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# Psychosocial factors in functional articulation disorders revealed through parent interviews

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THESIS

PSYCHOSOCIAL FACTORS IN FUNCTIONAL  
ARTICULATION DISORDERS REVEALED  
THROUGH PARENT INTERVIEWS

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## CHAPTER I

### INTRODUCTION

The etiology of functional articulation defects in children has long been a concern to students of child growth and development.

Functional articulation disorders comprise between seventy-five and eighty per cent of all speech defectives in the school population.<sup>1</sup> The prevalence of this problem merits

serious study and much greater scientific investigation than they have yet received, not only because they are so common but also because they are by no means so simply explained and treated as many people have assumed.<sup>2</sup>

Heretofore, studies in speech research have examined the problem piecemeal.<sup>3</sup> Psychologists have developed tools for studying the personality and behavior of the child; sociologists have developed methodologies for studying the family and the environment of the child; while speech pathologists have largely focused on the bio-mechanical aspects of speech production in children. The contributions of psychology and

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<sup>1</sup>Margaret Hall Powers, "Functional Disorders of Articulation--Symptomatology and Etiology," Handbook of Speech Pathology, ed. Lee Edward Travis (New York: Appleton-Century-Crofts, Inc., 1957), p. 711.

<sup>2</sup>Ibid., p. 707.

<sup>3</sup>Ibid., p. 761.

sociology provide the speech pathologist with additional techniques for the study of the non-language factors involved in functional articulation disorders.

### Purpose

In an effort to gain a better understanding of the elementary school child who has an articulation defect, this study will describe selected child-rearing practices including some of the mother's attitudes towards speech and certain socioeconomic factors which may be related to the etiology of this disorder.

### Justification

The socioeconomic setting in which language is learned provides the key to the non-language variables which could help to explain any causal relationship in the child who exhibits a functional articulation disorder. Emphasis on the environmental aspects has been provided by Wood:

Any consideration of speech development in the individual must take into account other aspects of his behavior and the environmental stresses and strains of which his total behavior is partially a product . . . . A child learns speech then, as a part of the whole process of organizing his behavior and learning to adjust to his environment.<sup>1</sup>

The question to be asked is--What causal factors are to be found in the milieu of a child who has a functional

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<sup>1</sup>Kenneth S. Wood, "Parental Maladjustment and Functional Articulation Defects in Children," Journal of Speech and Hearing Disorders, XI (December, 1946), 255.

articulation disorder? Powers expresses the following point of view:

Considering the results of both research and clinical experience, we can conclude that certain environmental conditions and certain types of interaction between the child and his environment are necessary for the development of mature speech. To develop normal patterns of speech a child must hear normal patterns of speech, must have a need and desire to talk, must experience pleasure in hearing speech and in responding with speech, must have sufficient variety in his day-by-day experience to stimulate a communicative urge and to provide communicative content, and his speech must be reacted to constructively by others.<sup>1</sup>

Mowrer<sup>2</sup> has shown the importance of the mother-child relationship as a fundamental aspect of the child's total environment. He has demonstrated that the mother-child relationship provides the emotional atmosphere influencing the ultimate speech development of the child.

Since a child's earliest interpersonal experiences are with his mother, there is good reason to examine the mother-child relationship reflected in her child-rearing practices.

Empirical observations of mothers of different socioeconomic statuses and different amounts of education would suggest that there are differences in their patterns of child-rearing. Sears, Maccoby and Levin<sup>3</sup> in their study of child-

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<sup>1</sup>Powers, op. cit., p. 755.

<sup>2</sup>O. H. Mowrer, "The Autism Theory of Speech Development and Some Clinical Applications," Journal of Speech and Hearing Disorders, XVII (September, 1952), 263-268.

<sup>3</sup>Robert R. Sears, Eleanor E. Maccoby, and Harry Levin, Patterns of Child Rearing (New York: Row, Peterson and Company, 1957).

rearing practices, point out that there has been little research evidence as to precisely what these differences are for the normal child.

This paucity of research on normal children, relating socioeconomic variables and child-rearing practices, illustrates the lack of comparative data. Therefore, it becomes incumbent upon those engaged in speech research to describe as fully as possible the psychosocial variables of families of children with speech disorders.

### Scope

The dimensions of this study include an examination of the following socioeconomic variables: marital status and ages of the parents, size of the family, ordinal position of the child, distance between the siblings, education of the parents, mobility, ethnicity and bilingualism, and religious identification.

The child-rearing practices of thirty mothers of children who have functional articulation disorders are compared with the following portions of Patterns of Child Rearing:<sup>1</sup> warmth and affection of the mother, feeding, toilet training, dependency behavior, the handling of aggression, demands and restrictions, techniques of training.

The mother's attitudes, perceptions and knowledge towards speech issues, as a dimension of child-rearing, will

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<sup>1</sup>Ibid.

be described.

The information was gathered by means of a direct interview with the natural mothers of children identified as having functional articulation disorders found in the public school systems of three Massachusetts communities of diverse socioeconomic composition. The mothers who comprise the sample for this study were the parents of children above the age of 7.6 years exhibiting functional articulation disorders in whom organic and intellectual etiologies had been eliminated.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

#### The Need for a Holistic Approach

Travis has long embraced the ideology:

In order to understand the individual's speech, it is necessary not only to understand his speech organs, but his person as a whole.<sup>1</sup>

Similarly, Goldstein,<sup>2</sup> in opposition to those who hold to an atomistic, fractionating methodology of examining a multitude of isolated facts, prefers to study the whole which he calls an organismic approach. He opines that language phenomenon is only a part of the total behavior of the human organism. It is necessary to view the total environment and the accumulated experiences of an individual, in order to gain the specific understanding of the isolated fact --in this case, a diffuse functional articulation disorder.

Among the speech pathologists who have studied functional articulation disorders, FitzSimons,<sup>3</sup> viewing the child

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<sup>1</sup>Lee Edward Travis, "A Point of View in Speech Correction," Quarterly Journal of Speech, XXII (1936), 57.

<sup>2</sup>Kurt Goldstein, The Organism (New York: American Book Company, 1939).

<sup>3</sup>Ruth FitzSimons, "Developmental, Psychosocial, and Educational Factors in Children with Nonorganic Articulation Problems," Child Development, XXIX (December, 1958), 488.

as a whole, has suggested that there is a relationship between functional articulation disorders and psychosocial factors indicating a need for additional research.

With a similar frame of reference, Wood<sup>1</sup> and McCarthy<sup>2</sup> focused upon the family relationship as the key variable in explaining functional articulation disorders.

In summation of the issue, Powers<sup>3</sup> concluded that the environmental and personal adjustment factors have been more conclusive in explaining the problem than the research of the bio-mechanical factors. She has pointed out, however, that the research involved in examining any relationship which may exist between functional articulation disorders and environmental factors, which include socioeconomic variables, is limited and much of the existing data remains to be verified.

#### The Acquisition of Language

The study of the normal process by which language is acquired has contributed the foundation for the comprehension of deviant language patterns. In an extensive analysis of articulation disorders, Milisen<sup>4</sup> emphasizes that defective

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<sup>1</sup>Wood, op. cit., pp. 255-275.

<sup>2</sup>Dorothea McCarthy, "Language Disorders and Parent Child Relationships," Journal of Speech and Hearing Disorders, XIX (December, 1954), 514-523.

<sup>3</sup>Powers, op. cit., p. 759.

<sup>4</sup>R. Milisen, "A Rationale for Articulation Disorders," Journal of Speech and Hearing Disorders, Monograph Supplement, IV (1954), pp. 6-17.

articulation results from the disruption of the normal learning process.

Examining the concomitant factors existing in the normal learning process, Sapir's<sup>1</sup> early work provided impetus for a sociocultural frame of reference.

Attempting to explain the process by which language is acquired, hence specific sound patterns, Piaget's<sup>2</sup> work emphasized the necessity of a speech model, explaining that mutual imitative activity between mother and child precedes the eventual symbolic internalization of speech symbols in the absence of the speech model.

Mowrer<sup>3</sup> has stressed the qualitative aspect of the relationship between mother and child in this process. An absence of a positive valence towards the speech model would lead to a disruption of the learning process.

The optimum conditions for successful language learning are described by Wyatt as "a continuous, uninterrupted and affectionate relationship between mother and child."<sup>4</sup>

In an attempt to elucidate those factors which would

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<sup>1</sup>E. Sapir, Language (New York: Harcourt Brace and Company, Inc., 1921).

<sup>2</sup>J. Piaget, The Language and Thought of the Child (London: Routledge and Kegan Paul, Ltd., 1926).

<sup>3</sup>O. H. Mowrer, "Hearing and Speaking: An Analysis of Language Learning," Journal of Speech and Hearing Disorders, XXIII (May, 1958), 143-151.

<sup>4</sup>Gertrude Wyatt, "Mother Child Relationship and Stuttering in Children," (unpublished Ph.D. dissertation, Dept. of Psychology, Boston University, 1958), p. 6.



interrupt, or in other ways effect, the language learning process, research has been varied encompassing diverse aspects of the total environment.

### Paternal Occupational Status

Paternal occupational status has been a frequently examined facet of socioeconomic differences as an explanation for the existence of functional articulation disorders, retarded speech, stuttering and, in general, language disturbances.

Davis<sup>1</sup> in 1937, studying articulation disorders, found better speech production among upper socioeconomic groups. Later Beckey,<sup>2</sup> in her study of certain factors related to retardation of speech, found among these factors a prevalence of children from families of lower economic groups. Similarly, Gesell,<sup>3</sup> Smith,<sup>4</sup> and McCarthy<sup>5</sup> concur

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<sup>1</sup>E. A. Davis, The Development of Linguistic Skills in Twins, Singletons with Siblings, and Only Children from Age Five to Ten Years (Minneapolis: University of Minnesota Press, 1937).

<sup>2</sup>Ruth Beckey, "A Study of Certain Factors Related to Retardation of Speech," Journal of Speech and Hearing Disorders, VII (September, 1942), 223-249.

<sup>3</sup>A. Gesell and E. Lord, "A Psychological Comparison of Nursery School Children from Low and High Economic Status," Pedagogical Seminary and Journal of Genetic Psychology, XXXIV (September, 1927), 339-356.

<sup>4</sup>M. E. Smith, "A Study of Some Factors Influencing the Development of the Sentence in the Preschool Child," Pedagogical Seminary and Journal of Genetic Psychology, XLVI (1935), 182-212.

<sup>5</sup>Dorothea McCarthy, The Language Development of the Preschool Child (Minneapolis: The University of Minnesota Press, 1930).

that language development is better among the upper socio-economic groups.

Studies by Irwin<sup>1,2</sup> analyzing the effect of occupational status on phoneme type and on sound frequency, demonstrated that the occupational component was negligible during the first year and a half of the child's life, but became highly significant as the child grew older, with those children whose parents were classified as business, clerical and professional workers demonstrating a higher frequency of speech sounds and phoneme types than the children whose fathers were skilled and unskilled workers.

Occupational differences of the parents of articulation cases were also found by McClure<sup>3</sup> and Templin,<sup>4</sup> pointing to a greater frequency of defect among the lower occupational groups.

A broader interpretation has been expressed by Milner<sup>5</sup>

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<sup>1</sup>O. C. Irwin, "The Effect of Family Occupational Status and of Age on Use of Sound Types," Journal of Speech and Hearing Disorders, XIII (September, 1948), 224-226.

<sup>2</sup>O. C. Irwin, "The Effect of Family Occupational Status and of Age on Sound Frequency," Journal of Speech and Hearing Disorders, XIII (December, 1948), 320-323.

<sup>3</sup>H. S. McClure, "A Study of the Existing Relationship Between Articulatory Speech Defects and Related Disabilities Including Reading," (unpublished Master's thesis, Ball State Teachers College, 1952).

<sup>4</sup>M. C. Templin, "Speech Development in the Young Child: The Development of Certain Language Skills in Children," Journal of Speech and Hearing Disorders, XVII (September, 1952), 280-285.

<sup>5</sup>E. Milner, "A Study of the Relationship Between Reading Readiness in Grade One School Children and Patterns of Parent-Child Interaction" Child Development, XXII (June, 1951), 95-112.

who felt that the preponderance of children of lower socioeconomic classes lacking in language development was best explained, not by the socioeconomic level of the parents, but by the existing concomitant factors. His study demonstrated the use of corporal punishment as a disciplinary method, a lack of opportunity for the children to engage in two way conversations with significant adults in the home before and after school, and little opportunity in general to use language.

In opposition to a positive relationship between paternal occupational classification and the maturation of articulation, Everhart<sup>1</sup> concluded that there was no significant relationship between these factors.

Morgenstern,<sup>2</sup> in a comprehensive socioeconomic study of stutterers, hypothesized that the existence of a higher incidence of stuttering in certain socioeconomic groups was explained by the high degree of economic striving of these particular groups for upward occupational mobility.

Winitz,<sup>3</sup> in a recent Iowa City study, found low correlations between the scores of socioeconomic factors based

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<sup>1</sup>R. W. Everhart, "Paternal Occupational Classification and the Maturation of Articulation," Speech Monographs, XXIII (March, 1956), 75-77.

<sup>2</sup>John J. Morgenstern, "Socio-Economic Factors in Stuttering," Journal of Speech and Hearing Disorders, XXI (March, 1956), 25-33.

