>'r'</td>
<td>24</td>
<td>111</td>
<td>36</td>
<td>75</td>
<td>8.6</td>
<td>'Significant' at The 1% Level</td>
</tr>
<tr>
<td>'th'</td>
<td>25</td>
<td>103</td>
<td>23</td>
<td>80</td>
<td>5.6</td>
<td>'Significant' at The 1% Level</td>
</tr>
</tbody>
</table>

**Significance of Differences Between Numbers of Errors of First Recording and Second Recording Made After Remedial Training.**
1. Finding of the speech problem.
2. Preparing to meet the problem.
3. Meeting the problem.

The program involved these steps but it was an isolated thing which was injected into the school procedure, left there for a short period and then withdrawn. It is probable its effects would have been much greater had it been an integrated part of the school curriculum. For this reason the basic suggestion for future programs is that first they should be made a definite part of the school procedure.

Finding the problem can become a regular part of school testing procedure. To begin with, all children should be tested for speech irregularities. After this initial survey each child entering elementary school should be tested and the results of the test entered on that child's school record.

The method of testing need not be a stereotyped thing since speech clinicians have many methods with which they are familiar. The informal personal interview, and Bryngleson Test Card methods used in the program to which this paper pertains were very satisfactory.

In preparing to meet the problem a multitude of lesser problems are involved. Authorities such as Van Riper (16) and Travis, (15) indicate that problems involved in speech correction are of a highly technical nature. Therefore, the person selected to carry out the program should be a well trained clinician. A regular teacher does not have the necessary background to be effective. A private room where the clinician will be undisturbed is desirable. This study indicated by reports
of parents and teachers, that a good library of books that can be borrowed by parents, teachers, and children is very advantageous in that it assists in giving an understanding of the problem to be met. A definite caseload should be selected from the results of the tests that have been given and a definite schedule of lessons should be outlined. The procedure of having materials mimeographed and ready for use was very helpful in the program just completed. Although each school was only visited once a week it was found that 128 cases could be given training by the combined group and individual methods. Approximately this number would seem to be a feasible caseload for this type program. Two such caseloads could be handled each school year so that a speech program would always be in progress. Parent, teacher, and child cooperation is, of course, very necessary and is a part of this phase of getting ready. Meetings should be held and the support of these people obtained.

The meeting of the problem is the final phase of the program and will consist of the actual therapy. The program just completed suggests one program of therapeutical procedures. On the whole they seemed effective and were accepted by those concerned in a very wholesome manner.

In summary then, the belief based on parent-teacher responses, statistical analysis, and phonographic recordings, is that the program, though limited in its scope, was successful and could be adapted to any rural district in the state of Utah. Any such adaptation, however, would naturally be influenced by factors present in the area involved. For example, many Utah
schools at present seem to be operating under very crowded conditions and with limited budgets. Such problems as these would have a definite effect on any program of this type, and of course, would have to be taken into consideration in the establishment of such a program.
CHAPTER IV

A STUDY OF THE PROGRAM

General Observations

For the first time a remedial speech program has been introduced to Box Elder County.

It can readily be seen that in the final analysis, the actual success of the program will be whether or not it is accepted by the parents and teachers of that county. No matter what amount of technical or statistical proof the writer could give of the success of the project, if parents and teachers do not accept it as valuable then it has, at least in a measure, been unsuccessful. Realizing this to be true questionnaires were sent (Appendix E) to all parents and teachers whose children or pupils, had received remedial training.

Teachers and parents were asked not to sign the questionnaires since it was an endeavor to get a clear picture of how they regarded the program. The questionnaires were:

I. a. I was aware of the speech problem before the program began.
   b. The program called the speech problem to my attention.

II. In your opinion did the problem affect the child's school work. Yes or No

III. In your opinion was the program:
   a. Very helpful
   b. Helpful
   c. Of little help
   d. Of no help

IV. Do you think that a program such as this one would be a desirable addition to the school curriculum. Yes or No
APPENDIX A

GENERAL INFORMATION INCLUDED IN ALL NOTEBOOKS
March 18, 1948

Dear Parent:

Recently conducted surveys show that your child has an irregularity of speech that should be given immediate attention. While it is not serious at present it is only right that you should realize the serious maladjustments that may occur if a problem such as this is ignored.

A short remedial speech program is now being given in conjunction with regular school activities and work. The course will, of necessity, be short and very concentrated. For this reason if improvement is to be shown your full cooperation is necessary.

Practice assignments will be sent home with your child. We would appreciate it if a short (not more than 10 minutes) practice session is held daily and with your help and supervision. These practice periods must be something pleasant and enjoyable to the child. Also, for our records, please sign the assignment sheets to show that daily practice periods have been held.

Please remember that with your assistance progress can be made, without it the program will fail and your child is faced with possible personality damage that may never be repaired.

Sincerely,

John O. Andersen

JOA:bl
Practice Session Suggestions

The following suggestions are made in order that your practice sessions may be of most value to your child.

1. Daily practice in short, pleasant periods is necessary to correct faulty speech. As close to but not more than, 10 minutes per period is suggested.

2. Do not get overanxious and attempt to get ahead of the assignments. Speech retraining is, in many instances, a very slow process. For lasting progress the sound must first be learned in isolation as a new sound, then incorporated in nonsense syllables, then in simple words and finally in all speech. Progress will be different in each individual case. Please follow the assignments closely and do not overstep them, as overall progress may be hindered.

