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## A Study of Relationship Between Reading Problems and Emotional Problems.

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A STUDY OF RELATIONSHIP  
BETWEEN READING PROBLEMS AND EMOTIONAL PROBLEMS

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by

Ruth Linnea Woods

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A thesis submitted in partial fulfillment of the  
requirements for the degree of Master of  
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## Chapter I

### INTRODUCTION

The purpose of this study is two-fold. It deals, in part, with relationships between reading and emotional problems; in part, with teaching procedures based on this relationship which might reduce both reading and emotional problems.

It was motivated by the experimental studies of Ladd and Bennett.<sup>1</sup> They explored many of the factors thought to be associated with reading difficulty, and sought to establish relationships between certain personal and social adjustments and reading abilities.

Bennett suggested a study dealing primarily with the relationship between achievement in reading and the child's personal and social adjustments.

The case records of 243 children with reading problems who were referred to the Remedial Specialist in the Ellensburg Schools during the years 1943-45 made possible this study.

The Specialist recognized the emotional adjustments of these children in her diagnosis of their problems and in her prescription of remedial measures.

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1. Gann, Edith, Reading Difficulty and Personality Organization, New York: King's Crown Press, 1945, p. 33

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Analysis of each child's problems required a study of the causes of the reading difficulty. These were many and varied. They included examples of the relationship between reading and emotional problems which are developed in later chapters.

Many of the records cover the whole history of the child, and the effects of various kinds of teaching are evident. More important still, implications for methods of teaching which may materially reduce both reading and emotional problems are also evident.

The majority of the cases studied need not have become remedial problems had these implications been understood by the parents and teachers of these children.

## Chapter II

### NATURE OF THE PROBLEM

The complex nature of human emotions and the difficulties in measuring ease of learning in various emotional states or situations limit research in the area of emotional adjustment as related to reading.

Gann<sup>1</sup> views the reading process essentially as a complex but unitary psychological function - a type of behavior or experience of an interactive character, in which reader and writer are in communication with each other and which produces changes in the reader, if he has responded at all to the meanings expressed by the writer. This implies a response of the whole personality, comprising ideational, emotional, attitudinal or motor aspects, as they organize themselves in response. Conceivably, it would be impossible to penetrate the meanings latent in the reading material without appropriate equipment, for reading is a symbolic system which must be learned, involving grasp of the whole system. Such processes are usually referred to as "skills", "techniques", or "mechanics" of reading. Too often, however, the mechanics have been treated as primary, both by reading experts and by teachers of reading.

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1. Gann, Edith, Reading Difficulty and Personality Organization, New York, King's Crown Press, 1945, p. 4



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... Though the analytic method has often been illuminating in describing the many specific functions involved in reading, it has often neglected the experiencing reader.

Reading implies meaning.<sup>1</sup> All else in the reading process is subordinate to meaning. ... Any other partial process, from which the child does not derive ideas - word pronunciation exercises or phonics, speech, or language skill, is not reading. These activities will facilitate language skill but they do not themselves constitute reading.

According to Gann<sup>2</sup> exercises designed to develop the special skills of which reading is supposed to be composed, do not as a rule achieve their intended purpose because reading is not composed of special skills. What mechanistic psychology regards as skills, are products of reading, not causes. They emerge already related in the reading process as a whole or they never develop. "Reading difficulties and disabilities are part of a larger organization, 'the total personality', and should be studied in this relationship."

Her definition<sup>3</sup> of this personality is as follows, "The personality is a functioning unit - a totality patterned of part processes which have relationships one to the other, and which influence each

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1. Hildreth, G., Learning the Three R's, Minneapolis, Nashville, and Philadelphia: Educational Publishers Co., 1936, p. 75

2. Gann, Edith, op. cit., p. 5

3. Gann, Edith, op. cit., p. 35

other in significant and demonstrable ways. These processes include the organic, affective, volitional, and intellectual life of the person. With a specific situation as a focus, all of these processes will organize themselves and will inevitably operate, influencing each other in ways determined by the structure and maturity of the organism, as well as characteristically by the particular past experiences and present situation of the learner.

#### Relationship between Reading Problems and Emotional Problems

What is the place of emotion in this 'total personality'?

Emotion<sup>1</sup> is not a special, discreet kind of behavior. It is not something added to other activities. It is an aspect of whatever the person is doing at the time when, in the approach to a given goal, the tension is increased and maintained through intra-organic stimulation. ... In all these situations, his behavior is social, intelligent, perceptual, and intentional.

An illustration of the effect of emotion on reading is given by Hemill.<sup>2</sup> He says that fear of certain words may inhibit the learning of them; the emotional discharge may be so great that it spreads to affect the whole process of learning to read.

1. Gann, Edith, op. cit., p. 36.

2. Hemill, R., "Emotional Factors in Mental Retardation, A Reading Problem," Archives Neurology and Psychiatry, 36, 1936, pp. 1049-69

Robinson<sup>1</sup> wrote a summary of pertinent opinions and research findings relative to causes of severe retardation. The opinions of authorities in the field and the findings of a few experimental studies are agreed that emotional and personality problems might be a cause of reading failure. The severe maladjustments of the neurotic child are most evident; nevertheless, the minor adjustments which the child must make when he enters school are so many that he may not be prepared to devote himself to reading. Even though he is willing to learn, he may be hampered by emotional immaturity, lack of confidence and security, unpleasant or indifferent associations with words, or excessive timidity.

Emotional and personality problems may also be an effect of reading failure. Failure to make the first steps in adaptation to reading may lead to frustration and all its accompanying reactions such as inattention, lack of motivation, confusion, and lack of application to the task of learning to read.

Emotional and personality problems may be both cause and effect of reading problems. If failure can cause emotional maladjustments then those maladjustments inhibit further learning, which creates more emotional difficulty. The two interact, each making the other more intense.

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1. Robinson, Helen, Why Pupils Fail in Reading, Chicago, Illinois: The University of Chicago Press, 1946, p. 81

Robinson<sup>1</sup> concluded that difficulty in reading may be a part of a general deviation from the normal pattern. Here the emotional and personality problems and reading difficulty may be coincidental. She states that there are times when the emotional reactions may aid in learning to read as much as they interfere with it. Some children become highly motivated when confronted with failure, while others withdraw and are afraid to learn.

Many of the anomalies in allied fields may be discovered and remedied without appreciable growth in reading. This is because such remediation only prepares the child for learning to read and does not teach him the skill. A direct vigorous reading program must follow correction of causal factors. For example, correcting a visual difficulty does not teach the child to read but enables him to learn with greater ease when he is given remedial instruction. Likewise, psychiatric treatment for an emotional problem results in no reading growth without teaching, but it may remove the emotional block so that the child is able to direct his attention toward learning.