<sup>3</sup>Harris Winitz, "Relationships Between Language and Nonlanguage Measures of Kindergarten Children," Journal of Speech and Hearing Research, II (December, 1959), 388.

on the Index of Status Characteristics and fourteen language and nonlanguage variables. However, Winitz explained "that the low correlations were probably the result of the homogeneous social status of Iowa City families."

The discrepancies in the speech literature concerning the importance of occupational differences of the families of children with language problems points to the need for further clarification.

### Siblings

The influence of siblings on children's speech development has been surveyed by various investigators in terms of the relevancy of birth order, the number of siblings and the distance between siblings.

Beckey's study<sup>1</sup> of delayed speech cases demonstrated no significant findings in birth order. Similarly, Irwin<sup>2</sup> reported no significant relationship between the number of siblings and speech development.

In an early study by Wellman et al.<sup>3</sup>, no relationship was demonstrated between articulation skills of children age

<sup>1</sup>Beckey, loc. cit.

<sup>2</sup>O. C. Irwin, "Speech Development in the Young Child: Some Factors Related to the Speech Development of the Infant and Young Child," Journal of Speech and Hearing Disorders, XVII (September, 1952), 269-279.

<sup>3</sup>B. L. Wellman et al., "Speech Sounds of Young Children," University of Iowa Studies in Child Welfare, Vol. V., (1931).

two to six and birth order.

Studying the language deficit stuttering, Morgenstern also found that familial position was not significant.<sup>1</sup> However, he found the stuttering children further removed from their nearest sibling than the non-stuttering children.

Common to the studies cited is their implication that the number and the distance between the children would affect the amount of the mother's available time for adult stimulation of the child's speech. Whether or not the number of children or the distance between children would significantly affect the speech development of the child remains to be answered.

#### Speech Stimulation

Reduced speech stimulation was observed by Irwin<sup>2</sup> in his study of ninety orphanage babies whose speech development was markedly below that of non-institutionalized babies. Absence of speech stimulation has been notably shown among institutionalized or isolated children in the works of Carrell,<sup>3</sup> Mason,<sup>4</sup> and Brodbeck and Irwin.<sup>5</sup>

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<sup>1</sup>Morgenstern, loc. cit.

<sup>2</sup>Irwin, loc. cit.

<sup>3</sup>J. A. Carrell, "A Comparative Study of Speech Defective Children," Archives of Speech, I (1936), 179-202.

<sup>4</sup>M. K. Mason, "Learning to Speak After Six and One Half Years of Silence," Journal of Speech and Hearing Disorders, VII (December, 1942), 295-304.

<sup>5</sup>A. J. Brodbeck and O. C. Irwin, "Speech Behavior of Infants Without Families," Child Development, XVII (September, 1946), 145-156.

Another aspect of stimulation for speech development is emphasized by McCarthy<sup>1</sup> who maintains it is of primary importance to know the kind of nurturance the child receives and the manner in which it is done.

Supporting this view that the kind of nurturance is an important component in speech development, Aldrich et al.<sup>2</sup> showed that the well nurtured child, in infancy, would have less need for crying and more time for babbling--the foundation for later speech development.

Stimulation, which emanates from the mother as a speech model and a love object, has been emphasized by the work of Buxbaum:

Severely neglected children and those whose attachments to adults are interrupted and infrequent . . . are slow in learning to speak and may remain retarded in speech throughout their lives.<sup>3</sup>

The family constellation, as the primary source of socialization for the child, has become the focal point of many writers who have examined this problem. This point of view has been expressed by Beasley, who comments,

Since a child develops communication in an interpersonal setting, speech or language difficulties inevitably mean

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<sup>1</sup>McCarthy, "Language Disorders and Parent Child Relationships," loc. cit.

<sup>2</sup>C. A. Aldrich et al., "The Crying of Newly Born Babies: The Follow Up After Additional Nursing Care Had Been Provided," Journal of Pediatrics, XXVIII (1946), 665-670.

<sup>3</sup>E. Buxbaum, "The Role of a Second Language in the Formation of Ego and Superego," Psychoanalytic Quarterly, XVIII (1949), 279-289.

that he has encountered emotional stress within his family deeper and different from that of a child who has developed adequate speaking skill.<sup>1</sup>

The mother-child relationship, an integral component of the family group, forms the matrix for speech stimulation. Wood<sup>2</sup> has shown a relationship between functional articulation disorders and maladjustment on the part of the parents, usually maternally centered. The neurotic tendency ratings of the mothers with speech defective children indicated that this group of mothers were lower in the areas of self adjustment, social adjustment and total adjustment and that their standards for achievement were exceptionally high.

According to Shirley<sup>3</sup> the kind of nurturance, hence speech stimulation, given a baby would reflect the mother's personality.

Based on an empirical review of the literature, McCarthy<sup>4</sup> concluded that in non-organic articulation disorders disturbed family relationships and the home atmosphere, as determined by the parents' personality, are the most important factors.

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<sup>1</sup>Jane Beasley, "Relationship of Parental Attitudes to Development of Speech Problems," Journal of Speech and Hearing Disorders, XXI (September, 1956), 317.

<sup>2</sup>Wood, loc. cit.

<sup>3</sup>M. M. Shirley, "The Impact of the Mother's Personality on the Young Child," Smith College Studies, Social Work, XII (1941), 15-64.

<sup>4</sup>McCarthy, "Language Disorders and Parent Child Relationships," loc. cit.

### Bilingualism

In investigations concerning the home environment, bilingualism as a significant factor in the faulty development of speech, was discounted by McCarthy<sup>1</sup> and Beckey.<sup>2</sup> However, in a later study, McCarthy<sup>3</sup> expressed the conviction that there was an emotional basis for the retardation found in both languages of children who had been exposed to two languages at preschool age. She further reports a study of bilingual college students who exhibited intra-family maladjustment.

Socioeconomic factors, also, frequently are associated with bilingualism, and these sometimes may be more important than having to learn two languages.<sup>4</sup>

### Child-Rearing Practices of Normal Children

In applying the organismic principle, it is necessary now to refer to the work of the social scientists pertaining to the background in which the mother-child relationship is set.

Sociologists indicate that different social classes in America have somewhat different ways of life: different

<sup>1</sup>McCarthy, The Language Development of the Preschool Child, loc. cit.

<sup>2</sup>Beckey, loc. cit.

<sup>3</sup>McCarthy, "Language Disorders and Parent Child Relationships," loc. cit.

<sup>4</sup>F. K. Merry and R. V. Merry, The First Two Decades of Life (New York: Harper Brothers, 1940), p. 199.



behavior, values, attitudes, goals and expectations. Nowhere are social class differences so clearly seen as within the family setting.<sup>1</sup> Viewed as a social setting, the family takes on primary importance as a socializing agency. Ethnic, religious, racial and social groups maintain their differences through time to the extent to which they provide their offspring with different and distinctive patterns of thought and action.<sup>2</sup>

Social scientists, in recent times, have been studying child-rearing practices because this is one method by which the family teaches the child the particular set of attitudes, values, and behavior that are its own.

Davis and Havighurst,<sup>3</sup> in their study of child-rearing practices in Chicago, found differences existing between the middle and lower class groups in the areas of feeding, weaning, toilet training, sex modesty and control of impulse life in such areas as cleanliness, care of property, and respect for authority.

In a later study of Boston mothers, Maccoby and Gibbs<sup>4</sup>

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<sup>1</sup>R. Havighurst and B. Neugarten, Society and Education (Boston: Allyn and Bacon, Inc., 1957), p. 89.

<sup>2</sup>Ibid., p. 88.

<sup>3</sup>A. Davis and R. Havighurst, "Social Class and Color Differences in Child Rearing," American Sociological Review, XI (1946), 698-710.

<sup>4</sup>Eleanor Maccoby, P. Gibbs, and the Staff of the Laboratory of Human Development, Harvard University, "Methods of Child Rearing in Two Social Classes," Readings in Child Development, eds. Martin and Stendler (New York: Harcourt Brace and Company, Inc., 1954), pp. 380-395.

again demonstrated class differences in child-rearing practices.

In 1957, Sears, Maccoby and Levin,<sup>1</sup> in a multi-dimensional study of the child-rearing practices of 379 mothers, similarly found distinct differences between the child-rearing practices of differing social classes.

The facts gathered in their book, Patterns of Child Rearing, described how mothers brought up their children from birth to kindergarten age. They obtained their information by long, tape recorded interviews which allowed the mothers to talk fully and freely about the joys and problems they had had, their feelings before and after their child was born, and the methods they had used for training and for making him--or her--happy. The mothers were diverse in their origins, their manner of life, and their ways of bringing up their children.

This work represented the efforts of the staff of the Laboratory of Human Development of the Graduate School of Education at Harvard University, supported by grants from the National Institute of Mental Health.

Their research was designed to discover the kinds of child-rearing practices that are most conducive to the development of children's identification with their parents. Their use of a depth interview had the dual purpose of measuring the actual child-rearing experiences of the 379 children

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<sup>1</sup>Sears, Maccoby and Levin, loc. cit.

and of relating those experiences to certain aspects of each child's personality. Of equal importance was the securing of reliable information about the variety of experiences that many American children have in their homes with their parents by the time they go to school.

The dimensions studied were: background for parenthood, feeding, toilet training, dependency, sex, aggression, restrictions and demands, techniques of training, the development of conscience, sex and birth order of the child, socioeconomic level of the parents, education and age of the mother.

Child-Rearing Practices of Children  
with Speech Disorders

The comparison of social class differences in child-rearing practices as related to speech defects has not been the subject of extensive investigation. Among the few studies done in this area, Beckey's examination of retarded speech cases of low socioeconomic status indicated that prevalent among the child-rearing practices used were isolation and the anticipation by the parents of the child's wants.<sup>1</sup>

With no attempt to show class differences, Wood found severe discipline and defective home membership predominant factors in his study of the parents of children with articulation disorders.<sup>2</sup>

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<sup>1</sup>Beckey, loc. cit.

<sup>2</sup>Wood, loc. cit.

Comparing a group of functional articulation cases with a group of children whose articulation was normal, FitzSimons<sup>1</sup> found a high incidence of early initiation of weaning and toilet training. Also noted was the absence of breast-feeding and subsequent eating and food problems. A frequency of finicky food habits was also reported by Stinchfield and Young in their study of delayed or defective speech cases.<sup>2</sup>

### Summary

The review of the research literature reveals the many and diverse factors considered pertinent to the etiology of functional articulation disorders. The scope of the research ranges from social class differences to behavioral differences manifested by language defective children. There is little research available describing the child-rearing practices of mothers who have normal children, and even less information describing, "What do mothers do?" in the rearing of children who exhibit speech defects.

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<sup>1</sup>FitzSimons, op. cit., p. 481-488.

<sup>2</sup>S. M. Stinchfield and E. H. Young, Children with Delayed or Defective Speech (Stanford University, California: University Press, 1938).

## CHAPTER III

### PROCEDURE

The purpose of this study is to describe certain socioeconomic variables suggested in the literature to be significant in the etiology of functional articulation disorders, to describe some of the attitudes of these mothers towards their children's speech, and to compare the child-rearing practices of mothers whose children manifest a functional articulation disorder with data on the child-rearing practices of a group of mothers of normal children.

#### Selection of the Sample

The children whose natural mothers comprised the sample for this study were enrolled in the Public School systems of Bedford, Leominster and Middleboro, Massachusetts. These communities represent three geographical areas in the Commonwealth of Massachusetts. Bedford, (pop. 12,163)<sup>1</sup> is a suburban community adjacent to the large metropolitan area of Boston, Leominster, (pop. 24,500)<sup>2</sup> is situated in the

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<sup>1</sup>Personal correspondence with Town Clerk, Bedford, Massachusetts, January 1, 1960.

<sup>2</sup>Personal correspondence with Town Clerk, Leominster, Massachusetts, February 3, 1960.

north central section of the state in a moderately populated area. Middleboro, (pop. 11,119)<sup>1</sup> is in the cranberry bog district of upper Cape Cod in a sparsely populated area.

The elementary school teachers in each of the three communities were instructed in the use of a teacher referral form suggested by Irwin<sup>2</sup> and adapted as a Speech Inventory by the Boston University Speech and Hearing Center (see Appendix A). The classroom teacher, after studying her pupils for a period of two weeks, recorded disorders of voice, articulation and nonfluencies on the referral form. All 238 children referred were then evaluated individually by a trained speech clinician. The incidence of speech problems found in the three communities is shown in Table 1.

TABLE 1  
INCIDENCE OF SPEECH DISORDERS BASED ON  
TEACHER REFERRAL INVENTORY

Community	Total Elementary School Population	Incidence of Speech Disorders
Bedford	1,006	3%
Leominster	1,508	6
Middleboro	1,203	7

<sup>1</sup>Personal correspondence with Town Clerk, Middleboro, Massachusetts, February 3, 1960.

<sup>2</sup>Ruth Beckey Irwin, Speech and Hearing Therapy (New Jersey: Prentice-Hall, Inc., 1953), pp. 28-29.

Pure tone air conduction audiometric testing, using the Hughson-Westlake<sup>1</sup> ascending technique, was administered to the entire group to isolate any possible cases of hearing loss.

By means of a peripheral oral examination, children who had structural abnormalities were excluded from the sample.