3. Demonstrate the correct production and use of the sound. Remember that the correct sound must not only be heard, but seen as it is heard, and felt as they produce it.
Poems Used For Recordings

For the "a" sound:

The Little Snake

A little snake slept all winter long,
At the foot of an old oak tree,
Curled up warm in his little nest
As snug as a snake could be.
But when the warm spring sunshine came,
The little snake awoke one day
And said, "It's too warm
In this nest of mine;
I think I'll go out to play."
So out of his nest he softly crept
To see what he could see.
He saw the sun way up in the sky,
And, "S, s, s," said he.

For the "th" sound:

Thirty Thousand Thoughtless Boys

Thirty thousand thoughtless boys
Thought they'd make a thundering noise;
So with thirty thousand thumbs,
They thumped on thirty thousand drums.

--Unknown

For the "r" sound:

Rain

The rain is raining all around,
It falls on field and tree,
It rains on the umbrellas here,
And on the ships at sea.

--Robert Louis Stevenson
APPENDIX B

LESSON PLANS FOR THE "S" GROUP
Lesson 1: _________ is learning a new sound. This sound should not be learned as it is designated in the alphabet, but only by sound. This sound can be produced by merely prolonging the t sound. Notice that the tip of the tongue may be directly behind the front teeth on what is called the alveolar ridge. When the t sound is made the tip of the tongue is placed there and then suddenly moved allowing the air to go out of the mouth in a short puff. If, however, the tongue is held in that same position in an easy relaxed manner and the air stream directed in a steady flow you get s-s-s-s. Practice the making of the new sound by first making three t's, then on the fourth prolonging it into the s sound. For example: ttts, ttts, ttts, tts. Please practice this for 10 minutes each day so that a good clear "s" sound can be made.

___________ has practiced 10 minutes each day.

Parent

Lesson 2: Using the same production method as was used in the preceding lesson, now produce the s sound and then combine it with other sounds into nonsense syllables. For example: tttsa, ttts, tttsso, tttsi, tttsu, tttsae. After this is mastered make up all sorts of nonsense combinations as ettsso, attts, uttse, ottsi, etc. Play with the s sound in all combinations. Be certain the
Lesson 3: It is now time to use the s sound all alone. Just practice saying s-s-s-s. When this is done well then practice combining the s sound in nonsense syllables with the vowels such as s-a, s-e, s-ee, s-u, s-e, u-s-o, i-s-i, e-s-e, ise, ese, asa, oso, usu. Dashes indicate that there should be a break between each sound. Where there is no dash the sounds are combined and run together as a word. Other nonsense syllables may be made up where the s sound is combined in any manner with any of the vowels.

_____________ has practiced 10 minutes each day.

Parent

Lesson 4: The use of the s sound in simple words. Please practice these words making certain that the s sound is made correctly. At times, it may be necessary to revert to the original exercises to establish the sound.

see sun sat sew sod sail seal sell some same set sit sung soon say sox sup sold

Other simple words may be practiced.

_____________ has practiced 10 minutes each day.

Parent
Lesson 5: The objective here is to distinguish the s sound from other sounds by practicing these words distinguishing z from s.

zeal - seal lose - loose flees - fleece

Distinguishing th from s.
theme - seam thud - sud kith - kiss math - mass

Distinguishing sh from s.
sheen - scene shad - sad swish - Swiss gash - gas

_________ has practiced 10 minutes each day.

Parent

Lesson 6: Begin to use the s sound in conversation. The assignment is that every time the following words are used in conversation the s sound must be made correctly. No matter what the conditions the word should be repeated until it is made correctly say, asleep, yes. The use of the sound must come in a gradual manner if it is to have a lasting effect. So we start out with only three words.

_________ has practiced 10 minutes each day.

Parent

Lesson 7: In addition to the words say, asleep, and yes, the words saw, mister, and us should now be included as words which must be said correctly in all conversation. It is very necessary for _________ to have the assistance of the entire family in a very pleasant
combined effort to always be conscious of the s sound in these words.

___________________ has practiced 10 minutes each day.

Parent

Lesson 8: The s sound can now be used in all conversation. The sound can now be produced correctly and the continued success of the corrective work depends entirely upon the child and the family.

___________________ has practiced 10 minutes each day.

Parent
APPENDIX C

LESSON PLANS FOR THE "R" GROUP
Lesson Plans
"R" Sound

Lesson 1: ________is learning a new sound. The sound should not be learned as it is designated in the alphabet. but only by sound. The sound can be produced by making the t sound and while continuing to make the sound draw the tip of the tongue upward and back until the r sound is produced.

Practice making the new sound by first making the t sound. For example: trrr, trrr, trrr, trrr. Please practice this for 10 minutes each day so that a good clear r sound can be made.

__________has practiced 10 minutes each day.

__________Parent

Lesson 2: Using the same production method as was used in the preceding lesson now produce the r sound and then combine it with vowels into nonsense syllables. For example: trru, trra, trro, trrai, trreo. Play with the r sound. Working into all combinations with the tr beginning.

__________has practiced 10 minutes each day.

__________Parent
Lesson 3: It is now time to use the r sound all alone. Just practice saying rrrrr. When this is done well, then practice combining the r sound in nonsense syllables with the vowels. r-o, r-i, r-u, r-e, iri, ere, ara, oro, uru. Dashes indicate that there should be a break between each sound. Where there is no dash the sounds are combined and run together as a word. Other nonsense syllables may be made up where the r sound is combined in any manner with any of the vowels.

___________ has practiced 10 minutes each day.

Parent

Lesson 4: The use of the r sound in simple words. Please practice these words making certain that the r sound is made correctly. At times it may be necessary to revert back to the original exercises to establish the sound.

ran are were every red or their round ride ear where story rob scar

Other simple words may be added to this list.