Since emotional and personality problems may affect learning, it appears that some emotional problems which children possess may be directly related to their ability to read. This study is concerned with an analysis of actual case studies of children who were

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1. Robinson, Helen, op. cit., p. 220

referred to a remedial reading instructor to ascertain the extent of this relationship. The data furnished by the case studies were formulated into tabulations to illustrate personality adjustments of these children. It appears likely that such an analysis will assist parents, administrators, guidance workers, and teachers to understand to a higher degree the relationship between emotional adjustment and reading ability of pupils. The complete analysis of various personality factors is given in the following chapters of this study.

### Chapter III

#### REVIEW OF RESEARCH RELATED TO THE PROBLEM

The review of research and literature related to the problem is discussed under two different headings which are Relationship between Emotion and Reading, and Patterns of Adjustment Due to Reading Difficulties.

#### Relationship between Emotion and Reading

Ladd<sup>1</sup> reports that among the factors which have been thought by some writers to be associated with success or failure in reading is the emotional life or personality of the pupil.

Burt<sup>2</sup> advances the idea of a general "emotionality", and discusses the characteristics of the unstable, who, he says, have an excess of this emotionality. In speaking of their intellectual characteristics, he describes them as changeable, inconsistent, unsystematic, imaginative, inattentive, unobservant, quick in comprehension, with a good recent memory but poor retention. Moreover, he says, "Many if not most unstables are backward at school"; their

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1. Ladd, Margaret R., The Relation of Social, Economic, and Personal Characteristics to Reading Ability, N. Y. City: Bureau of Publications, Teachers College, Columbia University, 1934, p. 1
  2. Burt, Cyril, "The Unstable Child", 1917, from Ladd, Margaret, op cit., p. 1

reading is "fluent and expressive but full of guesswork and inaccuracy"; they are "readily tired and easily distracted to a fresh subject", and "they fail through lack of perseverance and method".

Hollingsworth<sup>1</sup> says, "Burt has pointed out that every psychologist who examines school children can confirm, that neurotic children are often deficient in reading, although they may be intelligent."

Gates<sup>2</sup> mentions "nervousness, emotionality, flightiness, chronic inattentiveness, unaccountable laziness, instability not explainable as an acquired, unfavorable attitude toward the special subject" as conditions which should be taken into consideration in connection with children who have difficulty with reading.

Dearborn<sup>3</sup> makes this suggestion, "When these difficulties (perceptual and motor) are found in a child who is nervously unstable or who from lack of proper bringing up and discipline at home is, at school entrance, flighty in interests, or blase, accustomed to having his every difficulty smoothed out for him or postponed, and therefore lacking in initiative, incentive, and indeed, even in his tender years, in the very zest of living, the typical non-reader has been introduced."

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1. Hollingsworth, L. S., Special Talents and Defects, from Ladd, Margaret, op. cit., p. 2
  2. Gates, A. I., from Ladd, Margaret, p. 2
  3. Dearborn, W., Special Disability in Learning to Read and Write, Monograph, from Ladd, Margaret, op. cit., p. 2

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Unzicker and Flemming<sup>1</sup> say that "problems characterized as 'unsatisfactory progress in fundamental skills' are often complicated by emotional instability or by some type of social maladjustment. ... Contributing significantly to reading difficulties are immaturity, mental, social and emotional instability, defective vision, inadequate command of language, and a lack of social adjustment to the social situation".

Gates<sup>2</sup> has noted that children with reading difficulties lack persistence, do not concentrate well, show extreme sensitivity, are withdrawing, day dream, and altogether exhibit a lack of aggressiveness necessary for effective adaptation in learning to read.

Hollingsworth<sup>3</sup> says, "Neurotic children, even though intelligent, are often deficient in reading, because the mechanics of reading requires cooperation, following directions, and sustained effort. Their reading may be fluent and expressive, but full of guesswork and inaccuracy. Where negativism, instability, and illusion interfere with learning, these children fail to make progress, except when taught individually."

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1. Unzicker, C., and Flemming, C., Teachers College Record, February 1933, from Ladd, Margaret, op. cit., p. 2
  2. Gates, A. I., "Failure in Reading and Social Adjustment", Journal National Education Association, Vol. 24, 1936, pp. 205-6
  3. Hollingsworth, L. S., from Robinson, Helen, Why Pupils Fail in Reading, Chicago: The University of Chicago Press, 1946, p. 79



Sherman<sup>1</sup> asserts there is an important relationship between an individual's emotional pattern and his behavior in learning situations. Emotions influence the individual's attention span, concentration, perseverance, and motivations as well as his retention of material learned and his ability to recall and utilize what has been previously learned.

"These unfortunate children who cannot read," writes Baker,<sup>2</sup> "witness an ever passing parade of their more fortunate playmates, cousins, brothers, and sisters who can read. They are left behind to be considered a nuisance by the teacher; to be more or less rejected by the family; to endure emotional and intellectual deprivation, and, as a result, to develop a bewildering assortment of maladjustments. The visible evidences of this are symptomatic behaviors of an unsocial nature. Withdrawing behaviors such as day dreaming, masturbation, and thumb-sucking are common among them. More aggressive behaviors such as stealing, fighting, and playing truant are also common among those who fail. The connection between juvenile delinquency and problems in reading is, undoubtedly, more

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1. Sherman, M., "Emotional Disturbances and Reading Disability," Supplementary Educational Monographs, Recent Trends in Reading, Edited by W. S. Gray, U. of Chicago, #49, Nov. 1939, pp. 126-34
  2. Baker, Harry J., Leland, Bernice, In Behalf of Non-Readers, Bloomington, Public School Publishing Co., 1934, p. 38

direct than is often recognized. For after all, how can children who are continually on the defensive and whose emotional life is warped by a chronic feeling of inadequacy develop wholesome personalities and well-balanced effective citizenship? It can't be done."

Betts<sup>1</sup> writes that it appears that reading deficiencies frequently are man-created; that reading difficulties, therefore, can be prevented; and that development of accuracy and depth of comprehension is a problem of systematic learning. Purpose, probably, will not have much meaning in the reading program, normal child development in the larger sense will not be understood fully until reading is studied as a thinking process. A substantial number of children are taught inadequate patterns of behavior when they are forced into reading situations which require types and levels of thinking beyond both their capacities and abilities.

A study by Fendrick and Bond<sup>2</sup> of a delinquent population with normal intelligence revealed marked retardation in reading. Over 90% of the group had been reported as school failures.

Along the same vein, Vaughn<sup>3</sup> says that it is typical of the

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1. Betts, Emmett, Editorial Evaluation, Reading, A Tool for Learning, Compiled by Nina Banton Smith, Bulletin of A. C. E., Washington, D. C., 1938, Cover Page
  2. Fendrick, P., and Bond, G. L., "Delinquency and Reading," Journal of Genetic Psychology, Vol. 48, 1936, pp. 236-42
  3. Vaughn, C. L., "Child Who Can't Learn to Read May Be a Behavior Problem," Science News Letter, 34, Sept. 3, 1938, p. 150.

child who has failed to read adequately, that he is recognized by "school officials" as a problem child.