The accumulated records of the educational intelligence testing program of each school were examined to eliminate those cases suspect of mental retardation.

Irwin<sup>2</sup> points out that there is fairly common agreement that the speech sound development should be completed by the time the child is seven and one half years of age. To control the variability of the maturation factor, the selection of cases included children above the age of 7.6 years who exhibited persistent and diffuse articulation errors.

The children with articulation disorders were then further evaluated to establish the frequency of errors. Those children identified as having errors of substitutions, omissions or distortions on less than four speech sounds were eliminated.

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<sup>1</sup>W. Hughson and H. Westlake, "Manual for Program Outline for Rehabilitation of Aural Casualties both Military and Civilian," Trans. Amer. Acad. Ophthal. Oto-laryng. Supplement, XLVIII (1944), 1-15.

<sup>2</sup>Ruth Beckey Irwin, op. cit., p. 92.

Errors in teacher referrals coupled with children who did not reside with their natural mothers further reduced the sample. A total of 176 children were eliminated from the 238 cases referred on the basis of their failure to meet the criteria. Table 2 presents the selection of the sample.

TABLE 2  
NUMBER OF TEACHER REFERRALS AND NUMBER OF CASES  
ELIMINATED DUE TO CRITERIA REQUIREMENTS

	Bedford	Middleboro	Leominster	Total
Teacher Referrals	38	94	106	238
Number Eliminated Due to Criteria				
Under age 7.6	17	45	20	
Suspect Intellectual Impairment	1	8	11	
Organic Disorders	2	4	6	
Voice Disorders	2	3	19	
Stutterers	1	2	5	
Foster Home Placement	-	2	-	
Other*	<u>6</u>	<u>7</u>	<u>15</u>	
Total Number Eliminated	29	71	76	<u>176</u>
Number of Cases After Initial Selection	9	23	30	62

\*Sub-standard English, foreign dialects, errors in teacher evaluation.



The remaining sixty two cases comprised a group of children who evinced no organic deficits of the hearing or of the oral mechanisms; who were not suspect of mental retardation; who were above the age of 7.6 years and who were found to have faulty articulation of four or more speech sounds.

### The Type of Interview

In order to extract information concerning the total environment of the child, it becomes necessary to utilize the method of a personal interview. As a technique of assembling and collecting data, a personal interview schedule provides a high degree of accuracy because the material is acquired directly from the source.<sup>1</sup> The interview schedule used combined the features of a structured interview involving direct, detailed questions and possible multiple choice answers with the flexible, unstandardized depth interview which is typical of clinical interviewing.

The schedule used in the interview (see Appendix B) was divided into three major areas. The first section included questions about family composition, occupational information and social class placement, ethnic background and bilingualism, mobility factors, educational background and religious activity. Both the actual, demonstrable facts

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<sup>1</sup>H. Arkin and R. Colton, Statistical Methods (New York: Barnes and Noble, Inc., 1950), p. 150.

and the attitudes and perceptions about these dimensions were included in the format of the schedule.

The second section, adapted from Patterns of Child Rearing,<sup>1</sup> was designed to establish what child-rearing practices were used as well as the mother's feelings and attitudes towards her child. This unique study has provided a basis for the comparison of the data gathered, using portions of their schedule in the interviews with the thirty mothers who comprised the sample for this study. Compared were the dimensions of feeding, toilet training, dependency behavior, the handling of aggression, techniques of training, demands and restrictions, and warmth and affection.

The final portion of the interview focused on the dimension of child-rearing practices found in the mother's attitudes, perceptions and knowledge in the area of speech.

A group of mothers was used to pre-test the schedule of questions in order to investigate the feasibility of remaining within the proposed time limit of two and one half hours, as well as to establish a pattern of consistency in the administration and scaling of the data collected. Of the sixty two cases which met the criteria, it was anticipated that fifty mothers would comprise the final test group allowing the pre-test to be administered to approximately twelve mothers.

The majority of the appointments were made by phone

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<sup>1</sup>Sears, Maccoby and Levin, loc. cit.

contact. Where this was not possible, letters were sent requesting an interview and suggesting a tentative appointment.

TABLE 3  
NUMBER OF MOTHERS UNAVAILABLE FOR INTERVIEW

	Bedford	Middleboro	Leominster	Total
Sample After Initial Selection	9	23	30	62
Shrinkage Due to Unavailable Cases:				
Mothers Unwilling*	-	4	5	
Failure to Keep Appointment	-	2	3	
Failure to Respond to Communications	-	5	6	
Family Moved	-	1	1	
Pre-test Groups	-	2	3	
Total Shrinkage	-	14	18	<u>32</u>
Final Sample	9	9	12	30

\*Inconvenient; appointment time could not be arranged; denial that child had a speech problem.

Additional shrinkage occurred with a drop out of 27 cases as enumerated in Table 3. Therefore, it became necessary to reduce the number of pre-tests from twelve to five.

To explore the most efficient manner of conducting the interview, the technique of administration varied markedly with the five mothers in the pre-test group. This group was not included in the final analysis.

The pre-test phase demonstrated that the original schedule required revision. It was found that the dimensions being studied could be elicited with fewer questions, thereby reducing the length of the interview.

Thirty mothers responded to the request for an informal meeting at their homes which would be approximately two hours in length. The stated purpose of this meeting was to provide the mother with the opportunity to help us better understand her child who was receiving speech therapy in the Public School system. Further, it was explained that the information gathered at this interview would be compiled to be presented as the content of this thesis, in which her anonymity would be maintained.

All of the interviews were conducted by one person using a uniform technique in the presentation of the schedule.

### Reporting the Results

The socioeconomic portion of the schedule was presented demographically. Means or medians, percentages, and distributions were used in the analysis of the data. The child-rearing practices related to speech were presented in a similar manner.

The description of social class was based on Warner's Index of Status Characteristics<sup>1</sup> combining occupation, source

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<sup>1</sup>W. Lloyd Warner, Marchia Meeker, and Kenneth Eells, Social Class in America (Chicago: Science Research Associates, Inc., 1949), pp. 131-159.

of income, house type and dwelling area. Each factor was individually rated on a seven point scale.

Occupational status was given a rating of "1" for the most prestigious occupation, (lawyer, doctor, proprietor and manager of large business), and a rating of "7" for the least, (heavy laborers and migrant farm workers). The score obtained was then given a weight of four. Source of income was rated "1" for inherited wealth and as "7" for public relief and the score obtained given a weight of three. Using the extremes of house type in a range from "1" to "7", a weight of three was given the score. From the exclusive, restricted sections of the community to the slums, the dwelling area also was rated from "1" to "7" and given a weight of two.

The distribution of social class placement was then obtained by applying the combined scores to Warner's Index of Status Characteristics.<sup>1</sup>

The dimensions of child-rearing practices were presented comparing Sears, Maccoby and Levin's results<sup>2</sup> (hereafter referred to as the Criterion Group) with the thirty mothers in this study (hereafter referred to as the Speech Group).

Unless otherwise noted, the format used in the rating scales was identical to the original scales devised for the

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<sup>1</sup>Ibid., p. 183.

<sup>2</sup>Sears, Maccoby and Levin, loc. cit.

Sears, Maccoby and Levin study. Following the technique used in their study, the mothers' responses were rated on a continuum. The number of points on the scale varied, depending upon the refinement needed to discriminate the quality of each response.

Sears, Maccoby and Levin's factor analysis revealed certain dimensions of child-rearing practices to be highly correlated to the mother's warmth and affection. No tabular comparison was made between the two groups because these critical factors related to the mother's warmth and affection were presented by Sears, Maccoby and Levin as the result of their I B M punch card factor analysis. In order to determine the warmth and affection of the mothers in the Speech Group, these measures were rated individually for their positive or negative trend and combined to produce a score which was presented in the results according to the extent to which warmth and affection existed in the Speech Group.

Two graduate students in Speech Pathology rated each interview jointly, in order to maintain a uniform frame of reference.

Obvious differences noted in the percentage distributions between the two groups were tested for significance by a "t" test. Differences are significant at the  $p = .05$  level or better when  $t$  is larger than  $\pm 1.95$ , and when  $t$  is larger than  $\pm 2.58$ , the differences are significant at the  $p = .01$  level or better.

## CHAPTER IV

### RESULTS

#### Family Structure

##### Marital Status

With the exception of one mother who was divorced, all of the parents of the children studied were married and living together.

##### Ages of Parents

The median age of the mothers was 36; fifty per cent of them were between 32 and 38 years of age, and none was less than 27. Their husbands were about three years older on the average and 50% of them were between 35 and 43 years of age.

##### Size of Family

The sample was composed of five extended family groups including one or more blood relatives residing in the same household, with the remainder of the sample conjugal family units. The average household had a mean number of 5.7 members.

Ordinal Position of Child and  
Number of Children in Family

The number of children per family (mean 3.5) and their ordinal position are shown in Table 4.

TABLE 4

ORDINAL POSITION OF CHILD AND  
NUMBER OF CHILDREN IN FAMILY

Ordinal Position  
of Child

6								
5				2				
4								
3			3	2	3	2		1
2		2	3	1				
1	2	4	4	1				
	1	2	3	4	5	6	7	8
	Number of Children in Family							

There were two singletons, nine children who were the oldest, and seven who were the youngest. With due regard for the size of the sample, it appears that there is a greater frequency of middle children (N=12) exhibiting functional articulation disorders.



Distance Between Siblings

TABLE 5

## DISTANCE BETWEEN SIBLINGS

Number of years to  
next oldest

4	1			2		
3	2				1	
2	3		1	1		1
1	1	1	2	1	2	
0	2	2	2	3	1	
	0	1	2	3	4	5
	Number of years to next youngest					

Table 5 indicates the tendency for children in this sample to have more siblings closer than further from their own age. Apart from the two singletons, two-thirds of the children were less than three years older or younger than their nearest sibling.

## Background for Parenthood

### Education of Parents

In examining the educational backgrounds of both parents, it was found that 10% of the mothers and the fathers had grammar school educations or less. Eighty three per cent of the mothers and 57% of the fathers had completed 12 or more years of education. Seven per cent of the mothers and 20% of the fathers were college graduates, while 7% of the fathers had pursued further graduate training.

Positive attitudes towards education were expressed by the mothers in several different ways. Many of them (50%) expressed a desire to further their own education. Generally, the majority of the mothers wanted their children to have a college education. Post high school aspirations were expressed by two-thirds of the mothers for their sons, and by one-half of the mothers for their daughters.

### Social Class

The husbands' occupations ranged from professional and managerial positions to unskilled, heavy laborers and migrant farm workers, and were evenly distributed in all categories.

During the child's formative speech years (1 to 5) twenty per cent of the mothers were working. At the time of this study six mothers were employed in positions ranging from factory work to teaching.

TABLE 6

PERCENTAGE DISTRIBUTION  
OF INCOME OF PARENTS

Range of Income	Percentage
\$1,000-1,999 . . . . .	--%
2,000-2,999 . . . . .	3
3,000-3,999 . . . . .	7
4,000-4,999 . . . . .	17
5,000-5,999 . . . . .	20
6,000-6,999 . . . . .	13
7,000-7,999 . . . . .	7
8,000-8,999 . . . . .	10
9,000-9,999 . . . . .	10
10,000 and over . . . . .	7
Not ascertained . . . . .	6
Total . . . . .	100%

The median family income was \$6,000 and fifty per cent of the families had incomes between \$4,000 and \$6,999 as illustrated in Table 6.

TABLE 7

## SOCIAL CLASS PLACEMENT

Class	Percentage
Upper . . . . .	--%
Upper Middle . . . . .	17
Lower Middle . . . . .	23
Upper Lower . . . . .	50
Lower Lower . . . . .	10
Total . . . . .	100%

Applying Warner's scale for the Index of Status Characteristics, the social class placement for the families in this study is shown in Table 7. Although these figures suggest a skewed distribution with a greater frequency of the "upper lower" class, this distribution is similar to those found in other studies.

### Mobility

Examining the actual occupational mobility by comparing the grandparents' occupational status with the current occupational status of the fathers in this study, it is seen that 80% remained essentially stable with only slight mobility shifts.

Whether or not the mothers were satisfied or dissatisfied with their lives was revealed by their comments about their husbands' jobs, their families' status in the community, as well as their own perceptions as to the measures of success and social class.

Particularly relevant was the almost universal response of "I hope so," to the question, "Do you think your children will be better off financially than you are?" Strivings for economic success were prevalent throughout the responses of two-thirds of the group.

### Ethnicity and Bilingualism

Apart from one mother of foreign birth, the parents were native born Americans. Sixty per cent of the fathers and 70% of the mothers were second generation Americans. Three-quarters of them were lifelong residents of their respective communities. However, strong ethnic identification persisted when the question was asked, "Besides being an American, to what nationality do you consider yourself the closest?"

TABLE 8  
ETHNIC BACKGROUND

Ethnic Group	Percentage
Old American . . . . .	30%
English . . . . .	30
Irish . . . . .	10
Italian . . . . .	7
Scandinavian . . . . .	10
German . . . . .	3
Jewish . . . . .	10
Total . . . . .	<u>100%</u>

All of the homes were monolingual. Two-thirds of the families were of English language background as shown in Table 8.