___________ has practiced 10 minutes each day.

Parent

Lesson 5: The objective for this assignment is to distinguish the r sound from other sounds by practicing reading simple words in which these sounds are found. The greatest mistake comes in substituting a "w" sound were the r should be.
Lesson 6: The r sound should now be used in conversation. It is necessary that the transition of this sound is gradual. The child has been speaking without it for so long that it is impossible to begin using it in all words at once. For this reason, three words have been selected as a starter. The assignment is to always make the correct r sound when using these words. If a mistake is made it must be corrected immediately no matter how many times the word has to be repeated. The first three words are: red, ran, rest. Please help __________ to be conscious of these words at all times.

_____________ has practiced 10 minutes each day.

Parent

Lesson 7: In addition to red, ran, rest, three more words can now be added to the vocabulary that is constantly checked for the correct production of the r sound. These are: race, rug, ring.

_____________ has practiced 10 minutes each day.

Parent
Lesson 8: The r sound can now be used in all conversation. The sound can now be produced correctly and the continued success of the corrective work depends entirely upon the objective attitude of the child and the family. __________ has practiced 10 minutes each day. 

Parent
APPENDIX D

LESSON PLANS FOR THE "TH" GROUP
Lesson Plans

"Th" Sound

Lesson 1: ________ is learning a new sound. This sound should not be learned as it is designated in the alphabet, but only by sound. The sound can be produced by placing the tongue between the teeth and blowing. This exercise is very much aided by the use of a mirror to show the actual tongue position. In many instances the voiced th sound as is found in the and this is produced correctly while the unvoiced th sound as is found in thing, think, thousand is produced incorrectly. The tongue position is the same in both cases. The only difference being that for the unvoiced th sound a little puff of air should be blown out. Practice the th sound for 10 minutes each day until a good, clean th sound can be made.

__________ has practiced 10 minutes each day.

Parent

Lesson 2: Using the same production method as was used in the preceding lesson, now produce the th sound and then combine it with vowels into nonsense syllables. For example: tha, thu, the, thi, tho. After this is mastered make up all sorts of nonsense combinations, such as ethe, atha, ithi, otho, uthu. Play with the th sound in all
combinations. Be certain that the th sound is always made correctly. It may be necessary to revert to the original th exercise occasionally to reestablish the sound.

__________ has practiced 10 minutes each day.

Parent

Lesson 3: The use of the th sound in simple words. Please practice these words. Making certain that the th sound is made correctly. At times it may be necessary to revert to the original exercises to establish the sound.

thank thing bath oath thick theme month teeth thimble thin path three rath thumb

__________ has practiced 10 minutes each day.

Parent

Lesson 4: Distinguish the voiced from the unvoiced.
sheathe-sheath soothe-sooth teeth-teeth

Other words may be added to the list as long as they stay within the bounds of the assignment.

__________ has practiced 10 minutes each day.

Parent

Lesson 5: It is now time to use simple words. It should now be used in simple conversation. It is necessary that the transitions of the sound be gradual. The child has been speaking without it for so long that it
is impossible to begin using it in all words at once. For this reason three words have been selected to use as a starter. The assignment is to always use the correct th sound when using these words. If a mistake is made it must be corrected immediately no matter what the situation or no matter how many times the word has to be repeated. The first three words are: **think, thank, thumb**.

_______has practiced 10 minutes each day.

Parent

Lesson 6: Now add more words to your new th vocabulary **thick**, **thing**, **mouth**.

_______has practiced 10 minutes each day.

Parent

Lesson 7: The th sound can now be used in all conversation. The sound can now be produced correctly and the continued success of the corrective work depends entirely upon the objective attitude of the child and the family.

_______has practiced 10 minutes each day.

Parent
APPENDIX E

LETTERS TO PARENTS AND TEACHERS OF THE STUTTERER

QUESTIONNAIRE

WORD LISTS
Dear Teacher or Parent, (Underline which)

We are endeavoring to study the remedial speech program that has been in operation in your school.

Since you have been closely associated with the program, we feel that your observations will be of great value to us in our study.

Please fill out this questionnaire and return it to the principal of your school as soon as possible.

I. a. I was aware of the speech problem before the program began. ____

   b. The program called the speech problem to my attention. ____

   (check one of the above.)

II. In your opinion did the problem affect the child's school work. Yes or No (underline one)

III. In your opinion was the program:

   a. Very helpful ____

   b. Helpful ____

   c. Of little help ____

   d. Of no help ____

   (check one of the above)

IV. Do you think that a program such as this one would be a desirable addition to the school curriculum. Yes or No (underline one)

Your cooperation in this matter is appreciated.

Sincerely,

John O. Anderson

JOA:bl
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<th>Final</th>
<th>Medial</th>
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<td>rail</td>
<td>are</td>
<td>already berate</td>
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<td>dear</td>
<td>stair morning horrid</td>
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<td>rob</td>
<td>far</td>
<td>their orange morrow</td>
</tr>
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<td>ride</td>
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<td>for</td>
<td>were organ perish</td>
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<td>run</td>
<td>wren</td>
<td>near</td>
<td>your very tyranny</td>
</tr>
</tbody>
</table>

Distinguishing (w) from (r).

weep - reap wad - rod wake - rake wide - ride
week - reek wed - red wait - rate wise - rise
weed - read watt - rot wall - rail wink - rink
weal - real won - run ware - rare wench - wrench

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<td>thank</td>
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<td>thumb</td>
<td>both</td>
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<td>south</td>
<td>Beth nothing ethical</td>
</tr>
<tr>
<td>through</td>
<td>throat</td>
<td>teeth</td>
<td>earth something pathetic</td>
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Distinguishing from (th)
sheath - sheath wreathe - wreath
soothe - sooth loathe - loath
tethe - teeth either - ether