Sperry<sup>1</sup> reports that children who presented both reading as well as behavior difficulties, exhibited similarity in behavior disorders as distractibility, sensitivity about failure, dependence, infantile behavior, disobedience, temper displays, tenseness, irritability, and difficulty in adjusting to the group in play or social activities.

Challman<sup>2</sup> writes that a large majority of reading disability cases also show personality maladjustments in varying degrees. These difficulties may be independent of the reading difficulty, precede it, or result therefrom.

Parker<sup>3</sup> found that personality problems may be the cause or result of reading failure. In the cases where the personality problems are the cause, the child is usually over protected and maintains infantile patterns lacking the independence required for the adaptation to reading.

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1. Sperry, M. E., "A Comparison of Typical Cases and Evaluation of Treatment of Problem Children with Reading Disability," Smith College Social Studies Work, 6, 1936, pp. 289-90
  2. Challman, R. C., "Personality Maladjustments and Remedial Reading," Journal of Exceptional Children, 6, 1939, pp. 7-11
  3. Parker, I., "Personality Problems and Disability," National Elementary Principal, 19, July 1940, pp. 603-10

Gates<sup>1</sup> writes that the most extreme and persistent cases of reading disability usually reveal more than one type of handicap, e. g., a combination of causative factors may include slow learning ability, visual difficulties, poor physical condition, some emotional instability, etc.

Zirbes<sup>2</sup> reports that reading deficiency is often so closely related to personality problems that the latter must be reckoned with in planning remedial procedures. In another reference<sup>3</sup> she writes that failure in the early learning experiences in reading leads to negative attitudes which may interfere with reading success and exert a deleterious effort upon general well-being and personality growth. Therefore, early reading experiences should be adjusted so that success is more frequent than failure.

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1. Gates, A. I., "Diagnosis and Treatment of Extreme Cases of Reading Disability" in the Teaching of Reading, a Second Report, 36th Yearbook National Society Study Education, Part I, pp. 391-416
  2. Zirbes, L., "Some Character and Personality Problems of Remedial Cases in Reading," Childhood Education, 5, Dec. 1928, pp. 171-76
  3. Zirbes, L., "Characteristics, Interests, and Needs of Pupils That Aid in Defining the Nature and Scope of the Reading Program," With Special Reference to the Primary Grades, Supplementary Educational Monographs, Adjusting Reading Progress to Individuals, Edited by W. S. Gray, U. of Chicago, #52, Oct. 1941, pp. 42-46

Blanchard<sup>1</sup> found that often the emotional maladjustment precedes or arises from the same sources as the reading difficulty. Many cases have exhibited, especially those of boys, an inability to establish masculine identification, and handle aggressive impulses. It has been demonstrated by clinical procedures that therapeutic treatment of personality difficulties results in a better integration of the whole personality and an improvement in the reading situation.

Bennett<sup>2</sup> reports that there is no clearly defined pattern of causal factors that differentiates the poor readers from the successful ones. Each individual case of retardation might be designated as a "law unto itself" involving particular multiple factors. Though none of the factors studied show reliable differences between the two groups of readers, the following tendencies are more marked among retarded readers: lack of persistence and attention, preference for solitary and inactive life rather than a gregarious one, regarding themselves as inadequately prepared to meet life's situations, subject to crying spells, fears, indecisions, loneliness, etc., and finding school difficult and unpleasant.

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1. Blanchard, P. J., "Psychogenic Factors in Some Cases of Reading Disability," American Journal of Orthopsychiatry, Vol. 5, Oct. 1935, pp. 361-71, and "Reading Disability in Relation to Difficulties of Personality and Emotional Development," Mental Hygiene, 20, July 1936, pp. 384-413
  2. Bennett, C. C., "An Inquiry Into the Genesis of Poor Readers," Teachers College Contributions to Education, #755, Bureau of Publications, Teachers College, Columbia U., N. Y., 1935

Another reference from Gray<sup>1</sup> explains that "crippled" readers are found to be pupils of varying types, including slow learners, and also those who were disinterested in school or lived in unfortunate home surroundings, or had seriously handicapping physical or organic conditions, and those who were emotionally disturbed or unduly timid or sensitive.

Witty<sup>2</sup> shows that reading problems are complex and have their roots in unwholesome or unfortunate situations at home and at school; reading failure is associated with inadequate or unhappy social relationships or conditions at home.

Strang<sup>3</sup> recommends especially the case study approach in the diagnosis and correction of reading deficiency, for it can present a constellation of conditions, out of which the difficulty might have grown. These may include physiological, mental, affective, vironmental, and educational factors.

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1. Gray, W. S., "The Nature and Extent of the Reading Problem in American Education," Educational Record 19, Supplement #11, Jan. 1930, pp. 90-1
  2. Witty, P. A., "Studying Reading Problems, A Diagnostic Program," Proceedings 6th Conference Child Research Clinic, Woods School, 1940, pp. 41-53
  3. Strang, R., "Diagnosis and Remediation in Reading and General Education, An Exploratory Study," Edited by W. S. Gray, American Council on Education, Washington, D. C., 1940, pp. 307-56

### Patterns of Adjustment Due to Reading Difficulties

Robinson<sup>1</sup> writes of the effects of frustrating learning experiences on learning ability. She quotes from Dolch:

"Probably more deficiency in reading can be traced to discouragement through failure, and the consequent attitude of antagonism toward reading, than to any other cause. Many children hate the reading lesson simply because it compels them to exhibit before their companions their ignorance or lack of skill. A child caught in this situation is very frequently scolded or held up to ridicule. If this condition is allowed to arise, a child may go on from year to year with scarcely any improvement because he never looks at a book unless he has to and then with distinct aversion. When he is supposed to be reading, his attention wanders, so that very little reading is really done, and consequently no improvement of skill results."

Robinson also reports that Ridenour has pointed out that such a child is unmotivated, and one of the first steps to undertake is to recognize his resistance to reading and to prepare him so that he wants to read.

Robinson<sup>2</sup> explains the types of reactions that children follow in reacting to failure:

"There is no doubt that reading has led to frustration, discouragement, disinterest, inattention, and maladjustment, except in cases in which a satisfactory compensation of a socially approved nature has been established. Children's reactions seemed to be of three general types: first, aggressive reactions, in which the child attacked the whole environment associated with reading; second, withdrawal, when the child sought

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1. Robinson, Helen, Why Pupils Fail in Reading, Chicago, University of Chicago Press, 1946, p. 80

2. Robinson, Helen, op. cit., p. 85

for satisfaction outside the reading environment, which included playmates; and third, lack of emotional affectivity where the child appeared responsive but evidenced no feeling tone to his responses.<sup>1</sup>

Williams' explains tension and describes its physical expressions. The normal pattern of muscular activity is contraction and relaxation. The muscle never completely relaxes in normal condition, since it shows a partial state of contraction, called tonus, even in the resting state. In some individuals the tonus is excessive. This condition is called tension. At times this contracted state is so marked it can be detected by feeling of the muscle involved; in the heart and blood vessels the tension of the muscles may be expressed in a rapid heart and increased blood pressure. A condition of tension may cause excessive fatigue and interfere with recovery after rest.