Religious Identification

TABLE 9  
RELIGIOUS IDENTIFICATION

Denomination	Percentage
Protestant . . . . .	47%
Catholic . . . . .	20
Jewish . . . . .	10
Mixed . . . . .	23
Total . . . . .	<u>100%</u>

Closely approximating the distribution of major faiths in the United States, the parents of these children held the religious identification shown in Table 9.

TABLE 10  
CHURCH ATTENDANCE

Frequency	Percentage
Daily . . . . .	3%
Once a week . . . . .	43
A few times a year . . . . .	37
Very rarely . . . . .	13
Never . . . . .	3
Total . . . . .	100%*

\*Totals are not precisely the sum of their parts because of rounding.

TABLE 11  
RELIGIOSITY

Self Perception	Percentage
Very . . . . .	23%
Fairly . . . . .	47
Not very . . . . .	23
Not religious at all . . . . .	7
Total . . . . .	100%

Comparing the frequency of church attendance (see Table 10) and the self perceptions of religiosity (see Table 11), it appears that religion is a significant factor in the lives of the majority of these families.

### Child-Rearing Practices

#### Mother's Warmth and Affection

The extent to which warmth and affectionate interaction are present in the mother-child relationship will provide the atmosphere for the practices used in child-rearing.

How mother felt when she discovered she was pregnant.--

The first measurable response to motherhood was the mother's attitudes towards the anticipation of her child's birth. The majority of the mothers in this study "wanted" their children as evidenced by their responses to the question,

"I wonder if you would think back to when you first discovered you were pregnant with (him, her). How did you feel about it?"

TABLE 12

HOW MOTHER FELT WHEN SHE DISCOVERED  
SHE WAS PREGNANT

	Criterion Group	Speech Group
1) Delighted; very happy; had been waiting and hoping for this	50%	37%
2) Pleased, but no evidence of enthusiasm (includes: "This was a planned baby," said matter-of-factly)	18	23
3) Pleased generally; some reservations	6	13
4) Mixed feelings; advantages and disadvantages weighted about equally	9	3
5) Generally displeased, although some bright spots seen	9	10
6) Displeased; no reservations	7	13
Not ascertained	1	--
	<u>100%</u>	<u>100%*</u>

\*Totals are not precisely the sum of their parts because of rounding.

The mothers' answers are outlined in Table 12 which indicates no significant differences between the two groups. In the Criterion Group 68% were delighted or pleased; while 60% of the Speech Group expressed similar feelings. Displeasure was expressed by 16% of the Criterion Group compared with 23% of the Speech Group.

Of the 39% of the mothers in the Speech Group who expressed any reservation (points 3, 4, 5, and 6), three-quarters of them chose to explain their not wanting their child because of economic reasons.

The importance of motherhood.--In an attempt to elicit the mother's feeling about the importance of motherhood, the question was asked,

"Some mothers feel that their main job is to stay home and take care of the children. At the same time, they sometimes feel that they owe it to themselves to do some outside work or at least have quite a few outside interests. What is your point of view about this?"

While many mothers in the Speech Group felt that they would like to get out more frequently and have more freedom from the responsibilities of their homes, the majority (two-thirds) were unanimous in feeling that their role as mothers was of primary importance.

Both groups expressed similar points of view in which there was meager suggestion that any conflict existed between having a career and being a mother.

Mothers' responsiveness to babies' crying.--A five point scale was designed to evaluate how much warmth and affection the mothers felt and presumably expressed towards their



infants. Table 13 is based on their answers to the following question,

"All babies cry, of course. Some mothers feel that if you pick up a baby every time it cries you will spoil it. Others think you should never let a baby cry for very long. How do you feel about this?"

TABLE 13  
MOTHERS' RESPONSIVENESS TO BABIES' CRYING

	Criterion Group	Speech Group
1) Extremely unresponsive. Believed child must not be spoiled; didn't want to "give in" to crying	1%	13%
2) Mother relatively unresponsive. Child generally picked up only when mother believed something was wrong; allowed to cry for extended periods	15	23
3) "It depends." Picked up if mother thought child was hungry; allowed to cry if mother thought it was simply "fretful". Would allow to cry for a while, but not too long	33	27
4) Relatively responsive. Usually picked child up, although occasionally allowed it to cry for brief periods	33	23
5) Highly responsive to infant's crying; always picked it up immediately	15	13
6) Not ascertained	$\frac{3}{100\%}$	$\frac{--}{100\%}$ *

Points 1 and 2, Col. 1 vs. Col. 2;  $p < .01$  ( $t = 2.76$ )

\*Totals are not precisely the sum of their parts because of rounding.

By combining Points 1 and 2 in Table 13, it is seen that 36% of the mothers in the Speech Group were unresponsive to their babies' crying as compared with 16% of the mothers in the Criterion Group. This differential represents a significantly higher degree of unresponsiveness on the part of the mothers in the Speech Group.

Mother's warmth in infancy and childhood.--Only one-third of the mothers in the Speech Group were rated "high" for warmth in both infancy and childhood. This result was based on a combination of ratings revealed by Sears, Maccoby, and Levin's factor analysis to be positively correlated to the mother's warmth, and were elicited by the following questions:

"Did you have time to spend with the baby besides the time that was necessary for feeding, changing and just regular care like that?"

"Do you think that babies are fun to take care of when they are very little, or do you think they are more interesting when they are older?"

"I'm wondering if you could tell me more about how you and (child's name) get along together. What sort of things do you enjoy in (child's name)? In what ways do you get on each other's nerves? Do you show your affection towards each other quite a bit, or are you fairly reserved people, you and (child's name)? Do you ever find time to play with (child's name) just for your own pleasure? Tell me about that."

"Before (child's name) started to kindergarten, did you teach him anything like reading words, or writing the alphabet, or drawing, or telling time--things like that?"

It was found that the group of mothers who were rated "high" verbalized their personal satisfaction and pleasure in taking care of their babies; were equally demonstrative in

their affection for infants and children; verbalized their enthusiasm for teaching their children prior to school and currently expressed great pleasure with their daily interactions with their children. This same group of mothers used reasoning as a technique of disciplining their children.

### Feeding

How many mothers breast-fed their children and for how long.--The number of mothers who decided to breast-feed their children and the length of time nursing continued are shown in Table 14.

TABLE 14  
HOW MANY MOTHERS BREAST-FED THEIR CHILDREN  
AND FOR HOW LONG

	Criterion Group	Speech Group
Breast-fed:		
For less than 1 month	12%	--%
1 month - 2.9 months	12	3
3 months - 4.9 months	7	3
5 months - 6.9 months	5	3
7 months - 8.9 months	2	--
9 months or more	$\frac{1}{39\%}$	$\frac{7}{16\%}$
Bottle-fed:	60	84
Not ascertained	$\frac{1}{100\%}$	$\frac{--}{100\%}$
Bottle-fed, Col. 1 vs. Col. 2; $p < .01$ ( $t = 2.6$ )		

In the Criterion Group, 60% of the mothers did not breast-feed as compared with 84% in the Speech Group. A significantly larger number of mothers in the Speech Group ( $p < .01$ ) preferred to bottle-feed.

Reasons given for not breast-feeding.--The selection to use the bottle in preference to the breast raises the question as to the motivation of the mothers. The mothers' reasons for bottle-feeding are shown in Table 15.

TABLE 15  
REASONS GIVEN FOR NOT BREAST-FEEDING

Mother's Explanation	Criterion Group	Speech Group
1) Unable to breast-feed for physical reasons (not enough milk, inverted nipples, etc.)	43%	4%
2) Doctor advised against it, not specifically because of physical difficulty	16	32
3) Mother did not want to breast-feed: some indication of emotional barrier	11	60
4) Mother did not want to breast-feed: did not want to be tied down, too busy, formula more convenient in routine, etc.	12	4
5) Mother did not want to breast-feed: no reason given	12	--
6) Baby ill (premature, formula, etc.)	4	--
7) Family pressures against breast-feeding	2	--
	<u>100%</u>	<u>100%</u>
Point 1, Col. 1 vs. Col. 2; $p < .01$ ( $t = 3.70$ )		
Point 3, Col. 1 vs. Col. 2; $p < .01$ ( $t = 6.36$ )		

Physical inability was the most common explanation (43%) found among the mothers in the Criterion Group. This was markedly different ( $p < .01$ ) than the 4% of the mothers reporting physical inability in the Speech Group.

In attempting to explain why so many mothers had difficulty fulfilling a natural biological function, Sears, Maccoby, and Levin suggest that the possible sexual implications of breast-feeding would not be easily expressed to an interviewer by the mothers. Emotional reactions to breast-feeding were expressed by 60% of the mothers in the Speech Group which was found to be significant when compared to the 11% of the mothers in the Criterion Group.

Feeding--scheduling versus self-demand.--Mothers responded freely to the following question:

"There has been a lot of talk about whether it is better to have a regular feeding schedule for a baby, or to feed him whenever he is hungry. How do you feel about this?"

The scheduled feeding of infants as opposed to self-demand feeding comparing both groups is shown in Table 16. Most mothers in the Criterion Group used a wide range of practices, neither complete self-demand nor rigid scheduling. The trend of both groups is towards a child oriented policy with a significantly more permissive attitude found in the Speech Group where 50% of the mothers made no attempt at scheduling as compared to the 29% in the Criterion Group.

TABLE 16  
 FEEDING--SCHEDULING VERSUS SELF-DEMAND

	Criterion Group	Speech Group
1) Complete self-demand: child always fed when he cried (was hungry). Child permitted to eat as much, and as long, or as little as he wanted at a feeding	12%	37%
2) Schedule set by child himself: fairly regular, but no evidence that mother exerted any pressure to bring this about	17	13
3) Vague attempts at scheduling, but mother would never wake child for a feeding, and would feed as much as an hour early if it seemed necessary	19	7
4) Rough schedule, which mother would modify by as much as a half an hour if child seemed hungry	29	30
5) Fairly rigid schedule, which would not be modified by more than fifteen minutes	14	7
6) Rigid feeding schedule: child fed by clock, wakened for feedings	8	7
Not ascertained	$\frac{1}{100\%}$	$\frac{--}{100\%*}$

Points 1 and 2, Col. 1 vs. Col. 2;  $p < .05$  ( $t = 2.4$ )

\*Totals are not precisely the sum of their parts because of rounding.

Ages at beginning of and at completion of weaning.--

This information was elicited by the following question:

"When did you start weaning (him, her) from the bottle or breast to a cup? How long did it take?"

TABLE 17

AGES AT BEGINNING OF AND AT COMPLETION OF WEANING

Age in Months	At Beginning		At Completion	
	Criterion Group	Speech Group	Criterion Group	Speech Group
Under 5	5%	3%	--	--
5 to 7.9	30	27	13%	10%
8 to 10.9	30	17	20	13
11 to 15.9	23	40	36	33
16 to 23.9	5	3	13	30
24 or more	1	10	15	13
Not ascertained	6	--	3	--
	100%	100%	100%	100%*

\*Totals are not precisely the sum of their parts because of rounding.

Errors in mothers' recall arose in both studies because of the time lapse since weaning had occurred. Table 17 demonstrates the age range at the beginning and at the completion of weaning.

It is noted that weaning was initiated in both studies (88%, 87%) prior to 16 months. Both studies indicate that the

majority of the children had completed weaning within four months as represented by Table 18.

TABLE 18  
DURATION OF WEANING

	Criterion Group	Speech Group
Under 24 hours (bottle suddenly taken away, never given again)	12%	7%
1 day - 6 days	5	10
1 week - .9 month	12	27
1 month - 3.9 months	27	17
4 months - 7.9 months	17	10
8 months - 11.9 months	7	10
12 months - 17.9 months	7	--
18 months - 23.9 months	4	--
24 months or more	1	7
Not ascertained	8	12
	<u>100%</u>	<u>100%</u>

The methods and severity of weaning.--The procedures used in the weaning process are indicated in Table 19. Twenty-seven per cent of the children in the Speech Group were subject to significantly more abrupt weaning practices ( $p < .01$ ) than the 5% of the children in the Criterion Group. Mothers in the Speech Group volunteered that they used such techniques as putting salt in the nipple or breaking the bottle in order to hasten the transition from bottle to cup.



TABLE 19  
THE METHODS AND SEVERITY OF WEANING

	Criterion Group	Speech Group
1) Child weans self; refuses breast or bottle	13%	23%
2) Mother weans gradually; moderate pressure exerted for transition	55	33
3) Mother weans moderately; considerable pressure for transition; may allow occasional late bottle	25	10
4) Weans very abruptly. No late bottles. Mother does not give in if child wants to suck	5	27
Not ascertained	$\frac{2}{100\%}$	$\frac{7}{100\%}$
Point 4, Col. 1 vs. Col. 2; $p < .01$ ( $t = 4.67$ )		

Extent of feeding problem.--Another facet of the feeding issue was post-weaning and current "feeding problems".

"Have you had any problems about (child's name) eating enough, or eating the kinds of food (he, she) needs?"

Some indication of a feeding problem at one time or another was reported by 53% of the mothers in the Speech Group whereas Sears, Maccoby and Levin report 77% as shown in Table 20. The age difference between the Criterion Group, who at the time of the study were kindergarten children and the older children of the Speech Group, may explain the significant difference ( $p < .01$ ) between the two groups.