(th) voiced

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<td>bath</td>
<td>sothe another although</td>
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<td>say</td>
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Distinguishing z from s
zeal - seal
zing - sing
zip - sip
zag - sag

Distinguishing th from s
theme - seem
thin - sin
thing - sing
thick - sick

Distinguishing sh from s
sheen - seen
sheep - seep
sheet - seat
shop - sop

Distinguishing (th from unvoiced th)
sheath - sheathe
sooth - soothe
tooth - toothe
The majority of classroom teachers are inadequately trained to handle stutterers in the oral recitation situation; they lack adequate knowledge of the nature, causes and treatment of stuttering, as well as of the methods of dealing with adjustment problems occasioned by this disorder. This conclusion is based upon the results of the questionnaire responses of fifty teachers interviewed in a recent study made by the writer upon this specific phase of the stuttering problem. The study was prompted by the need for more definite knowledge concerning the techniques that should be used by teachers in handling stutterers in the classroom.

The attitude of stutterers toward school and education in general is, to a significant degree, determined by their experiences in oral recitation. The seventy-two stutterers interviewed in the study cited above stated that, on the whole, their experiences in the oral recitation situation had not been conducive to attitudes that facilitate learning. The predominant reason given was that teachers' methods and policies are often unsatisfactory and frequently unwise. The seriousness of this situation becomes apparent when it is recognized that the experiences of stutterers in connection with oral recitation are frequently more detrimental than beneficial as far as general personality development and speech development are concerned.

The number of stutterers in our school population has frequently been estimated as one in one hundred. The White House Conference on Child Health and Protection estimates that 6.9 per cent of the school population are defective in speech, and that of these speech defectives about 20 per cent are stutterers. The number of stutterers among children in our public schools presents a problem for the school staff, and particularly for the classroom teacher, since she is the one who is most directly responsible for the experience that the stutterers undergoes in the oral recitation.

The following suggestions for classroom teachers in handling stutterers in oral recitations are based upon factors that seem to have a telling effect upon stutterers:

1"Case-History Study of the Oral Recitation Problems of Stutterers," M.A. Thesis, State University of Iowa, 1937. This study was made under the direction of Dr. Wendell Johnson.
FIRST, some type of special consideration should be given the stuttering pupil in regard to oral recitation. The plan probably most desirable is to call upon the stutterer to recite only when he volunteers to do so, the arrangement being definitely understood by both teacher and pupil. He is thus relieved of the anxiety and mental strain of wondering when he will be called upon. It also tends to motivate the stutterer by making him dependent on his own initiative. The instructor, however, should strive to get the stutterer to want to recite. Some specific techniques that the teacher might use in getting the stutterer to take part in oral recitation are:

1. Develop a sincere, friendly interest in the stuttering pupil; gain his point of view; establish his confidence through personal conferences; discuss his stuttering objectively and how he may best meet the problems it creates.
2. Do not require him to take part in too difficult recitation situations at first.
3. Word the questions so that they may be answered briefly and easily in the beginning.
4. Ask the stutterer questions that you feel sure he can answer.
5. Graduate the recitation situations in point of difficulty.
6. Ask the stutterer to come in some free period or after school occasionally and have one or two other pupils there also, in order to give him a comparatively easy audience situation.

SECOND, it is especially desirable to prepare the stutterer emotionally and intellectually to meet as many speech situations as possible, as repeated practice in speaking tends to eliminate fear of speaking. He should in no case, however, be forced to speak. Rather than forcing the stutterer to recite against his will it would be wiser to foster in him a desire to take part in situations requiring speech. He should be encouraged to participate in many informal discussions in which a minimum of tension is involved. Some teachers especially trained to handle stutterers have found it valuable to send them on practical speech situations, such as purchasing errands, paying bills, using the telephone, or any situation requiring responsibility and initiative on the part of the stutterer. If these situations are chosen wisely, they will tend to build up the stutterer's self-confidence in a speaking situation and will lessen his fear of going into everyday speaking experiences.

THIRD, the teacher must become adjusted to the child's stuttering and learn to react to it unemotionally. A stutterer should never be hurried during his recitation. He should not be interrupted in his efforts at speaking, nor should an attempt be made to say the words for him. Every endeavor should be made to create an atmosphere of ease and relaxation. Irritation, impatience, or an expression of embarrassment or boredom on the part of the teacher creates a decidedly unfavorable
reaction in the stutterer. One of the things that help him most is to have the teacher, or anyone else, listen to him in a relaxed attitude so that there will be no feeling on his part that his difficulty is distressing the listener.

The quotations that follow are taken from questionnaire responses of various stutterers in the study made by the writer and are given as representative of group reactions to the attitude of teachers:

"One of the greatest drawbacks is a teacher who is always trying to help by supplying the answer before you can say it, if you start to stutter or hesitate. They mean well, but many times I have wondered why they ask me in the first place if they are going to give the answer as soon as I stand up."

"I found that I could get along much better with a teacher that had patience and would give me more time to answer questions than one who made me sit down because she couldn't waste time."

"Only two or three teachers made me feel inferior. One of them was an English teacher, who would wrinkle up her face, look sort of irritated and stare in my face every time I got up to say something."

"If a teacher seems interested in what you are saying, that helps more than anything else. If her attitude was indifferent, I would never bother saying any more than I had to at any time and would never recite unless called upon.