Tension is detected easily by the experienced observer. The facial muscles contract to furrow brows, to draw lines around the mouth. Often a facial mannerism such as eye-blinking will betray the true condition. The way a person stands or walks tells a great deal to those who read the signs. Awkwardness is often due to the use of more muscles than necessary to perform the movement, and this lack of grace reflects the inner state of tension showing fear, insecurity, wanting greatly to succeed, and other emotional

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1. Williams, Jesse F., Personal Hygiene Applied, Philadelphia, W. B. Saunders Co., 1947, p. 213



reactions. Tension is often shown in walking by the pounding of the heels, the effort to hold the arms at the sides, or the stiff posturing of the head. Speech reflects the inner state of the person. When tension exists the muscles of the larynx tighten and the voice becomes strained.

Williams<sup>1</sup> writes as follows on illness and emotions:

"It is well-known that emotional upset may give rise to gastric, circulatory, or nervous disturbances. Experimental evidence shows that rage, fright, and anxiety inhibit movements of the stomach. ... The average person little realizes the danger of brooding over slights, injuries, disappointments, or misfortunes, or of lack of frankness, as shown by an unusual sensitiveness or marked suspicion. Yet all of these unwholesome and painful trains of thought and feeling may, if persisted in and unrelieved by healthy interests, tend toward psychoses, and a sincere interest in the affairs of others are important preventives of unwholesome ways of thinking."

According to Halliday<sup>2</sup> illness is a reaction, or mode of behavior. He defines an illness or bodily disorder whose nature can be appreciated only when emotional disturbances are investigated in addition to physical disturbances as psychosomatic affections. Recent research has shown that the illnesses covered by this definition are numerous. They comprise not only the varied, bodily disturbances associated with anxiety states, but also many of the designated diseases of general medicine.

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1. Williams, Jesse, op. cit., p. 420 and 434  
 2. Halliday, James L., M. D., Psychosocial Medicine, A Study of the Sick Society, New York, W. W. Norton and Co., Inc., 1948, p. 45, 46

Psychosomatic affections possess a common "form" which distinguishes them from infectious diseases, accidents, and food deficiencies. The factors of this form are as follows:

1. Emotion as a precipitating factor. Examination of patients in a series shows that in a high proportion of the cases the bodily process emerged, or recurred on meeting an emotionally upsetting event.
2. Personality type. A particular type of personality tends to be associated with each particular affection.
3. Sex ratio. A marked disproportion in sex incidence is a finding in many, perhaps most, of these disorders.
4. Associations with other psychosomatic affections. Different psychosomatic affections may appear in the same individual simultaneously.
5. Family history. A significantly high proportion of cases give a history of the same or of an associated disorder in parents, relatives, and siblings.
6. Phasic manifestations. The course of the illness tends to be phasic, with periods of crudescence, intermission, and recurrence.
7. The prevalence is related to changes in the communal environment considered psychologically and socially. The incidence of a psychosomatic affection in a community rises and falls in response to the changes of social environment, that is, to changes of environment regarded in its psychological rather than its physical aspects.

Many of the following are psychosomatic:

Gastrointestinal system: duodenal ulcer, gastric ulcer of non-nutritional origin, mucous colitis, "gastritis", certain instances of hemorrhoids and of gall-bladder disease

Cardiovascular system: effort syndrome, cases of essential hypertension, of coronary thrombosis, and of cerebral hemorrhage

Respiratory system: many cases of asthma, of allergic rhinitis and of recurring bronchitis

Genito-urinary system: many cases of nocturnal enuresis, menstrual disturbances and leucorrhoea, even some cases of pyogenic urinary affection

- Locomotor system: many cases labelled "fibrositis", neuritis, sciatica and lumbago, also rheumatoid arthritis and certain cases of nontraumatic cases of osteoarthritis
- Endocrine system: many cases of exophthalmic goiter and hyperthyroidism, also certain cases of diabetes, obesity and myxedema
- Nervous system: certain cases of migraine and the innumerable bodily disturbances of anxiety states and hysteria
- Blood: certain cases of non-nutritionally determined hypochromic anemia
- Skin: alopecia areata, certain cases labeled prurigo, pruritis, urticaria, seborrhea, etc.
- Eyes: miner's nystagmus, certain cases of conjunctivitis blepharitis

Many illnesses of the infectious type have been prevented almost entirely by action with regard to noxious micro-organic factors and to the media in which they exist. Consciously directed action against morbidic psychological factors of an environment has scarcely begun, but in this respect the biological principles of preventive medicine are equally applicable not only for observation and thinking but also for action.

Most studies agree that the majority of reading failures seem to be boys. Robinson<sup>1</sup> reports that Witty and Kopel thought that the larger percentage of boys "appears to reflect in part the slower maturation of schoolboys, which causes larger numbers of boys than girls at the same chronological age not to be ready for initial reading instruction." This last opinion seems to be shared by Olsen, who felt that "reading tends to be an aspect of the growth of the child as a whole."

1. Robinson, Helen, op. cit., pp. 96-7

## Chapter IV

### PROCEDURE AND INTERPRETATION OF DATA

The procedure followed in this study was an analysis of case studies of 243 children who had been classified as "reading problems," and who were referred to the Remedial Specialists for assistance in reading during the two-year period of 1943-1945. Of the 243 students, 166 were boys and 77 were girls. Teachers generally classified students as "reading problems" when they were not reading at the grade level in which they were enrolled. Since research had shown that a wide range of individual abilities may be expected at any grade level, it may be reasonably safe to assume that some of the students referred to the remedial room were not "reading problems" in actuality. Nevertheless, the assignment to the remedial room might have manifested various emotional problems and increased the opportunities of developing further reading difficulties.

The 243 case studies were critically examined and studied to enable the investigator to determine under which headings the traits of children could best be studied. This was followed by the construction of a Summary Table.

The Summary Table showed:

- (1). Chronological age for each child
- (2). Intelligence quotient
- (3). Reading level for each student (Measured by the Durrell Capacity and Achievement Test)
- (4). Physical and emotional status of each child as given by the County Health Officer
- (5). Evaluation for each child (Measured by the California Personality Test)
- (6). Anecdotal record as given by the classroom teacher for each child
- (7). Anecdotal record as given by the Remedial Specialist

Table I was used to analyze the relationship between the emotional problems and the reading difficulties of the children. Since this study is concerned with the total personality of the student, it is essential that we keep in mind that children possessing certain emotional problems generally tend to acquire certain adjustment patterns or behavior patterns. The personality traits of an individual are in part those traits that typify his manner of maintaining adjustment. Personality and adjustment are forms of behavior--educative behavior. They are learned. The great moving forces of human life are feeling and emotion. They are the sources of mental development and man's accomplishment and also the sources of mental ills. The educational significance of adjustment lies in the fact that these modes of adjustment tend to become a part of the person. To determine the personality traits or adjustment patterns which these 243 children were acquiring, a table was constructed to show the frequency of the various adjustment traits. These traits were listed under the headings of submissive feelings, withdrawing, aggressive behavior, normal reaction, and nervous tensions.