TABLE 20  
EXTENT OF FEEDING PROBLEMS

	Criterion Group	Speech Group
1) No feeding problems: child has hearty appetite, eats what is given to him, enjoys food	23%	47%
2) Mild problems: one or two brief incidents. In general, good appetite	32	20
3) "Finicky" about food. Some loss of appetite, periods not prolonged	28	3
4) Considerable feeding problems: loss of appetite, many fads in eating	16	23
5) Severe problem: child would gag or vomit, refuse to eat. Resistance to eating prolonged	$\frac{1}{100\%}$	$\frac{7}{100\%}$
Points 2, 3, 4, 5, Col. 1 vs. Col. 2; $p < .01$ ( $t = 2.93$ )		

Where a feeding problem existed, the methods used by the mothers in the Speech Group ranged in the following order: forcing of food, scolding, waiting for hunger, and withdrawal of food.

#### Toilet Training

The next child-rearing practice to be examined dealt with various aspects of toilet training. The discussion with the mothers was initiated in the following manner:

"Now we'd like to consider toilet training. When did you start bowel training with (child's name)?"

Ages at beginning of and at completion of bowel training.--Nearly half of the mothers in both groups had begun toilet training before the child was nine months. The average age for the beginning of training for the two groups was eleven months, and the age at completion for the Criterion Group was 18 months, while the Speech Group completed training at 22 months as shown in Table 21.

TABLE 21  
AGES AT BEGINNING OF AND AT COMPLETION OF  
BOWEL TRAINING

Age in Months	At Beginning		At Completion	
	Criterion Group	Speech Group	Criterion Group	Speech Group
Under 5	6%	7%	--	--
5 - 9	41	37	8%	3%
10 - 14	30	30	25	17
15 - 19	10	3	24	13
20 - 24	5	13	23	30
25 - 29	1	3	4	20
30 - 34	1	--	6	--
After 34	1	--	5	10
Not ascertained	5	7	5	7
	100%	100%	100%	100%

Completion under 24 months, Col. 3 vs. Col. 4;  $p < .05$  ( $t = 2.19$ )

The time required to complete bowel training to the point where accidents were rare was about seven months for the Criterion Group and eleven months for the Speech Group. The majority of children in the Criterion Group (57%) as compared with 37% of the Speech Group were able to complete training within seven to eight months. The tendency for the mothers in the Speech Group to take more time to complete the training appears to be significant ( $p < .05$ ). (see Table 22)

TABLE 22  
TIME BETWEEN BEGINNING AND COMPLETION  
OF BOWEL TRAINING

	Criterion Group	Speech Group
1 - 2 months	15%	--
3 - 4 months	12	10%
5 - 6 months	21	10
7 - 8 months	9	17
9 - 10 months	8	10
11 - 12 months	12	17
13 - 14 months	2	--
15 - 16 months	2	17
17 months or more	10	10
Not ascertained	9	10
	100%	100%*

7 - 8 months, Col. 1 vs. Col. 2;  $p < .05$  ( $t = 2.12$ )

\*Totals are not precisely the sum of their parts because of rounding.

Methods and severity of toilet training.--Examining the methods used in training, the mothers in this study tended towards more severity than the Sears, Maccoby and Levin group, as illustrated in Table 23.

TABLE 23

## METHODS AND SEVERITY OF TOILET TRAINING

	Criterion Group	Speech Group
1) Not at all severe. Child more or less trained himself. Not his fault when he has accidents; they are considered natural. No punishment or scolding	10%	10%
2) Slight pressure. Mild disapproval for some late accidents; mother makes some effort to show child where, when, and how to go to toilet	42	13
3) Moderate pressure. Scolding for some late deviations; fairly frequent toileting	29	27
4) Fairly severe training. Child scolded fairly often; mother clearly shows disapproval. Child may be left on toilet for fairly lengthy periods	16	20
5) Very severe training. Child punished severely for deviations; mother angry and emotional over them	2	17
Not ascertained	$\frac{1}{100\%}$	$\frac{13}{100\%}$

Points 4 and 5, Col. 1 vs. Col. 2;  $p < .01$  ( $t = 5.22$ )

A comparison of the mothers in the Speech Group whose training methods were fairly severe to very severe (37%) with the mothers in the Criterion Group (18%) reveals that the mothers in the Speech Group were significantly harsher ( $p < .01$ ) in their training techniques.

In direct response to the question, "How did it go?" one-third of the mothers in the Speech Group felt that they had experienced a mild to severe problem with their children, while the remaining two-thirds viewed toilet training as no problem at all. Of the mothers reporting toilet training as a problem, 80% used severe methods.

The responses to the questions about toilet training demonstrated the uniquely different techniques used by each mother. The following statements illustrate the diversity of the methods used:

"Well, you know I started him on the potty. We had to help him a lot because he couldn't quite sit up by himself."

"I can't say that I really trained him. I guess he kind of watched his brothers because one day he just went in there and climbed up by himself and that was the end of the diapers."

"It was just awful. I just hated those damn diapers. You know, he used to wet his pants for a long time. But I showed him who was boss. After I rubbed his face in those wet pants a couple of times, he quit."

### Dependency

The next area of investigation dealt with the dependency behavior of the child which was contingent upon the mother's perceptions and attitudes. Mothers understandably

lacked a standard frame of reference for measuring the dependency behavior of their particular child. Therefore, it was felt that the descriptive responses of the mothers revealed their bias in their acceptance or rejection of this kind of behavior.

Mother's perceptions of child's demands for attention.--

The answers to the following question were rated on a five point scale as shown in Table 24.

"How much attention does (child's name) seem to want from you?"

TABLE 24

MOTHER'S PERCEPTIONS OF CHILD'S  
DEMANDS FOR ATTENTION

	Criterion Group	Speech Group
1) Practically none (only when hurt)	8%	23%
2) A little (occasionally has a mood when he wants it, but usually not)	27	10
3) Some (at certain times of day, goes through periods)	26	20
4) Quite a bit	27	23
5) A great deal	10	23
Not ascertained	$\frac{2}{100\%}$	$\frac{--}{100\%*}$

\*Totals are not precisely the sum of their parts because of rounding.

No significant differences were noted between the two groups when examining the extremes of the mothers' perceptions of the incidence of dependency behavior on the part of their children. It is noted that in the extremes, Points 1 and 2, the Criterion Group (35%) and the Speech Group (33%) closely parallel one another. A similar finding is noted for Points 4 and 5 where the Criterion Group is 37% and the Speech Group is 46%.

Mother's report of child's tendency to cling or to follow.--Ratings for both groups indicating no significant differences are shown in Table 25 in response to the question:

"How about following you around and hanging onto your skirts?"

TABLE 25

MOTHER'S REPORT OF CHILD'S TENDENCY TO CLING OR FOLLOW

	Criterion Group	Speech Group
1) Doesn't cling, follow, or seek to be near	55%	57%
2) Slight tendency to do this	20	10
3) Some tendency	15	20
4) Considerable tendency	8	13
Not ascertained	2	--
	<u>100%</u>	<u>100%</u>



Mother's perception of child's reaction to separation.--

A slightly stronger dependency reaction, Points 3, 4, and 5 in Table 26, was reported by the mothers of the Speech Group in response to the question,

"How does (child's name) react when you go out of the house and leave him with someone else?"

The difference noted was not found to be significant.

TABLE 26

MOTHER'S PERCEPTION OF CHILD'S REACTION  
TO SEPARATION

	Criterion Group	Speech Group
1) No objection to separation	62%	67%
2) Occasionally objects, in mild manner	19	--
3) Fairly often objects, some- times fairly strongly	10	7
4) Usually objects, usually strongly	3	7
5) Always objects strongly; has been severe problem, throwing tantrums, etc.	2	13
6) Problem does not arise; mother does not go out or child is left with relative living in the home	2	7
Not ascertained	2	--
	<u>100%</u>	<u>100%*</u>

\*Totals are not precisely the sum of their parts because of rounding.

Mother's permissiveness and punitiveness towards dependency behavior of child.--Three questions were asked to explore the mother's attitudes in the handling of dependency behavior:

"How do you feel about it when (child's name) hangs onto you and follows you around?"

"How do you generally react if (child's name) demands attention when you are busy?"

"How about it if (child's name) asks you to help him with something you think he could probably do himself?"

The mothers' discussions of these problems were rated on the basis of her tolerance towards dependency behavior, (see Table 27), and the amount of irritation she expressed at the child's dependency behavior, (see Table 28).

TABLE 27

MOTHER'S PERMISSIVENESS TOWARDS DEPENDENCY  
BEHAVIOR OF CHILD

	Criterion Group	Speech Group
1) Not at all permissive towards dependency	11%	10%
2) Low permissiveness	26	10
3) Moderate permissiveness	30	17
4) Quite permissive	19	40
5) Dependency perfectly O.K.	11	23
Not ascertained	3	--
	<u>100%</u>	<u>100%</u>

Points 4 and 5, Col. 1 vs. Col. 2;  $p < .01$  ( $t = 3.71$ )

When comparing the positive attitudes towards dependency, Points 4 and 5 in Table 27, the mothers in the Speech Group were significantly more permissive ( $p < .01$ ) and showed less irritation or punishment for dependency behavior ( $p < .01$ ) as shown in Table 28.

TABLE 28  
MOTHER'S PUNITIVENESS TOWARDS DEPENDENCY  
BEHAVIOR OF CHILD

	Criterion Group	Speech Group
1) No irritation or punishment	12%	47%
2) Rarely irritated or punishing	11	13
3) Some irritation and/or punishment	25	17
4) Often irritable or punishing	23	13
5) Considerable irritation and/or punishment	13	7
Not ascertained	16	3
	<u>100%</u>	<u>100%</u>

Point 1, Col. 1 vs. Col. 2;  $p < .01$  ( $t = 5.68$ )

#### Aggression Towards Parents

Mother's permissiveness for the expression of the child's aggression towards parents. --The mother's permissiveness towards verbal and overt aggression by the child towards the parents was elicited when the mothers were asked,

"Sometimes a child will get angry at his parents and hit them and kick them or shout angry things at them. How much of this sort of thing do you think parents ought to

allow in a child of his (her) age? How do you handle it when (child's name) acts like this?"

Throughout the interview any comments the mother made about aggression were considered in rating her permissiveness for aggression towards parents on a five point scale shown in Table 29.

TABLE 29

MOTHER'S PERMISSIVENESS FOR THE EXPRESSION OF  
THE CHILD'S AGGRESSION TOWARDS PARENTS

	Criterion Group	Speech Group
1) Not at all permissive. Believes that this is something one should not permit under any circumstances. Always attempts to stop child at once; neither verbal nor physical aggression permitted	38%	50%
2) Slightly permissive	24	17
3) Moderately permissive. Feels that one must expect a certain amount of this, but that it should be discouraged rather firmly. May permit some "sassing" but no hitting	26	20
4) Quite permissive	10	10
5) Completely permissive. Does not attempt to stop child from hitting parent or shouting angrily. May express belief that child has a right to hit parent if parent has right to hit child	1	--
Not ascertained	$\frac{1}{100\%}$	$\frac{3}{100\%}$

One-half of the mothers in the Speech Group were unequivocally opposed to any verbal or physical expression of aggression. No significant differences were found by comparing the two groups; however, the 12% differential of non-permissive mothers, Point 1, should be noted.

#### Restrictions and Demands

The degree of the parent's permissiveness or strictness was measured by the extent of their restrictions and demands upon the child with regard to:

- 1) the watching of television
- 2) rules about bedtime
- 3) rules about noisemaking in the home
- 4) work responsibilities
- 5) obedience expectations

Restrictions on child's television viewing.--In answer to the following question, the differences between the two groups are shown in Table 30.

"How about the amount of time he (she) can spend listening to the radio or watching T. V. programs?"

The mothers in the Speech Group (57%) were significantly less restrictive concerning their child's television viewing than the mothers in the Criterion Group (32%) when comparing Points 1 and 2 for both groups.

TABLE 30  
RESTRICTIONS ON CHILD'S TELEVISION VIEWING

	Criterion Group	Speech Group
1) No restrictions. Child may look or listen whenever he wants	17%	27%
2) Slight restrictions	15	30
3) Moderate restrictions. Child cannot look during meals or after bedtime; certain special programs disapproved; some leeway with only moderate pressure for enforcement	28	27
4) Considerable restrictions	22	10
5) Severe restrictions. Child may look only during specific times, or at specified programs; no leeway and strong pressure for enforcement	8	3
Family has no television set	8	3
Not ascertained	2	--
	<u>100%</u>	<u>100%</u>

Points 1 and 2, Col. 1 vs. Col. 2;  $p < .01$  ( $t = 2.78$ )

Strictness about child's bedtime.--Table 31 presents the range of strictness about bedtime behavior for both groups. It is noted that more freedom at bedtime was allowed by the mothers in the Speech Group (53%), as compared with 20% of the mothers in the Criterion Group.

TABLE 31  
STRICTNESS ABOUT CHILD'S BEDTIME

	Criterion Group	Speech Group
1) Not at all strict--no particular set rules. Child goes to bed when sleepy, may have lights on and door open if he wishes	2%	13%
2) A few limitations. Parents have bedtime in mind, but allow deviations fairly often; consider child's special needs at time	18	40
3) Some limitations. Child is supposed to be in bed at a certain time, but parents allow some leeway. Mild scolding for not conforming	29	20
4) Fairly strict. Will not stretch bedtime very much or very often; considerable pressure for conformity	34	13
5) Very strict--no leeway. Child must be in bed on dot, lights out, door closed; no getting up for company. Punishment for deviation	5	13
Not ascertained	$\frac{12}{100\%}$	$\frac{--}{100\%*}$

Points 1 and 2, Col. 1 vs. Col. 2;  $p < .01$  ( $t = 4.16$ )

\*Totals are not precisely the sum of their parts because of rounding.