FOURTH, the teacher should endeavor to control the attitude of the class toward the stutterer so that he can feel that he is an adequate, normal person. He should not be made to feel excluded from, nor inferior to, the rest of the group. He should never be singled out as an object of amusement or be made to feel that he is in need of special sympathy. By reacting unemotionally to the stutterer's handicap, the teacher can greatly influence the attitude that the class develops toward the stutterer.

The following quotations furnish further insight into the effect of teachers' attitudes upon stutterers:

"One teacher took a great burden off my mind by treating me as a normal person."

"I remember one teacher who called on someone else when I was trying to recite. This upset me to a great extent and gave me the further impression that my stuttering was not only a burden to myself but also a burden to other people. This incident made me resent my stuttering still more, and the more I resented it the worse my stuttering became. Teachers and other people gave me the impression that I had toward my speech defect."
FIFTH, it is usually desirable to demand extra written work of the stutterer to the extent that he is excused from oral recitation since it is conducive to a more thorough preparation and to a greater interest in his school work. To make up for his lack of oral recitation, he should be given some other task to accomplish so that he can succeed before his classmates. Whenever possible, he should be allowed to compensate in some wise and adequate manner.

Examples of statements made by stutterers upon this phase of the problem are:

"In geometry the teacher had a system that was excellent for me. Every day about a third of the class would put problems on the board, and then someone else would explain them. I usually got to put mine on the board, and that showed that I knew it. Then someone else would explain it. Naturally I liked geometry very much."

"In the grades I took great pride in solving correctly on the blackboard the arithmetic problems which the other members of the class worked wrong. I always tried to be the first to complete the problem when working at the board."

"Soon the teachers practically stopped calling on me to recite. They never asked me to do written work to make up for this. I think I would have gotten more out of high school if I had recited in one way or another. At times I was pretty sure I wouldn't have to recite, so I didn't prepare my lessons as I should have, and a surprise test would find me unprepared a lot of times."

SIXTH, the teacher should view with suspicion devices that apparently cause a sudden elimination of stuttering. She should not tell the child to stop and start over; to talk faster, in a low voice, in a high voice; to swallow; to take a deep breath; to swing his arms while speaking, etc., in order to eliminate stuttering. She should not tell him to talk more slowly unless he speaks too rapidly to articulate. Many of these techniques may seem to help for the moment, but they will soon lose their efficiency and become a habit, and the stutterer will have only a few more abnormalities added to his pattern of interruptive speech reactions.

SEVENTH, the stutterer should not be required to take part in recitations that will place too much pressure upon him. Such teaching devices as flash cards, speed drills, or number combinations cards, which made the child compete verbally where speed is required, should not be used with stutterers.

EIGHTH, the teacher should not attempt to change the natural handedness of the child. (Consult a specialist on this point.)
NINTH, the teacher should not criticize the child for stuttering, or accuse him of having a bad habit that he is unwilling or too lazy to correct. If she does, she can expect the child's speech difficulty to become definitely increased.

Milisen\(^3\) had the following to say concerning stuttering as a habit:

"Stuttering is a disorder of rhythm over which the child has very little voluntary control. Yet, we as adults, frequently insist that the child is able to control his stuttering when he wants to. We imply, either directly or indirectly, that his stuttering is a habit. If we avoid calling it a habit, we will avoid many disciplinary problems. A habit can be stopped as a rule, but the harder a child tries to stop stuttering, the more difficulty he has. Criticism or social disapproval of stuttering will frequently increase stuttering and bring with it serious disciplin problems."

Rather than criticizing the child for his stuttering, the teacher should show an extremely thorough-going tolerance for the stutterer's speech. She should skillfully try to make him stand on his own feet and to feel that he is capable of meeting the demands that are justly placed upon him.

One stutterer, sixteen years old, writes of his experience with a teacher who considered stuttering a habit:

"When I started in the third grade I knew there would be trouble ahead. The dominant look on the teacher's face was proof enough of her character. Instead of encouraging me or giving me advice which would help me overcome my defect, she told me that I would be excluded from all recitations if I continued to stutter. This only intensified my stuttering because every time I was called upon to recite I shook with fear. At one time this teacher was forced to remain out of school for two weeks due to illness. During the stay of the substitute I was myself again. My recitations and grades were much better. When she returned, however, I again began to stutter badly. If there ever was a person who caused me grief and trouble, this teacher heads the class."

TENTH, the teacher should not assume that the stutterer is inferior mentally because he cannot express himself fluently. The average intelligence of stutterers has been found to equal that of the rest of the population. The writer found that sixty-two of the seventy-two stutterers interviewed in the study cited above felt that they made poorer oral recitations than their intellectual ability would warrant. Approximately fifty per cent admitted having given the wrong answer or having said "I don't know" in order to avoid a speaking situation. Teachers

should be especially cautious about reprimanding a child, who refuses to recite or who gives the impression of being continually unprepared until she determines the cause of his reticence.

For instance, a university stutterer of superior intelligence has this to say:

"I found it easier to say "I don't know" than to answer, although I often knew as much about the subject as anyone else in the class. I still find it easier to say "I don't know" than anything else in the English language."

Another stutterer gives this experience:

"One professor, who was a very good friend of mine, used to call on me once in a while, but I always smiled and answered, "I don't know," or just shrugged my shoulders and he casually passed on to someone else. One day he asked me, "When did Columbus discover America?" I answered that I didn't know, and he got a good laugh out of it and I did too, but if anyone else had done that, I would have dropped the course."