Several tables were constructed to show causes for the development of certain emotional problems. These tables show emotional problems contributed by the home, by failure, and by various physical disabilities.

Chart I was compiled to observe personality traits in relationship to ranges of intelligence in these children.

The Summary Table is shown on the next page.

TABLE I Summary of Case Studies

Name Sex	G.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
HX m	9-11	113	1½ yrs. below capacity	Very nervous, thin, frequent colds and stomach disorders. Very often absent.	Good social adjustment.	Mother in poor health. Spoiled and pampered at home.	Extreme nervous symptoms, no self- reliance, no feeling of belonging.
IX f	11-1	98	1 yr. 2 mos. below capacity	Bad ear that needs constant doctoring.	Good	Mother abandoned girls 4 years ago. They do the housework.	Doing a brave and too mature task outside school. Needs much praise and encouragement.
MX f	11-2	93	5 mos. below capacity	Normal	Over cautious. Poor work habits.	Sister above.	Feels extremely insecure and un- successful.
KX m	10-3	98	9 mos. below capacity	Poor muscular co- ordination. Poor habits of diet and rest.	Think K's problems stem from home. Maladjusted, unable to get along with others, insists on own way, shows poor sportsmanship.	Moved here last spring. Mother recently remar- ried. Mother works	Friendly. Seemed to enjoy atten- tion of examiner. Not well organized, functions below capacity. Much insecurity. 20 weeks in Remedial Room with small advance in reading.
NB m	13-5	107	1 yr. 3 mos. below capacity		Good social adjust- ment. Very coopera- tive. Liked by children.	Mother has poor health. 9 children in family.	Substitutes politeness for security. Gained 1 yr. 2 mos. in 2 mos. in Remedial.
EG m	10-5	106	6 mos. above capacity	Many absences due to illness.			Normal reaction at testing time.
KC m	15-0	79	2nd grade	Eye examination needed.			Normal reaction at testing time.
TC f	10-8	84	Up to capacity	Normal. Large for age			Insecure about reading failure.
SC m	12-4	95	8 mos. below capacity			Tragic. First foster home extremely bad. Second home better.	Gained 8 mos. in 6 mos. in Remedial.
GC m	13-6	91	2½ yrs. below capacity		Well-adjusted	Insecure home	Normal reaction at testing time.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
KC m	9-4	76	Up to capacity	Overweight		Brother above.	Normal reaction at testing time.
EC m	8-4	100	2 yrs. below capacity	Gripped by Polio.			Adjustment good considering handicap.
NB f	7-9	101	1½ yrs. below capacity	Kidney infection, colds, under- nourished. Nail biter.			Good personality. Shy, immature, babyish.
SI m	9-3	66	Works best at 6½ yr. level	Bad eye condition that needs surgery. Ears that drain. Scarlet fever.	Stubborn. Can't study alone.	Not understood by mother. Punished much.	Poor attention. Distrusts own ability. Very nervous. Rejected by parents.
SB m	9-8	97	1 yr. above capacity			Highly disturbed home. Suspicious, no humor.	Shy. Extremely insecure. Dis- trusts own ability. Distracted. Can't get along with others.
EB f	10-7	69	Up to capacity			Good home. Cooperates well with teacher and children.	Good personality.
CC f	12-7	96	Up to capacity	Hearing loss. Nasal difficulty. Nervous.			Normal reaction at testing time.
QX f	8-9	112	1 yr. below capacity			Home has given too rigid social standards and child has been con- scientious in using them.	Withdrawing and nervous symptoms. School has expected too much, resulting in pressure reactions.
BX m	12-2	96	1½ yrs. below capacity		Gets discouraged, depends on teacher help constantly. Plays too much. Loves to argue.	Father dead, mother works. Every indication of lack of parental con- trol over any of the children. No supervision after school and even- ings.	Feels insecure and inadequate. Very unsure about starting a new task. A nice child, friendly, clean, cooperative. Needs all the encouragement in the world.



TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
HX m	10-9	95	Up to capacity	OK. Nail biter.	Lies, cheats, selfish in regard to others. Lazy. Can be agree- able.	Mother works. Children unsupervised. Mother says H is stubborn and unreasonable.	Much discouraged by school.
DX m	9-3	79	$\frac{1}{2}$ yr. below capacity		Tries hard. Liked by children and teacher.	Often beaten by brother. (above). Mother inef- ficient in management.	Above average in personality test.
EX m	11-1	105	2 mos. below capacity	Physical handicaps. Immature coordina- tion.			Shy, friendly, sweet, sincere, conscientious. Needs to feel more secure.
MX m	14-11	85	1.5 yrs. below capacity		Listless, sluggish, tired, sleepy. Just sits. Dislikes school and teachers.	Brother above.	Quiet, reserved. Obviously bored by anything academic. Courteous, friendly. Withdraws in failure.
EX m	10-10	72	Above capacity	Good muscular coordination.			Friendly, eager. Becomes flustered under pressure. Bites nails.
LX m	11-11	108	Up to capacity			"Favored son."	Extremely self-confident.
XX m	11-11	108	2 $\frac{1}{2}$ yrs. below capacity	Absent often in first grade.	Good. Surprises frequently by his thoughtfulness. Un- favorably compared with brother.	In shadow of older brother above. Very busy family. Always scolded and reminded. Parents both quick- tempered.	Needs affection, attention, praise. Doesn't have responsibilities nor respect of his parents.
LX m	9-10	85	1 yr. below capacity	Defective vision.	Hard working, co- operative.		Confused in many respects. Openly agreeable and friendly.
KX f	13-6	95	1.8 yrs. below capacity		Very self-conscious when attention centers on her. Liked by play- mates.	Works hard at home.	Normal behavior in test situation. Gained 2 yrs. in Remedial.
NW f	8-9	94	Up to capacity		Sweet child but doesn't mix well.	One of 6 children. Moved often.	Very lacking in self-confidence. Worried about home.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
KW f	9-11	124	1 yr. above capacity	Speech defect.	Bored by school at 4th grade level. Avoids other children.	Sister above.	Livened up at higher level of test where challenged.
IX m	10-0	71	2 yrs. below capacity	Undernourished	Unhappy relations with playmates - teasing, hitting, etc.		Does not understand how to play harmoniously. On the defensive.
XX m	14-5	81	.4 yr. below capacity	Eye strain.	Reacts to pressure. Quiet, persistent. Gets along well socially.		Very unsure of himself. Sincere. Makes honest effort to respond.
KX m	9-11	103	2 yrs. below capacity		Good	Sometimes lives with grandmother.	Unusually distrustful of his own ability. Needs to relax. Extremely timid.
EL m	10-4	108	2½ yrs. below capacity		Much better than at home.	Dominating father. Withdraws at mention of home.	Poor coordination which may be psychological. Extreme insecurity. Vague and indefinite in self- expression.
MS m	9-4	111	3 yrs. below capacity	Poor. Finicky eater.		Resents sister. Fears father. Mother over solicitous.	Distraught. Has retreat pattern. responds in friendly manner to understanding.
BN m	13-4	93	1½ yrs. below capacity	Good	Negligent work habits. Chief interest is athletics. Well-liked.		Shy, nervous. The low rating on personality test may well result from school failures and family relations.
QN f	9-8	124	3 mos. below capacity	Good			Shy, lacks confidence. Needs encouragement.
KN m	11-9	89	3 yrs. below capacity	Frequent absences.	Good	Mother chronically ill.	Very low in personality test. Lowest in school relations.
MN m	11-11	97	2½ yrs. below capacity	Rugged and strong.			Normal in test behavior. Poor reading mechanics were helped in Remedial.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
SZ m	15-4	139	Below capacity	Polio. Absent most of 6th grade.	Good, cooperative. Poor start in 2nd grade.		Psychological problem that makes for uneven performance. Does much better when tension is eased. Brought up to capacity in Remedial.
HA m	10-10	106	1½ yrs. below capacity	Apparently in good health.		Moved recently. Difficulties in school worry him.	Above average in test behavior.
DL f	13-2	104	2 yrs. below capacity	Poor vision.	Good. Serious, sensitive. Extremely slow.	Reacting noticeably to a difficult home situa- tion. Has moved very often. Weeps over past school history. Has an attention-demanding sister. (See below).	Has reacted to her environment by withdrawing.
TL f	11-11	110	2 yrs. 7 mos. below capacity	Normal	Pleasant, helpful, cooperative, good.	Sister above.	Has reacted to her environment by letting off steam.
NC m	12-8	87	Up to capacity	Hearing loss.			Normal reaction at testing time.
KC m	10-1	84	1 yr. below capacity	Quite good.		"Sickness" is home pattern.	Selfish, maladjusted, lazy. A discipline problem. Feel reading will improve when home conditions improve.
KC f	12-0	98	2 yrs. below capacity	Slow physical development.	Good. Liked by group.		Social adjustment good. Nervousness and tensions from pressures.
AC f	9-10	86	Unable to do 4th grade work.	Nail-biter.		Needs a more relaxed home situation.	Emotionally unstable.
LC f	9-10	86	1 yr. above capacity			Good family relations.	Average on personality test.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
KD m	8-0	81	2 yrs. below capacity	Frail. Eye defect. Frequent colds. Probably hearing defect.		Father has Parkinson Disease.	Extremely low in personality test.
CD f	10-8	92	Up to capacity	Hearing loss in one ear.	Good		Normal reactions at testing time.
DD m	9-11	96	1 yr. above capacity				Normal reaction at testing time.
BC m	11-6	57	Can't learn	Good	Lovely child.	Parents cooperate.	Well adjusted socially.
MC m	9-7	90	1 yr. above capacity	Nervous	Good	Parents too strict.	Normal reaction at testing time.
KC m	11-0	90	3½ yrs. below grade	Normal. Many colds.	Good, but plays too much. Poor attention. Well-liked by children.	Mother emotional. MC is sister.	Poor attitude.
EC m	10-1	86	Above capacity			Broken home.	Insecure because of home problems.
KC m	12-6	83	Up to capacity				Emotionally disturbed.
CC m	9-5	52	Best at 5 yr. level		Poorly developed. Generally debility.		Normal reaction at testing time.
EC m	16-6	77	Up to capacity	Extremely nervous.		Very poor.	Rated low on personality test.
HC m	12-8	83	Above capacity	Lethargic. Frequent colds.		"Peculiar" mother.	Quite well organized.
MD m	12-11	99	2 yrs. below capacity	Gland trouble.		Poor home conditions. ND and CD are brothers.	Good reaction at testing time.
ND m	8-4	98	½ yr. below capacity	Hard of hearing. Insufficient rest.		Works too long hours and too hard. MD and CD brothers.	Fatigued. Anticipates failure.

TABLE I (continued)