Strictness about noisemaking in the house.--Marked annoyance about the noisemaking of children was common to both groups of parents. Examining the extremes of the continuum in Table 32 reveals that the mothers of both groups were very similar in their attitudes about noise in the home with the exception that slightly more strictness is seen in the Speech Group (43%) as opposed to 26% in the Criterion Group.

TABLE 32

## STRICTNESS ABOUT NOISEMAKING IN THE HOUSE

	Criterion Group	Speech Group
1) Not at all strict. Child may yell, run, bang--without reprimand. Rough, loud games are permitted. "After all, you expect noise from children."	6%	10%
2) A few restrictions on noise	29	23
3) Moderately strict. Children must not shout, must avoid banging and loudest games, but quite a bit of leeway allowed	35	23
4) Quite strict about noise	24	33
5) Very strict. Children may never run in house, shout or yell, or bang doors. Punishment for noisemaking	2	10
Not ascertained	4	--
	100%	100%*

Points 4 and 5; Col. 1 vs. Col. 2;  $p < .05$  ( $t = 2.01$ )

\*Totals are not precisely the sum of their parts because of rounding.



The extent of giving the child regular jobs to do around the house.--The following question was asked,

"Do you think a child of (child's age) should be given any regular jobs to do around the house?"

Household tasks were assigned and strictly enforced with far greater frequency by 37% of the mothers in the Speech Group as compared with 10% in the Criterion Group as shown in Table 33.

TABLE 33

EXTENT OF GIVING THE CHILD REGULAR JOBS  
TO DO AROUND THE HOUSE

	Criterion Group	Speech Group
1) Nothing expected of child in the way of performing household tasks; mother feels child is too young for this	12%	--
2) No regular jobs so far, but mother says she would like to have him do them, and is thinking of beginning these requirements. Mother encourages helping, but does not require regular performance	42	23%
3) One or two small jobs regularly and with moderate pressure for enforcement	35	40
4) Several regular jobs (or difficult jobs) fairly strictly enforced	9	30
5) Many regular, difficult jobs strictly enforced	1	7
Not ascertained	$\frac{1}{100\%}$	$\frac{--}{100\%}$

Points 4 and 5, Col. 1 vs. Col. 2;  $p < .01$  ( $t = 4.38$ )

The mother's expectations and demands for obedience.---

"Some parents expect their children to obey immediately when they tell them to be quiet or pick something up, and so on. Others don't think it is terribly important for a child to obey right away. How do you feel about this?"

The demands for obedience are shown in Table 34.

TABLE 34

MOTHER'S EXPECTATIONS AND DEMANDS FOR OBEDIENCE

	Criterion Group	Speech Group
1) Does not expect obedience. May say one should not expect it of a child this age, or that parents can be wrong, too, and do not have the right to expect children to snap to attention	1%	--
2) Expects some obedience, but will speak several times; tolerant attitude towards non-compliance	21	3%
3) Wants child to obey, but expects some delay. Whether tolerates delay depends on what the situation is. Some scolding or other pressure for not obeying	54	57
4) Wants and expects obedience. Generally expects child to obey on first or second demand; considerable pressure for conformity	21	40
5) Expects instant obedience; does not tolerate any delay. Punishment for deviation--very strict	2	--
Not ascertained	1 100%	-- 100%

Points 4 and 5, Col. 1 vs. Col. 2;  $p < .05$  ( $t = 2.12$ )

There was a common trend in both groups for the mothers to expect obedience but tolerate some delay. However, in the extreme a higher percentage, 40% versus 23%, of mothers in the Speech Group want and expect obedience without delay.

Positive and Negative Techniques  
of Training

Two types of positive techniques of training are the use of tangible rewards and praise.

Extent of the use of tangible rewards.--No significant trends between the two groups are seen in the extremes of the six point scale shown in Table 35.

TABLE 35

EXTENT OF THE USE OF TANGIBLE REWARDS

	Criterion Group	Speech Group
1) Mother never uses rewards	12%	17%
2) Rarely uses rewards	18	20
3) Sometimes uses rewards	21	23
4) Fairly often uses rewards	22	17
5) Frequently uses rewards	19	10
6) Regularly gives rewards for "good" behavior; elaborate system for earning money or points; believes rewards are effective; evidence that this is a major technique for this mother	6	10
Not ascertained	2	3
	<u>100%</u>	<u>100%</u>

Extent of the use of praise.--The extent to which mothers used praise was revealed by their responses to the following question:

"Some parents praise their children quite a bit when they are good, and others think that you ought to take good behavior for granted and that there is no point in praising a child for it. How do you feel about this?"

An absence of praise as a positive child-rearing practice is demonstrated in Table 36 by the 33% of the mothers in the Speech Group who seldom or never used this technique. However, both groups were comparable (14% versus 15%) in the extensive use of praise, Points 6 and 7 on the scale.

TABLE 36

## EXTENT OF THE USE OF PRAISE

	Criterion Group	Speech Group
1) No use of praise	1%	13%
2) Mother seldom praises	6	20
3) Occasionally praises, but very moderately	20	23
4) Moderate use of praise	28	13
5) Praises fairly often	29	17
6) Praises frequently, extravagantly for many kinds of behavior	12	7
7) Mother regularly praises, admires, shows affection for good behavior, and for wide range of behavior	3	7
Not ascertained	1	--
	100%	100%

Points 1 and 2, Col. 1 vs. Col. 2;  $p < .01$  ( $t = 3.12$ )

Extent of the use of physical punishment. --Among the negative sanctions examined was the use of corporal punishment. Both groups are compared in Table 37 for the extent and severity of their use of corporal punishment during the child's life span.

TABLE 37  
EXTENT OF THE USE OF PHYSICAL PUNISHMENT

	Criterion Group	Speech Group
1) Never uses physical punishment	1%	3%
2) Has occasionally slapped hands; only one or two real spankings in child's lifetime	12	13
3) Spanked rarely (two or three times a year); occasional slaps	35	13
4) Fairly often slaps; occasional spankings	29	27
5) Fairly often spanks; some spankings severe	15	30
6) Frequent and severe spankings; major technique of controlling child	7	13
Not ascertained	1	--
	100%	100%*
Points 5 and 6, Col. 1 vs. Col. 2; $p < .01$ ( $t = 2.61$ )		

\*Totals are not precisely the sum of their parts because of rounding.

It can be seen that the frequency and severity of physical punishment is significantly greater in the mothers of the Speech Group. Forty-three percent of the mothers in the Speech Group were more vigorous in their use of corporal punishment than the 22% in the Criterion Group (Points 5 and 6 on the scale).

The effectiveness of corporal punishment.--Although a few mothers had some reservations about the effectiveness of spanking as a disciplinary method, the majority were definite in their views as to whether it does much good to spank. There were no significant differences between the two groups--the trend being either for or against it as shown in Table 38.

TABLE 38

"HOW MUCH GOOD DOES IT DO TO SPANK?"

	Criterion Group	Speech Group
1) Does good, no reservations	26%	23%
2) Does good, some reservations	21	23
3) Good in some ways, bad in others	8	7
4) Does no good, with reservations	18	10
5) Does no good	22	33
Never spansks or not ascertained	$\frac{5}{100\%}$	$\frac{3}{100\%}$ *

\*Totals are not precisely the sum of their parts because of rounding.

Extent of the use of deprivation of privilege.--The answers to the following question illustrated that the deprivation of children's privileges was a popular form of punishment.

"Do you ever deprive (him, her) of something he wants as a way of disciplining him?"

A comparison of the two groups revealed a greater frequency of its use by the mothers in the Speech Group (50% versus 12%) Points 6 and 7 of the scale found in Table 39.

TABLE 39  
EXTENT OF THE USE OF DEPRIVATION OF PRIVILEGES

	Criterion Group	Speech Group
1) Never uses deprivation	4%	3%
2) Rarely uses, perhaps once or twice in child's life	11	20
3) Occasionally uses, but not a popular technique	23	17
4) Sometimes deprives privileges; may be used a few times for extended period or fairly often briefly or only threatened	28	--
5) Fairly often uses deprivation, sometimes for extended periods	20	7
6) Frequent use. Preferred technique	10	33
7) Very frequent use. Deprives of dearly prized things for relatively long periods of time	2	17
Not ascertained	$\frac{2}{100\%}$	$\frac{3}{100\%}$

Points 6 and 7, Col. 1 vs. Col. 2;  $p < .01$  ( $t = 5.66$ )

Summarizing the spontaneous responses throughout the interviews with regard to negative practices and the mothers' attitudes towards disciplinary procedures revealed that the mothers tended to follow the old axiom that the punishment must fit the crime. They varied their disciplinary methods, not consistently using any singular technique. Yet, in tabulating the frequency of the use of various disciplinary techniques, it was found that isolation and the withdrawal of love were the two most popularly used controls by the mothers in the Speech Group.

Extent of the use of positive models.--Table 40 illustrates the mothers' use of positive models providing the child with an example of what to do.

TABLE 40

## EXTENT OF THE USE OF POSITIVE MODELS

	Criterion Group	Speech Group
1) Never uses positive models-- may say it is undesirable to do so	14%	47%
2) Does use models, but very rarely	15	20
3) Refers to models occasionally	39	7
4) Refers to models fairly often	28	23
Not ascertained	4	3
	<u>100%</u>	<u>100%</u>



Two-thirds of the mothers in the Speech Group "never" (47%) or "rarely" (20%) provided a positive example for the kind of behavior they wanted their child to acquire. Two-thirds of the mothers in the Criterion Group preferred to use positive models regularly, Points 3 and 4, in the directing of their children's behavior.

Extent of the use of negative models.--

"Is there anyone you mention as an example of what not to do? For instance--you're acting just like so-and-so. You wouldn't want to be like him, would you?"

No significant differences were found as approximately 50% of both groups of mothers, Points 3 and 4 in Table 41, referred to negative models in demonstrating to their children what they should not do.

TABLE 41

EXTENT OF THE USE OF NEGATIVE MODELS

	Criterion Group	Speech Group
1) Does not use negative models; tries to avoid it; believes it is undesirable	19%	23%
2) Does not use negative models, but no statement that it is considered undesirable	31	17
3) Refers to negative models occasionally	42	40
4) Fairly often uses negative models	5	17
Not ascertained	$\frac{3}{100\%}$	$\frac{3}{100\%}$

How often mother says she will punish and does not follow through.--How consistently was discipline administered? Frankly admitting inconsistency, approximately 25% of the mothers of both groups stated that they quite often failed to follow through. Examining the extremes of the scale shown in Table 42, no significant differences are seen between the two groups.

TABLE 42

HOW OFTEN MOTHER SAYS SHE WILL PUNISH  
AND DOES NOT FOLLOW THROUGH

	Criterion Group	Speech Group
1) Never. Always follows through	13%	20%
2) Seldom. Makes effort to follow through	38	30
3) Sometimes	18	20
4) Quite often	20	7
5) Quite often; practically every day	7	17
Issue has not arisen	2	--
Not ascertained	2	7
	<u>100%</u>	<u>100%*</u>

\*Totals are not precisely the sum of their parts because of rounding.

Reasons for not following through on threats of punishment.--The reasons offered for failing to follow through on threats of punishment are enumerated in Table 43. The most frequent (29%) reason given by the Speech Group was that the mothers just forgot to punish. The Criterion Group differed in that the most frequent reason given (34%) was that the mother was interrupted or too busy. Noticeably absent were any of the mothers in the Speech Group who felt that they were wrong in having made a threat of punishment.

TABLE 43

REASONS FOR NOT FOLLOWING THROUGH  
ON THREATS OF PUNISHMENT

	Criterion Group	Speech Group
1) Mother just forgets	7%	29%
2) Mother is interrupted; is too busy; punishment is inconvenient	34	25
3) Can't stand to hurt child	5	8
4) Realizes she is wrong; should not have made threat	16	--
5) The situation is too public	5	4
6) Mother feels tired or sick	2	17
7) Child is tired or sick	1	4
8) Child apologizes, atones, behaves better	8	13
9) Nothing mentioned which might prevent follow through	22	--
	<u>100%</u>	<u>100%</u>

## Speech

The next child-rearing dimension studied was the mother's attitudes, perceptions and knowledge about her child's speech. The first question asked was,

"Do you think your child has a speech problem?"

Over half of the mothers had not recognized that their child had any speech difficulties.

When asked to describe their child's speech, 70% of the mothers gave unrealistic appraisals such as, "I just think he talks too fast," or, "We understand him."

The lack of specific information about speech was seen when 60% of the mothers reported that they had read nothing about speech problems and the remaining 40% had read one or two magazine articles. Although 55% of these mothers reported regular attendance at Parent Teachers' Association meetings, this organization did not serve as a source of information about speech. Among the parents who recognized that their children had a speech problem, only one actively sought professional advice.

"Do you feel (child's name) speech has effected his school progress?"

Sixty-three per cent of the mothers felt that there was no relationship between speech and success in school.