As a general guide to teachers in their association with stutterers, a statement made by Dr. Wendell Johnson⁴ may be suggested:

"Personality adjustment is effective only when it is the kind of adjustment that is made to actualities. A child who has a paralysed arm, for example, can never achieve such adjustment so long as he fails to adjust satisfactorily to the paralysed arm. He must learn to live with it, and he can do so only in so far as he does not learn to live in an impossible dream world in which the actual crippled arm does not exist. Parents and teachers who are careful not to mention "the terrible affliction" to the child who possesses it, out of respect for his "feelings", are merely training the child for a life of sensitivity, embarrassment, and fear. Fortunate, indeed, is the child who is skilfully as important as how you say it and why you say it. If you talk about his exceptionality in unemotional, unsentimental, descriptive terms, for the purpose of helping him to understand it, to work toward its correction, or to make intelligent allowances for it, you are helping him to take a very fundamental step toward adequate personality development."

The classroom teacher should not stress perfection in speech. Rather she should stress adjustment of the child to his environment regardless of his speech defect. This objective can be attained by all children having defective speech—perfect speech cannot. This aim will make it possible for him to feel happy and secure regardless of his speech disorder. If, however,

⁴Johnson, Wendell: "Educating the Handicapped." University of Iowa, Child Welfare Pamphlet, No. 12, 1939. Published by the University, Iowa City, Iowa.
perfect speech be the goal and he fails to achieve it, a feeling of frustration and defeat will result that may lead the stutterer to quit school at the earliest opportunity. Therefore, the task of the classroom teacher, since she cannot be expected to treat stuttering clinically, is to aid the stutterer in developing an objective, matter-of-fact attitude toward himself and his disorder such as will facilitate his scholastic progress and his general personality development.
An Open Letter to the Mother of a Stuttering Child

By Wendell Johnson
University of Iowa

My dear Mrs. Smith:

I thoroughly appreciate your concern over the speech difficulty of Fred, your four-year-old boy. You say that he is in good health, that he is mentally alert, and is generally normal by any standards you know about. I note that you have been careful not to change his handedness, and he is now generally right handed. But in spite of all this he stutters.

It will interest you to know that the majority of four-year-old stutterers could just about fit that description. I want to say to you very nearly the same things I should say to the mothers of thousands of other "Freds." There are some stuttering children who are not like your boy, and their mothers need somewhat different advice. But the "Freds" make up the majority.

Toward the end of this letter I am going to make a few suggestions which I believe may prove helpful. If you are like other mothers, however, you will want to have these recommendations explained so that you may understand clearly what is back of them. For that reason, I shall introduce the suggestions by giving you certain information.

This information has been obtained in the course of several years of research. Certain investigations of very young stutterers made in the past few years have been particularly revealing. In summarizing the main findings of this research, I shall try to emphasize those points which will help you most to understand Fred's problem.

First of all, I want to put you at ease if I can by stressing that the most recent studies have tended strongly to discredit the popular view which perhaps you share, that stutterers are generally abnormal or inferior in some very fundamental sense. Concerning this point, I should like to make as clear a statement as possible--and I make it on the basis of over one hundred scientific studies of stuttering in older children and adults, and four recent investigations involving over two hundred young children, stutterers and non-stutterers.

The statement is this. From one to two per cent of school children are classified as stutterers. I think any expert can be quite safely challenged to examine one thousand children who have not yet begun to speak, and to pick out the ten or twenty among them who will be regarded as stutterers five years hence. In fact, I should be willing to let the expert examine the children after they had begun to speak but before any of them
had come to be labeled as stutterers. And if he were asked to pick out the ten or twenty who would later be known as stutterers, my best judgment is that he could do little better than make pure guesses, the great majority of which would be wrong. I should not want him to talk with the parents, but he could examine the children as much as he liked in search of the abnormalities that are supposed to cause stuttering.

I should be willing to go even further. I believe any expert can safely be challenged to go into a room in which there are one hundred adult men and women and pick out the ten stutterers whom we shall include in the group. He may use any tests whatever, except that he may not hear anyone speak. He may obtain any information he desires about each individual's personality and mental ability so long as this information in no way relates to the question of how the person speaks or use to speak, or feels about speaking. He may make any sort of physiological tests. I should be surprised if the expert could make significantly better selections with his tests than he could by means of eenie-meenie-minie-moe.

In fact, I do not know of any way of examining a child so as to determine, with any degree of certainty, whether he will ever come to be regarded as a stutterer. So far as I know, stutterers generally are not significantly different from non-stutterers aside from their speech, and aside from the way they feel about their speaking experiences. So far as I know, in fact, even the speech of young stutterers.

This point is particularly important. I mentioned above that recently four studies have been made, involving over two hundred young "stutterers" and "normal speakers." I have been present and assisted in these studies, and I must say that as the results began to come in we were frankly puzzled. We soon discovered that it was very difficult in most cases--apparently impossible in some cases--to tell the difference between "normal speaking" children and newly-diagnosed "stuttering" children.

We found, for example, that two, three, and four-year-olds--all the children of these ages in a large nursery school, somewhat better than average children by most standards--spoke, on the average, in such a way that one out of every four words figured in some kind of repetition. The whole word was repeated, or the first sound or syllable of it was repeated, or it was part of a repeated phrase. One out of four words was the average; about half of the children repeated more frequently than that.

Now, what puzzled us particularly was the fact that, so far as we could determine, the so-called stuttering youngsters were speaking as fluently as that. They were, that is, at the particular moment of the particular day when their parents or teachers first thought of them as stutterers. We were forced to conclude that the stuttering children were not only apparently
normal in general, but also that their speech itself was apparently normal at the moment they were first regarded as stutterers. We simply could not escape the fact that, to all appearances, most of the parents of the young stutterers were applying the label "stuttering" to the same types of speech behavior that other parents were labeling "normal speech."

Then the question came up as to whether this could make any difference. Doesn't a rose by any other name smell just as sweet? Investigation seemed to show that a rose by any other name doesn't smell the same at all. If you call a child a stutterer you get one kind of speech—and personality—development, and if you call him a normal or superior speaker you get another kind of development—within limits, perhaps, but they seem to be rather wide limits.

I can illustrate what I mean by telling you briefly about two cases. The first case is that of Jimmy, who as a pupil in the grades was regarded as a superior speaker. He won a number of speaking contests and often served as chairman of small groups. Upon entering the ninth grade, he changed to another school. A "speech examiner" saw Jimmy twice during the one year he spent in the school. The first time she made a phonograph record of his speech. The second time she played the record for him, and after listening to it, told him he was a stutterer.

Now, if you have ever tried to speak into a phonograph recording machine you probably suspect what is true. Practically all children who have done this—in studies with which I am familiar—have shown a considerable number of hesitations, repetitions, broken sentences, etc. It is easy to see how the apparently untrained teacher misjudged Jimmy who was, after all, a superior speaker as ninth-graders go.

He took the diagnosis to heart, however. The teacher told him to speak slowly, to try to control his speech. Jimmy's parents were quite upset. They looked upon Jimmy's speech as one of his chief talents, and they set about with a will to help him, reminding him of any little slip or hesitation. Jimmy became as self-conscious as the legendary centipede who had been told "how" to walk. He soon developed a quite serious case of stuttering—tense, jerky, hesitant, apprehensive speech.

The second case was Gene, a three-year-old boy. His father became concerned over the fact that now and then Gene repeated a sound or a word. Gene didn't seem to know he was doing it, and he wasn't the least bit tense about it. But the father consulted the family doctor and told him that Gene was stuttering. The doctor took his word for it. (Practically all stutterers are originally diagnosed by laymen—parents and teachers—and experts almost never challenge the diagnoses!) He told the father to have Gene take a deep breath before trying to speak. Within forty-eight hours Gene was practically speechless. The deep breath had become a frantic gasping from which
Gene looked out with wide-eyed, helpless bewilderment.

These are real cases, and they seem to be fairly representative of stutterers generally. We were exceedingly mystified as our investigations went and such results as I have sketched kept coming in. Not only were the stuttering children, at time of diagnosis, speaking as well as normal children, but we could also find no evidence that they had suffered more injuries and diseases, including birth injuries, than had the normal children. Moreover, in spite of the traditional theory that stuttering usually begins as the immediate result of serious illness, severe fright or shock, and the like, we found that most stuttering develops in ordinary homes, under conditions that are not very dramatic, in children who are apparently normal and quite able to speak as well as other youngsters of their age.

These stuttering youngsters were so puzzling just because they were so normal—until we decided to give up the assumption that stutterers are necessarily abnormal. Then the mystery began to lift. Slowly we saw more and more clearly what was staring us in the face. I suspect that we had overlooked it so long—for centuries, in fact—just because it was so obvious.

What we had overlooked, and what we now noticed, was simply that, in case after case, stuttering, as a serious speech and personality disorder, developed after it had been diagnosed. The diagnosis of stuttering was one of the causes of stuttering, and apparently one of the most potent causes. That seemed definite.

I believe I can make this clear and also help you toward an understanding of Fred’s problem, if I sketch for you what I should regard as a good method for making practically any child into a stutterer. It is the method used by parents themselves—unintentionally, of course—in bringing about the disorder in their own children.

Briefly, the method consists of calling a spade a spatula, and then using it as if it were one. In order to do this, one must steadfastly ignore the fact that it is more effectively used as a spade, but this does not seem difficult for most of us. Applying this principle, then, as the parent of a normal child, you will first of all listen closely for the interruptions in his speech. You will hear many of them.

You must be impressed by these interruptions. Therefore, there are five things you must quite completely overlook. First, you are not to pay attention to the circumstances in which the interruptions occur, because if you do the interruptions will seem, as a rule, to be perfectly natural. Second, you must overlook the fact that for quite some time the child has given ample indication of his ability to speak normally for his age. Third, you must fail to notice that except for the occasional hesitations or repetitions, his speech is apparently all right.
Fourth, you are not to be impressed by his comparatively normal health, intelligence, and social development. And finally, above all, you are not to observe carefully the way other children of the same age speak under various conditions, for if you do your child will seem to be doing nothing out of the ordinary.

It is essential, you see, that you be impressed by what your child is doing. That is, you must focus your attention more or less completely, not upon the child and not upon his speech, but upon the interruptions in his speech. The next step—and this is extremely important—is to select a name for these interruptions. You want to select a name which implies a profound but mysterious abnormality, a name that will fill you with worry and dread every time you utter it or think it. "Stuttering" is just the name you want.

Having labeled the speech interruptions "stuttering," you will react to them as if they were all that the label implies. This will not be difficult. In fact, you will do it quite naturally, without realizing that you are doing it at all. By your very facial expression and your tone of voice, as well as by what you tell the child, you will easily convince him that he is not able to speak normally, or at least that he does not know how to do so. In your zeal to control what you now call his "stuttering" you might even convince the child that you no longer love him, or at least that you are disappointed in him as a person.