For the most part, the mothers ignored the child's speech errors. Twenty per cent of the mothers attempted speech correction through imitation, while 40% refused to respond or listen when the child made errors and one mother

regularly used corporal punishment.

Although 86% of the mothers responded positively to the question,

"Do you think good speech is important for success nowadays?"

eighty-three per cent of the mothers reported that no attempts were made to use praise or any other positive method in an attempt to encourage good speech.

## CHAPTER V

### SUMMARY AND CONCLUSIONS

#### Summary

This study was designed to explore the milieu of the child who has a functional articulation disorder. A description of selected child-rearing practices and socioeconomic factors was obtained through a depth interview of the mothers of thirty functional articulation cases.

The socioeconomic variables were analyzed demographically while the child-rearing practices were compared for significant differences with the results of Sears, Maccoby and Levin's study, Patterns of Child Rearing. A descriptive analysis of the mother's attitudes towards speech issues, as a dimension of child-rearing, was also presented.

The review of the literature has stressed the importance of an undisturbed family relationship for the development of adequate speaking skills. Of the thirty cases that were studied, it was found that the incidence of broken homes was not a significant factor. An analysis of the ages of the parents revealed an appropriate age range for the majority of the group with few extremes noted. As an influence upon the child's development, the presence of grandparents and other

relatives living in the home was not found to be significant as the majority of this sample were conjugal family units.

There was insufficient evidence in the research literature to substantiate or negate the relationship between the speech development of the child and the number of children, their birth order or the distance between siblings. As the mean number of children per family in this study was 3.5, there was no evidence to confirm the predominance of functional articulation disorders existing in particularly large or small family units. Birth order and the distance between siblings was found to be significant in this study. There was a greater frequency of middle children exhibiting functional articulation disorders. The entire group of children tended to have more siblings closer rather than further from their own age.

The importance of the mother-child relationship has been repeatedly stressed throughout the review of the literature. The background against which this relationship is set has been described in this study in terms of the parents' education, their social class, their mobility, their ethnicity and their religion.

With regard to the education of the parents, it was found that 10% of both mothers and fathers had grammar school educations or less. Significantly more mothers than fathers had completed high school (ratio 2:1).

Diverse opinions have been expressed in the literature as to the relationship between paternal occupational

status and the incidence of speech disorders. In this study, the paternal occupational status and the income of the families were found to be evenly distributed and not significant. Social class placement as determined by the Index of Status Characteristics by Warner, Meeker and Eells<sup>1</sup> indicated a normal distribution.

It has been pointed out in the literature that the aspirations and expectations of the parents influence the behavior of the child. Contrary to the popular belief about the fluid nature of our society, it was found that the parents in this study were a relatively stable group who demonstrated no marked mobility shifts. However, two-thirds of the mothers in this group expressed strong upward economic mobility strivings.

No incidence of bilingualism was found in this study. Although the majority of the parents in this study were second generation Americans, they strongly identified with various sub-cultural ethnic groups.

The religious identification of the parents in this study was found to be proportional to the distribution of Protestants, Catholics and Jews in the United States. It is not clear to what extent religion influenced the lives of the children in this study but it was noted that the majority of their parents were active in religious pursuits.

The literature suggests that child-rearing practices,

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<sup>1</sup>Warner, Meeker and Eells, loc. cit.



as the matrix of the mother child-relationship, provide the foundation for speech and language development. In examining the child-rearing practices of thirty mothers of children with functional articulation disorders, this study described what mothers do in raising their children and compared these child-rearing practices with a group of mothers whose children had no speech or language impairments.

Although most of the mothers in this study compared favorably in their desire to have a child, 39% expressed reservations. Two-thirds of the mothers were significantly low in their expression of warmth and affection towards their children. In spite of this negative finding, the mothers unanimously felt the importance of their role of motherhood and its responsibilities.

While breast-feeding was not a popular practice in either group, significantly fewer mothers in this study used this method. The reasons given for not breast-feeding, a natural biological function, differed markedly between the two groups. Sixty per cent of the mothers of this study openly admitted their distaste for breast-feeding. A noticeable trend towards self-demand feeding was seen among the mothers of this study. Both groups were comparable with regard to the initiation and completion of the weaning process; however, the children in this study were subjected to more severe and abrupt weaning practices. Whereas many of the mothers in both groups reported post-weaning and current

feeding problems, the mothers in this study were forceful in their handling of this issue.

Although both groups initiated toilet training at approximately the same age, slight differences were found between the two groups in the ages at which bowel training was completed. Further comparison revealed that the mothers in this study were significantly more severe in their methods of toilet training. Of the mothers who found toilet training a "difficult problem", 80% of them reported the use of harsh techniques.

The majority of the mothers in both groups expressed similar perceptions in reporting a high degree of attention seeking behavior which they perceived as dependency. Measuring the actual dependency found in the child's clinging and following and being left alone, the mothers in both groups reported similar amounts. It was found that the mothers in this study were significantly more permissive and less punitive in their reaction to dependency behavior.

Aggression, whether verbally or overtly expressed towards the parents, was totally unacceptable to one-half of the mothers in the Speech Group. When compared to the Criterion Group, the mothers in this study were found to be generally less permissive towards the expression of their children's aggression.

Comparative measures of strictness and permissiveness revealed that the mothers in this study were less restrictive about their child's television viewing and allowed their

children more freedom at bedtime. However, they were significantly more strict about noisemaking in the house and enforcing their demands for household chores. In addition, the mothers in this study were significantly more demanding in their expectations for obedience.

Of the positive techniques of training, there was no demonstrable difference shown by comparing the two groups in the extent of the mothers' use of tangible rewards. Examining two additional measures of positive techniques of training, the use of praise and positive models, revealed significantly lower ratings for the mothers in the Speech Group. Among the negative practices used, no difference was noted between the two groups in their use of negative models. However, the mothers in this study used the disciplinary techniques of isolation, the withdrawal of love, physical punishment and deprivation of privilege with greater frequency and severity. It was noted that the use of isolation and the withdrawal of love were the most frequently used disciplinary methods.

Consistent with the mother's attitudes and perceptions about child-rearing reported in the interview, the great majority spontaneously divulged their lack of adequate information about speech and their child's articulation disorder. They also showed little awareness of the social and educational implication of articulate speech. It was noted that these mothers lacked resources for gaining information about speech

problems. The mothers in this study actively participated in their Parent Teachers' Associations more than any other organization to which they belonged, but they received no information about speech problems from this group.

The mothers in the Speech Group were consistent in the type of corrective technique used for speech and their general methods of discipline in other areas.

### Conclusions

The children who had functional articulation disorders in this study came from family backgrounds which were representative of the larger society. The incidence of functional articulation disorders was found to be proportional to social class, economic status and religious groups. The repeated occurrence throughout this study of parallel distributions for a variety of factors demonstrates that the thirty mothers comprising this sample were fairly representative of the total population. This would negate the theory that functional articulation disorders are predominant in any particular social, religious or economic strata.

The complete absence of the incidence of bilingualism in this study is perhaps accounted for by the limited immigration to this country in the past twenty years. This finding supports the idea, expressed in the review of the literature, that the incidence of bilingualism should no longer be considered a primary factor in the faulty development of articulation.

It was found that the mobility strivings of the mothers in this study were directed towards economic betterment rather than a desire to achieve upward social class mobility. It is felt that this is perhaps a reflection of the culturally prescribed goal for economic success of our society. More refined measures should be devised to identify the strength of the mobility drives which could be compared to normative data and could serve to clarify this finding.

The high incidence of functional articulation disorders among middle children who were separated from their nearest sibling by three years or less, suggests the possibility that they had less opportunity for adult speech stimulation leaving them the inadequate, but available, speech models of their brothers and sisters.

There was a preponderance of evidence as reviewed in the literature that the warmth and affectional bond between mother and child stand out as the foundation for adequate speech development in normal children. When warmth is seen as a dimension of child-rearing practices, it is clearly recognized as having an all pervasive influence upon all areas of the child's development. The tendency towards coldness and vacillatory behavior on the part of the mothers in this study would bear further witness for those workers in speech pathology who would choose to follow a psychodynamic path in research, diagnosis and therapy.

The alarmingly high incidence of mothers not breast-feeding their children as reported in this study and their expressed emotionally-laden reasons for bottle-feeding probably is correlated with the mothers' high sexual anxiety as demonstrated by Sears, Maccoby and Levin's work. In retrospect, it is with regret that the portion of the interview which covered sex and modesty training was omitted as this could have provided substantial evidence rather than opinion.

The trend for the mothers in this study to favor flexible feeding schedules may be accounted for by the contemporary view of pediatricians for self-demand feedings as opposed to the earlier practice of rigid scheduling which was prevalent in the mid-forties when the children in the Sears, Maccoby and Levin study were infants. It has been hypothesized that high child-rearing anxiety is reflected in the exactness with which mothers follow the pediatrician's advice. This hypothesis was verified by Sears, Maccoby and Levin but, as there was no schedule devised to measure the mother's child-rearing anxiety, this was not tested in this study.

With regard to weaning and toilet training practices, the findings seem to indicate that the time taken to accomplish these tasks is independent of the mother's wishes and dependent upon the readiness of the child. It is not as important when things happen in the child's life as how they are done.

Severity and goldenss in their training techniques undoubtedly had a deleterious effect on the speech development of these children with functional articulation disorders. Where severity is found in a warm mother, the ramifications for speech development are not as great. This does not say that a warm and affectionate mother who withdraws her usual expression of love does not inflict just as intense pain upon her child as the mother who gives a good walloping.

Similar ratings for dependency behavior between the two groups seems inappropriate as it would appear that there should be less dependency behavior reported for the children in this study because they were four to five years older. If articulation disorders are viewed as infantile behavior, it may be that the high degree of dependency found for the Speech Group is related to a more diffuse pattern of infantilism.

The perpetuation of infantile speech patterns may be accounted for by the noteworthy lack of the mothers' punitiveness for dependency behavior which was noticeably inconsistent with their use of punitiveness in other child-rearing practices.

While mothers encouraged their children "to stick up for their own rights" and display aggressive behavior towards people outside the family group, the majority were vehement in their non-acceptance of aggression directed towards themselves. The prototype for learning to deal with aggression and the host of related, concomitant feelings and emotions

are found within the framework of the mother-child relationship. Speculation about the fact that the children in this study lacked the opportunity to learn how to handle their annoyances and angry feelings suggests that this would compound an already infantile personality fault such as functional articulation disorders. Another interpretation might be that the infantile speech behavior of the children with functional articulation disorders could very well be a disguised aggression against the mother.

In summation, the analysis of the patterns of child-rearing revealed that the thirty mothers of children with functional articulation disorders gave these children less warmth and affection, used greater severity in a variety of training processes, and when faced with difficulties were more forceful and punitive than the mothers of children with normal language development. The findings indicate an absence of positive training techniques such as the use of praise and the predominance of negative training techniques such as the use of isolation and the withdrawal of love. The vacillation between permissiveness and open affection for their child combined with the repeated threats to the affectional bond by withholding love as a means of discipline and by being punitive towards the display of parent directed aggression would threaten the child's security, tend to make him more dependent and generally infantile.

Throughout this study consistent deficiencies were found in the mothers' knowledge of good child-rearing



principles and speech issues. In spite of these negative findings, a substantial portion of the analysis of the data revealed these mothers to be more "like" than "unlike" the mothers of normal children.

Extensive information has been gathered about the possible etiology of functional articulation disorders through the use of a depth interview. Much of this information needs to be verified; however, the tool of a depth interview has shown itself to be a valuable aid in gleaning information which would not be as readily elicited in response to direct questions. When a depth interview is used in an initial diagnostic session in an attempt to measure the quality of the mother-child relationship, through an examination of her child-rearing practices, such an interview would facilitate the transition to subsequent parent counselling sessions whether they be formal, informal, or non-directive.

Further, the information gained in examining the child-rearing practices could provide the structure and content of the therapeutic process. In a case where it has been uncovered that the child has not been exposed to positive training techniques, such as cited in this study, the therapy session could be structured to provide the child with success experiences and positive reinforcement fulfilling the unmet need.

If severity, harshness, isolation and the withdrawal of love have been part of the child's developmental experiences and are seen to be correlates of the articulation disorder,

it would seem that remediation would be most expeditiously accomplished in a consistent, therapeutic atmosphere of acceptance and permissiveness. It would follow then that parent counselling would have to be an integral part of the therapeutic process in order that the home atmosphere be restructured so that the child might progress as a total organism unhampered by infantile speech behavior patterns. ✓

#### Limitations

1. Limited by the size of the sample, it was not possible to establish any relationship between the kind of child-rearing practice used and the various systems of classifying the mothers. It would be valuable to know what differences, if any, exist in the child-rearing practices of mothers from differing social, cultural, ethnic and educational backgrounds.

2. No exploration of the mother's personality was included in the study. A more comprehensive understanding of the total problem could be gained if the mother's motivations for selecting certain child-rearing practices were established.

3. Had the speech disorders been classified according to degree of severity, the design of this study might have included a comparison between the child-rearing practices and the severity of the child's involvement.

4. The limitations of time reduced the number of dimensions and the exhaustiveness with which they might have

been studied. Only one aspect of "aggression" was explored leaving this area incomplete. Omitted in entirety were the dimensions of sex and modesty training which undoubtedly are a vital facet to any discussion of child development.

5. To what extent the results of this study would have been altered by the inclusion of that group of mothers who could not, or would not, be interviewed unfortunately will remain a mystery. It is disconcerting not to have been able to include this group because they may have represented extremes in one way or another.

#### Suggestions for Further Research

1. If funds and an adequate staff were made available, more information, gathered from a larger sample and compared with a matched control group, could substantiate the findings of this study. A larger sample would allow a more refined statistical treatment of the data which could establish intercorrelations through factor analysis.

2. For a less comprehensive research project, any one of the dimensions of child-rearing practices could very well be examined singularly.

3. Redesigned diagnostic inquiry forms including the type of questions used in this study could provide a broader statistical base for further comprehensive analysis.

4. A variety of programs directed towards prevention of functional articulation disorders could be set up experimentally to explore the feasibility of pre-school

parent-education based on some of the information already known and reinforced further by this study. Special pre-school sessions sponsored by Parent Teachers' Associations could be designed in an effort to provide mothers with a realistic understanding of their children's speech difficulties.

APPENDIX A

TEACHER REFERRAL FORM

Pupil's Name \_\_\_\_\_ Age \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Check items which describe pupil's difficulty.

I. Articulation

1. Can hardly understand him \_\_\_\_\_
2. Omits certain sounds \_\_\_\_\_
3. Uses "baby-talk" \_\_\_\_\_
4. Substitutes wrong sounds ("w" for "r") \_\_\_\_\_
5. Has foreign accent \_\_\_\_\_
6. Has "sloppy" speech \_\_\_\_\_
7. Distorts certain sounds \_\_\_\_\_
8. Protrudes tongue for "s-z" sounds \_\_\_\_\_

II. Voice

1. Usually has weak voice and can hardly be heard \_\_\_\_\_
2. Has very monotonous voice \_\_\_\_\_
3. Is too breathy when talking \_\_\_\_\_
4. Is throaty and guttural \_\_\_\_\_
5. Has husky, hoarse voice \_\_\_\_\_
6. Sounds too nasal to me \_\_\_\_\_
7. Is too high pitched \_\_\_\_\_
8. Speech lacks variety and life \_\_\_\_\_
9. Usually talks in a whisper \_\_\_\_\_
10. Usually talks too fast \_\_\_\_\_

III. Fluency

1. Repeats initial sounds, syllables, words and phrases \_\_\_\_\_
2. Blocks sometimes and can't get words out \_\_\_\_\_
3. Speech is jerky \_\_\_\_\_

## IV. Other problems

1. Has cleft palate \_\_\_\_\_
2. Has cerebral palsy \_\_\_\_\_
3. Appears to be hard of hearing \_\_\_\_\_
4. Very poor oral reader \_\_\_\_\_
5. Avoids speaking in class \_\_\_\_\_
6. Appears tense and uncomfortable much of the time \_\_\_\_\_
7. Has symptoms of nervousness \_\_\_\_\_
8. Usually shy \_\_\_\_\_
9. Frequently too aggressive \_\_\_\_\_
10. Does not co-operate well in the group \_\_\_\_\_

## V. Severity

1. Mild \_\_\_\_\_
2. Moderate \_\_\_\_\_
3. Severe \_\_\_\_\_

APPENDIX B

SCHEDULE

First of all, we would like to get a picture of the family:

1. How many children do you have?
  - a) What are their ages?
2. Are they all living at home?
3. Does anyone else live in this household?
4. Are you married, divorced, widowed or separated?
5. How old are you?
  - a) How old is your husband?
6. Apart from your home, are you employed by anyone?

If yes:

  - a) What kind of work do you do?
  - b) Who do you work for?
  - c) What are your hours?
  - d) Who takes care of your children while you are working?
  - e) Why are you working?
  - f) Are you satisfied with your present job?
7. Did you work when (child's name) was between age one and six?

If yes:

  - a) For how long?
  - b) What were your hours?
  - c) Who took care of (child's name)?

8. What sort of work does your husband do?
9. Who does he work for?
10. Are you satisfied with your husband's present position?
11. Would you say that your husband's work is steady, seasonal or irregular?
12. Do you own or rent your home?
  - a) How many rooms do you have?
13. I wonder if you would tell me your family's approximate income?
14. Where were you born?
15. Where was your father born?
16. Where was your husband born?
17. Where was your husband's father born?
18. What is (was) your father's occupation?
19. What is (was) your husband's father's occupation?
20. Where was your mother born?
21. Where was your husband's mother born?
22. Besides being an American, to what nationality do you consider yourself the closest?
23. Are any foreign languages spoken in the home?
  - If yes: a) What languages?
  - b) How often?
24. What was the last grade you completed in school?
25. What was the last grade your husband completed in school?
26. What religion do you consider yourself to be?
27. Is your husband of the same religion?
28. How often do you attend religious services?
29. How religious do you consider yourself to be?



30. How long have you lived in this community?  
a) How long have you lived at this address?
31. Since you have been married, where have you lived?
32. Do you belong to any organizations?  
If yes: a) Which ones?  
b) Do you attend meetings? How often?  
c) Which of the organizations to which you belong is most important to you? Why?  
d) In your opinion, what is this organization most interested in?  
e) Are any of the organizations to which you belong interested in the problems of children?
33. No one is ever completely satisfied with his life. If you were to describe how satisfied you are with the family income, the kind of job your husband has, your general standing in the community, what would you say that you are?
34. Do you think that you could do anything to make your life more satisfactory?  
If yes: a) What sort of things?
35. What about education? Have you ever thought about getting more education?  
If yes: a) What would you like to study or take up?
36. About how much education do you think is necessary to be successful today?
37. Many parents have pretty definite ideas about the amount of education and the kind of job they would like their children to have. How about you? For example, how much education would you like your children to have?  
If post high school aspirations:  
a) Do you think you will be able to help them financially?  
b) Are you putting any money away for this purpose?

38. How important do you think it is for young people to go to college today?
39. What about their future jobs and professions? What would you like them to become?
40. Do you think your children will be better off financially than you are?
41. If you had your life to live over again, what sort of career or job would you most want to follow?
42. When you say that some person is successful, what sort of things do you mean?
43. Many people claim that America has four class divisions: middle, upper, lower and working. If you had to make a choice, which of those four would you say comes closest to the class you belong to?
44. Which of the following things do you think are important in determining what class a person belongs to?
  - a) How much money he earns.
  - b) The kind of job he has.
  - c) The amount of education he has.
  - d) The nationality of the person.
  - e) The religion of the person.
  - f) The neighborhood he lives in.
  - g) Can you think of any other things which are important in determining class?

Now, we want to ask some questions about (child's name).

45. Have you been separated from (child's name) at any time?

If yes: a) For how long?

b) How old was he (she) then?

46. All babies cry, of course. Some mothers feel that if you pick up a baby every time it cries you will spoil it. Others think you should never let a baby cry for very long. How do you feel about this?

a) What did you do about this with (child's name)?

- b) How about the middle of the night?
47. Did you have time to spend with the baby besides the time that was necessary for feeding, changing and just regular care like that?
- If yes: a) Tell me about what you did in this time. How much did you cuddle and sing to (child's name) and that sort of thing?
48. Before (child's name) started kindergarten, did you teach him (her) anything like reading words, or writing the alphabet, or drawing, or telling time--things like that?
- a) Anything else you taught him (her)?
- b) How did you happen to teach him (her) these things?
49. Do you think that babies are fun to take care of when they are little, or do you think they are more interesting when they are older?
50. Now would you tell me something about how the feeding went when (child's name) was a baby?
- a) Was (child's name) breast-fed? For how long?
- If bottle-fed: b) Why did you select this method?
- c) When did you start weaning him (her) from the bottle or breast to a cup?
- d) How long did it take?
- e) How did you go about this?
51. There has been a lot of talk about whether it is better to have a regular feeding schedule for a baby or to feed him (her) whenever they are hungry. How do you feel about this?
- a) How did you handle this with (child's name)?
- If scheduled: b) How closely did you stick to that schedule?
52. Have you had any problems with (child's name) eating enough or eating the kinds of food he (she) needs?
- If a problem: a) What do you do about it?

53. Now, we'd like to consider toilet training. When did you start bowel training with (child's name)?
- a) How did it go? Would you say it was easy or difficult?
  - b) How did you go about it?
  - c) How long did it take until (child's name) was pretty well trained?
  - d) What did you do about it when he had accidents after he was mostly trained?
54. We'd like to get some idea of the sort of rules you have for (child's name)--in general the sort of things he (she) is allowed to do and the sort of things he (she) isn't allowed to do. What are some of the rules?
- a) How about bedtime?
  - b) How about making noise in the house--how much of that do you allow?
  - c) How about the amount of time he (she) can spend listening to the radio or watching television programs?
  - d) Any other rules?
55. Do you think a child of (child's age) should be given any regular jobs to do around the house?
- If yes: a) How do you go about getting him (her) to do this?
56. Some parents expect their children to obey immediately when they tell them to be quiet or pick up something and so on. Others don't think it is terribly important for a child to obey right away. How do you feel about this?
57. If you ask (child's name) to do something and he (she) jumps right up and does it, how do you react? Do you say something to him (her)?
58. If he (she) doesn't do what you ask, do you ever just drop the subject, or do you see to it that he (she) does it?
59. How much attention does (child's name) seem to want from you?
- a) How about following you around and hanging on your skirts?

- b) How do you feel about it when he (she) hangs on to you and follows you around?
  - c) How do you generally react when he (she) demands attention when you are busy?
  - d) How about it if (child's name) asks you to help with something you think he (she) could probably do alone?
60. How does (child's name) react generally when you go out of the house and leave him (her) with someone else?
61. I'm wondering if you could tell me more about how you and (child's name) get along together. What sort of things do you enjoy in (child's name)?
- a) In what ways do you get on each other's nerves?
  - b) Do you show your affection towards each other quite a bit, or are you fairly reserved people, you and (child's name)?
  - c) Do you ever find time to play with (child's name) just for your own pleasure? Tell me about that.
62. Sometimes a child will get angry at his parents and hit them or kick them or shout angry things at them. How much of this sort of thing do you think parents ought to allow in a child of (child's age)?
63. How do you handle it if (child's name) is saucy or deliberately disobedient?
64. We have been talking about how you handle (child's name) in many different kinds of situations. Now we'd like to know something about how you go about correcting (child's name) and getting him (her) to behave the way you want regardless of the particular kind of behavior that is involved.
- a) Do you have any system of rewarding him (her) for good behavior?
  - b) Do you have any way that he (she) can earn money?
  - c) Can he (she) earn points or gold stars or anything like that?
65. Some parents praise their children quite a bit when they are good, and others think that you ought to take good behavior for granted and that there is no point in praising a child for it. How do you feel about this?

66. In training (child's name), do you ever say, "Your daddy and mother do it this way?" Do you say that? Under what circumstances?
- a) Who else do you hold up as an example--his older brother (sister), grandparents, or other relatives? Playmates?
  - b) Is there anyone you mention as an example of what not to do? For instance--you're acting just like so-and-so--you wouldn't want to be like him, would you?
67. How often do you spank (child's name)?
- a) For instance, how often has (child's name) been spanked in the last two weeks?
68. How about when he (she) was younger--say two or three years old. How often did you spank him (her) then?
69. How does he (she) act when you spank him (her)--does it seem to hurt his (her) feelings or make him (her) angry or what?
70. How much good do you think it does to spank (child's name)?
71. Do you ever deprive (child's name) of something he (she) wants as a way of disciplining him (her)?
- If yes: a) How often?
72. Would you imagine that you are scolding (child's name) for something he (she) has done that you don't want him (her) to do. What would you say?
- a) What else might you say?
  - b) Do you warn him (her) what you might do if he (she) doesn't behave?
  - c) Do you ever tell him (her) what else might happen if he (she) doesn't behave? For instance, how about warning him (her) that he might get hurt? How would you say it?
73. Is there any other kind of remark you make fairly often to (child's name)?
74. How often do you tell (child's name) that you are going to punish him (her) and then for some reason you don't follow through?

- a) What kinds of things might keep you from following through?

Now, we'd like to talk about how you feel about being a mother:

75. I wonder if you would think back to when you first discovered you were pregnant with (child's name). How did you feel about it?
76. From the standpoint of your financial condition, and the ages of the other children, and so on, did you feel this was a good time to have a baby?
77. Some mothers feel that their main job is to stay home and take care of the children. At the same time, they sometimes feel that they owe it to themselves to do some outside work or at least have quite a few outside interests. What is your point of view about this?
78. How well do you feel you have been able to solve this problem in your own case?
- a) Have you ever felt you would rather be doing something else than what you are now doing?

Now, this brings us pretty much to the end of the interview. We would like to ask you some questions about (child's name) speech:

79. Do you think (child's name) has a speech problem?
- If yes: a) Would you describe your impression of his (her) speech.
- b) Who have you talked with about his (her) speech?
- c) Have you read anything about speech problems?
80. Do you feel (child's name) speech has effected his (her) school progress?
- If yes: a) How?
81. Do you think good speech is important for success nowadays?
82. How do you handle it when (child's name) makes mistakes in his (her) speech? Give me an example.

83. When (child's name) speaks very clearly and distinctly, do you do anything to show him (her) you have noticed this?

If yes: a) What sort of things do you do?

84. Is there anything else you would like to say?



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