For the label "stuttering" implies that your child needs help and you, of course, will respond eagerly to the task of helping him. If you are like most other parents, you will conscientiously show the child how to inhale and how to exhale, how fast or how slow to speak, how to breathe "with the abdomen" or "with the chest," how to place the tongue for certain sounds. You will urge him—perhaps with considerable gusto—to stop and start over, or to "think out" what he intends to say before he tries to say it. You wouldn't, of course, but some parents might, shall we say, scold him if he does not speak smoothly after all these "helpful" instructions. By such means you would succeed readily in setting up in the child your own attitude of anxiety and disapproval whenever his speech did not proceed smoothly.

As soon as he has acquired this attitude from you he will promptly supplement your efforts to help him with his own ingenious attempts to speak according to the standard of fluency which you appear to demand. He will try hard. He will so want to do the thing properly—so that you will smile again, and tell him he is a fine boy. Naturally, he will strain. Of course, he cannot strain without holding his lips together tightly or holding the tongue against the roof of the mouth, or constricting the muscles of his throat. He cannot strain in certain ways without holding his breath.
The fact that all this will interfere still more seriously with his speech and make him appear to be "stuttering" much worse--this fact will only spur him on to greater effort and encourage you to be even more generous with your suggestions. You will tell your friends about it and they will also try to help.

In some cases the child finally reaches the point where he is straining practically all the time and so becomes quite speechless. In other cases, however, in spite of all that is done, the child still speaks fluently part of the time.

In saying all this, I have not meant to be at all facetious. On the contrary, I am most serious. I have simply outlined for you what may be regarded as the usual story of how "stuttering" begins, and develops into a serious condition. I believe this information might help you to understand better the problem which you face with Fred. Other factors may be operating in Fred's situation and, if so, the problem will be different accordingly.

If I have outlined then, in the main essentials at least, the problem with which you have to deal, I believe the following suggestions will prove helpful:

1. It is not likely, according to your own statements, that the speech difficulty is due to any physical abnormality, but as a matter of good general policy, you should take Fred to a physician. If there is something physically at fault, whether it has anything to do with his speech or not, it should be given the proper attention.

2. Do absolutely nothing at any time by word or deed or facial expression or posture, that would serve to call Fred's attention to the interruptions in his speech. Above all, do nothing that would make him regard them as abnormal or disgraceful. If he has begun to notice his own interruptions do all you can to convince him they are normal and perfectly acceptable. In this, however, do not make Lady Macbeth's mistake of protesting too much. You can make him selfconscious about his speech even by praising his speech--if you praise it to excess. Try simply not to evaluate his speech at all, and err, if you must, on the side of approving it a bit more than is justified.

3. In order that you may develop for yourself the necessary insight and a proper sense of proportion about Fred's speech interruptions, you should observe carefully (a) the conditions under which they occur; (b) the fact that most of his speech is fluent and always has been so; (c) the fact that he is, generally speaking, a comparatively normal child; (d) the fact that other youngsters of his age are, on the whole, just about as hesitant and repetitious in speaking as he is especially under certain conditions; and (e) the fact that even when he
does not speak altogether fluently; he does not as a rule fail utterly or "go all to pieces"--even his repetitions and "uh-uh-uh's" are spoken more or less smoothly (or were before and at the time that he was first regarded as a stutterer).

4. Do not label Fred a "stutterer," or a "speech defective." If you do, you will have an almost irresistible tendency to treat him as if he were as defective and unfortunate as the label implies. It is foolish to risk the probable consequences of this. Instead of saying that he "stutters" say exactly what you mean, that under certain conditions (and describe those specific conditions) he repeats sounds, or words, says "uh-uh-uh"--or whatever it is he does. This is a matter of such profoundly fundamental importance that I cannot possibly emphasize it too much. The way you classify Fred will determine very largely the way you react to him.

5. There are certain conditions under which practically any child tends to speak hesitantly. You will find it wise, therefore, to observe the following simple rules:

Give Fred a chance to speak without interruption--let him talk when he wants to. Listen to him as attentively as you would to a respected adult.

Read to him whenever you can. In reading or speaking to Fred, be calm and unhurried, enunciate clearly and avoid a high, tense voice.

Avoid asking Fred to "speak pieces" for company or to "show off" in other ways.

Don't say, "No, you can't" or "Don't do that" when it really wouldn't matter if he did. Go ahead and do what he wanted to.

Don't keep him in a state of excitement by too much teasing, nagging, bullying, or too much running and jumping.

When you take him to strange places or ask him to do something that is new for him, prepare him for it by explaining ahead of time.

See that his brothers or sisters are not always "bossing" him, or not always talking when he wants to talk.

In general, try to avoid situations that are unduly frustrating, exciting, bewildering, tiring, humiliating, or frightening to the child.

My last suggestion may sound quite drastic, but I believe it is within the bounds of reason: Be as friendly and considerate toward your own child as you would be toward a house guest, chiefly in order that he, by following your example, will learn
how to develop good relations with other persons. Remember, Fred is a human being, needing your love and protection.

Unless Fred's speech difficulty is in some way exceptional, or has developed into a truly serious condition, the suggestions I have outlined should prove genuinely helpful. Do not expect a miracle to happen overnight—remember that Fred is human. He—and you, or I, or anyone else,—will never be as fluent as a faucet. Even the most silver tongued orator makes an occasional bobble. But if within six months you feel, for any reason, that Fred is not showing as much improvement as he should, or if you desire further information and suggestions with regard to Fred's particular problem, I suggest that you get in touch with one of the many college and university speech clinics, and child guidance clinics, to which one can go nowadays for advice and help. The president of your state university, or of any other university in your vicinity, should be able to put you in touch with a reputable speech correctionist near your home. And if I can be of any further help to you, I hope you will write me again.

With best wishes to you and to Fred.

Yours very sincerely,

Wendell Johnson
BIBLIOGRAPHY