Name Sex	G.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
CD m	10-10	85	2 yrs. below capacity	Lacks energy. Many colds.		Poor home conditions. Kicked around. Brothers above.	Neurotic pattern. "Smarty."
BD f	11-10	46	Can't learn		Good	Secure at home. Sister below.	Good reaction at testing time.
ND f	11-1	54	Can't learn		Good	Secure at home. Sister above.	Good reaction at testing time.
KD m	11-4	93	Up to grade			Erratic discipline	Above average in personality test.
CD f	11-11	74	1 yr. below capacity	Frail. Hearing loss. Strong glasses.		Home problems. Too much pressure. Cousin in home dislikes her extremely.	Neurotic
ED m	10-0	97	Up to grade			Emotionally upset. Too much adult supervision. Father ill. Mother works.	Failing because of attitude.
ED m	11-0	76	1 yr. above capacity			Two brothers below.	Above average in personality test.
FD m	14-3	78	1 yr. below capacity				Above average in personality test.
ID m	12-9	64	Up to capacity		Good	Brothers above	Inclined to distrust ability.
KD m	8-7	105	1 yr. below capacity		Spoiled		Average in personality test.
SD m	9-6	96	1½ yrs. below capacity	Decided loss of sight.			Normal reaction at testing time.
UD m	11-0	83	Up to capacity		Good		Needs praise. Morale low.
TG f	10-4	76	Above capacity		Good	Work must be eased.	Defeated. Unsure.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
BE m	11-8	94	1 yr. below capacity			Mother ineffective. Big boys "boss". Quarreling. No management.	Disturbed. Gained $\frac{1}{2}$ yr. in Remedial.
ME m	9-0	85	Above capacity			Parents not working.	Disturbed over home conditions. Extremely lacking in self- confidence.
FF m	13-1	98	1 yr. below capacity	Advanced asthma.			Friendly. Normal.
SF m	10-5	82	1 yr. above capacity		Social problems developing.	Works much too hard. Gets up at 5 and helps milk before breakfast.	Exceedingly tired. Social problems developing because of poor adjustment in classroom.
MF m	13-11	81	3 yrs. below capacity			Divorce. Mother seriously ill. Brother below.	Fair test behavior. Diffident.
SF m	12-9	93	3 yrs. below capacity			Brother above.	Normal in test behavior.
FF f	10-4	76	1 yr. above capacity	Good	Immature		Nervous symptoms.
EF f	10-5	99	$\frac{1}{2}$ yr. below capacity	Extreme nervousness.			Below average in personality test. Above capacity after Remedial.
CF m	9-5	115	Up to grade	Glasses	Good	Poor family and school relations.	Overdependence on others. Above average in personality test.
UF m	8-1	61	Reads in pre-primer		Good		Good
SF m	10-1	76	Up to capacity				Somewhat below average in per- sonality test.
NG m	9-6	111	1 yr. below capacity	Frail. Physical difficulties.			Rated high in personality test.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
BG m	15-4	82	Up to capacity			Vile disposition according to mother. Mother unhappy and hardened.	Rated very low in personality test.
HF f	11-7	104	1 yr. below capacity	Low vitality	Insecure. School work is so hard she is afraid she will fail.	Home relations poor.	Low in personality test. No feeling of belonging. School relations not as good as might be.
ZE f	12-2	119	1.6 yrs. below capacity		Well-liked. Cooperative.		Good social adjustment. Poor study habits.
FF m	14-6	94	2.7 yrs. below capacity	Speech defect.	Has given up. Needs encouragement.	Two brothers below	Needs recognition somewhere.
Kf m	10-9	96	1.9 yrs. below capacity		Poor work habits.		Charming personality.
EF m	10-5	85	1 yr. below capacity			Brother above.	Friendly, happy.
CE m	10-2	113	3 yrs. below capacity	Good	Likes to be mis- chievous.		Studies if he has teacher's entire attention. Seems to be well-liked.
KD m	14-0	99	3½ yrs. below capacity			Difficult and tragic.	Sensitive, lacks confidence.
EG m	16-6	77	4½ yrs. below capacity	Extremely nervous.		Very poor.	Low in personality test.
CH m	13-8	94	Up to capacity			Isolated in country. Meager background experience.	Needs help in school adjustment.
DH m	11-5	118	1 yr. below grade		Smarty	Worried about mother's health.	Above average in test behavior.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
UI m	13-0	75	2nd grade	Cardiac condition. Some hearing loss. Speech defect.	Unstable emotionally in first grade.	Satisfactory.	Good reaction to test.
QI m	7-6	98	Below capacity	Obese. Functions slowly.	Problem of adjusting to new school.	Brother above.	Good reaction to test.
SI m	13-10	71	1 yr. below capacity	Frail. Possibly insufficient rest.	Tries to annoy and upset teacher.	Reliefers. Father gone. Another man supports home.	Inattentive.
II m	11-4	66	Up to capacity	Good	Spoiled	7 sisters. Only boy. Mother sees no faults.	Good manners. Model citizen.
DI f	10-6	86	$\frac{1}{2}$ yr. below capacity	Frequent absences. Prepressures of poverty.		Father very inadequate provider. Sister and brother below.	Good rating on personality test, except in nervous symptoms.
FI f	13-9	79	4th grade	extremely tense.		Sister above.	Lack of enthusiasm. Needs friendliness.
NI m	11-9	90	1 $\frac{1}{2}$ yrs. below capacity	Severe hernia. Rheumatic fever.	Good, except for inability to get along with others.	Sister above.	Charming. Good study habits.
CH m	13-0	73	Above capacity			Mother extremely emotional.	Very fearful.
HH m	8-10	113	Up to grade	Bites nails. Poor hearing. Bronchial trouble.	Extremely poor work habits. Vague. Shop- lifter.	Divorce. Sensitive and disturbed by disorganized home situation.	Rated above average in personality test.
MH m	14-3	96	2 $\frac{1}{2}$ yrs. below capacity			All children jittery. Scatter-brained family.	Needs security and feeling of success. Good progress in Remedial.
HH m	8-9	90	3 mos. below capacity	Tense, nervous.	Good	Parents expect too much of him.	Tense
SH m	9-4	98	Up to grade		Overlooked, too slow because of tensions.	Works hard before and after school. No time to play.	Tremendously insecure. Incon- spicuous. Needs morale building greatly.



TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
CH m	10-5	102	Up to grade	Satisfactory	Afraid of school. Feels he can't do his work.	Satisfactory	The least pressure results in tension, especially of school work. Needs morale building greatly to avert more difficulties.
DK m	13-8	67	At capacity				Reacts well to test. Enthusiastic. Eager.
SK m	13-3	66	At capacity				Normal reaction at testing time.
SK m	9-7	108	1 yr. below capacity	Poor hearing. May be emotional.	Erratic, poor work habits.	Maladjusted home.	Very inhibited and repressed. Extremely lacking in self- confidence.
NK m	9-5	122	2½ yrs. below capacity	Frequent colds.	Indifferent work habits.		Not working to capacity because of boredom. ½ yr. gain in 9 weeks in Remedial.
TK f	11-1	104	1 yr. below capacity				Needs to feel adequate and success- ful in her group. Up to grade in Remedial.
TK m	12-6	105	2 yrs. below capacity		Nice personality. Makes no effort to make up work.	Narrow background. Misses much school because of illness in his family.	Above average in personality test.
CK m	10-11	85	2½ yrs. below capacity	Eyes hurt.			Low in test behavior because extremely lacking in self- confidence. Unsure at all times.
BI m	11-5	91	2 yrs. below capacity	Frail. Vision defect.	Needs to be prodded to work. Too interested in neighbors.		Ceases to function under pressure. Upset emotionally because of many failures.
NI m	11-5	92	2 yrs. below capacity	Nail-biter. Nervous. Lacks energy and ambition.	Good	Mother very negative about school, teachers, everything. Child hates school and teachers.	Tested low on personality test in school relation, nervous symptoms, withdrawing tendencies.
KI m	14-2	87	8 mos. below capacity		Accepted by the group but seems lonesome.	Brother above.	Distrusts own ability and is sen- sitive about it. Up to capacity in Remedial.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
MI m	12-0	97	2 yrs. below capacity		Good behavior.	With grandmother. Parents divorcing. Mother deserted children.	Needs encouragement. Very good test behavior. Delighted to have sympathetic ear. Resents mother's action deeply. Insecure.
HI f	9-7	96	2 yrs. below capacity	Very restless sleeper. Gets up extremely cross.		Father often away. Mother immature. Expects too much of child. Feels teacher should clamp down on her.	Lacks self-confidence. Trades on charming personality to avoid any- thing difficult.
CI f	11-7	92	1 yr. below capacity	Extremely nervous.	Work habits good.	Too much is expected of her.	Insecure. Distrusts own ability.
QI m	9-2	89	2 yrs. below capacity	Inert	No effort to do school work whatever.	Youngest of 5. Waits for others to tell him what to do. Over-dependent.	Needs opportunity to develop initiative.
NH m	14-7	100	3 yrs. 4 mos. below capacity	Thin. Often absent from school.		Mother has heart trouble. She is over-solicitous, domineering, and pampers child.	Test behavior very good. A little shy. Serious, has a good strong "holier-than-thou" complex. Gained 2 yrs. 4 mos. in Remedial.
EG f	11-4	109	2½ yrs. below capacity	Eye defect. Nervous. Fainting spells.	Extremely poor work habits.		Seriously upset.
XH m	12-4	95	2 yrs. below capacity	Frail. Needs proper food and rest.		Serious home difficulty.	Nervous, tense, insecure.
CG m	11-8	110	3 yrs. below capacity		Poor work habits.		Friendly, self-confident. Dislikes work. 3 yrs. gain in 6 weeks in Remedial.
HMcF f	9-11	96	1 yr. below capacity	Good	Good		Reticent in test behavior. Extremely shy and tense.
LL m	11-2	101	1 yr. below capacity	Has had rheumatic fever. Poor diet. Rest needed.	Works haphazardly.	Frequently absent to sell papers about town.	Immature. Feels sorry for himself.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
CK m	14-3	120	Up to grade	Good		Father deserted, incompatibility. Mother teacher before marriage. Dissention and quarreling among the children.	
KK m	7-4	123	2 yrs. below capacity	Good		Brother above.	
KL f	10-3	80	Above capacity		Bewildered. Dreamy. Good.		Excessive insecurity. Resents home situation. Fears failure in school relationships also.
DL m	11-1	77	Up to capacity	Malnourished. Poor physical stamina.	Good, except for violent temper.	Negative home. On relief. Father borders on insanity. Large family.	Greatest need is for security because father drives children away from home by his attitude.
QMcQ f	11-3	95	1½ yrs. below capacity	Poor breathing. Bad voice.			Ease pressure to give feeling of success and lessen fears. Assign easy material to get accuracy. Give much encouragement.
EM f	13-2	108	½ yr. below capacity	Good	Good.		Cooperative and friendly. Inhibited and worried. Failed once. Took it very seriously. Conscientious.
EM m	9-7	99	½ yr. below capacity	Bites nails. Has bad dreams.	Much worse after flue illness.	Family relations with child unhappy.	Low in personality test. Lowest in school relations.
FL m	9-3	95	1 yr. below capacity	Poor health habits.	Poor work habits.		Shy, lacks self-confidence. Easily distracted, tense.
SL f	11-5	127	2½ yrs. below capacity			Divorce	Needs every possible opportunity for group leadership. Needs praise. Is aware of failures.
MC f	9-11	114	2½ yrs. below capacity		Good. Lacks confidence in own ability. Tense nervous. Depends too much on adults. Much day dreaming.	Emotional mother. Ke is brother.	Individual tutoring may be only solution for M.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
SN m	11-8	99	2 yrs. below capacity	Missed much school because of illness.		Mother over-protective in pre-school years.	Attitude against school. Immature physically and socially. Insists on own way. No sense of responsi- bility.
KD f	9-8	91	1 yr. 4 mos. below capacity	OK by doctor. Colds all winter.	Friendly, liked by the children. Very little effort to do work well. 1st grade teacher often ill.	Mother works. Is often overtired and nervous.	Pleasant personality. Overactive. Too much is expected of her.
BD m	10-11	89	1 yr. above capacity	Good	Poor social habits.	Parents need long time training to adjust child's problems.	Extremely low in personality test. No feeling of belonging.
KD m	12-10	108	Up to grade	Eye trouble Teeth bad.		Insecure, messy home. No cooperation from parents. Brother above.	Too tired. Works until mid-night.
KX m	12-3	101	1 yr. below capacity	Speech difficulty.	Good until 4th grade. Began to slip into poor social habits. Uncontrollable temper. Very poor attendance.	Neat home. Constant bickering. Step-father beats K severely.	Congenial and cooperative but needs encouragement constantly. Needs easy work to remove pressures. Up to capacity in reading after remedial work.
KX m	9-1	86	2 yrs. below capacity		Well liked by children.		Exceedingly poor vocabulary.
FX m	9-5	104	1 yr. 5 mos below capacity		Good, but shows emo- tional instability. Cries at times. Works fairly well when he feels well. Gets along well with children.	Parents active in club work. Older people. Mother full of self-pity. Father impatient. Blame poor teaching for read- ing difficulty.	Good average adjustment.
KZ m	11-0	88	1½ yrs. below capacity		Can't get along with others. Quarrelsome, discourteous.		Friendly, cooperative. Dis- organized in work habits, easily distracted. Gained one year in Remedial.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
DMcD f	8-10	91	Up to capacity	Good health habits. Nervous.	Good. Easily upset. Could do better. "Bossy", but good student.	Too much expected.	Reacts to pressure by unattractive mannerisms. When not pressured works with ease and competence. Distrusts own ability.
NMcQ f	12-8	78	Up to capacity		Unmanageable	Whipped severely and often. Foster home tragic.	Extremely poor posture is caused psychologically. Self-conscious, insecure, fluttery.
KN m	8-9	120	1 yr. 4 mos. below capacity	Brace for polio. Tires very quickly. Speech defect.	Asks too many questions.		Uninterested in work. Needs quiet place to work. Because of physical handicap becomes quickly dis- couraged.
SN m	8-10	91	$\frac{1}{2}$ yr. below capacity	Lacks energy. Frequent colds.	Good. When hurried gets confused. Lacks stamina.	Moved often.	Rated very well in personality test. Up to capacity in Remedial.
CN f	8-0	82	$\frac{1}{2}$ yr. below capacity	Regular attendance.	Satisfactory		Conscientious, cooperative. Gained 3 mos. in 3 mos. in Remedial.
ON f	8-9	88	Above capacity	Eyes hurt, tired. Bad dreams.			Needs morale built up. Nervous symptoms.
HN m	12-4	103	$\frac{1}{2}$ yr. above capacity	Good	Tattle-tale. Won't work. Tantrums.	Parents separated. Mother has spoiled him.	Unable to get along with play-mates.
WN f	8-7	103	$\frac{1}{2}$ yr. below capacity	Missed much school.	Good. Can do better.	Too much expected of her.	Charming, friendly. Much flustered when under pressure. Gain of $\frac{1}{2}$ yr. in Remedial.
HN m	14-8	77	2 yrs. below capacity		Lone wolf. Accepted by group.	Lives in the country.	Distrusts ability. Under pressure at the present time. Gain of 2 yrs. in Remedial.
EN m	11-3	68	Up to capacity	Nail-biter.	Unsuccessful	Bad home background. Parents dead. Present home over-crowded.	Extremely nervous. Teachers too strict.
QN f	10-3	96	Up to capacity		Good	Brother above.	Average in personality test. Extremely nervous.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
KO f	9-8	107	Nearly up to capacity		Likes children. Cooperates. Health has not been good.		Rather shy and insecure.
EK m	14-8	107	6th grade level		Nice personality, but lazy.		Gain in total picture at school and in personality with better reading and study habits. Entered with extreme sense of inferiority. Gain of 2 yrs. in Remedial.
DM m	8-10	96	1 yr. below capacity	Poor posture. Poor vision.	Poor study habits. Shy.	Brother below.	Normal
EM m	9-7	79	Up to capacity	Neurotic	Could do better.	Too much pressure.	A <u>very unhappy</u> situation for a child working at capacity. Younger brother in same room.
GM m	13-4	96	$\frac{1}{2}$ yr. below capacity	Health handicap. Frequent absences.	Satisfactory. Puzzled and uncon- cerned. Liked by children.	Father in TB hospital.	Test behavior above average. Up to grade in Remedial.
NN f	13-10	85	Up to capacity		Very good.	Lives in country. Does many chores.	Teachers should encourage her.
GM f	11-7	105	3 yrs. below capacity	Health habits good.	Polite, obedient, good.		Needs challenging work, a broad variety of assignments. Should never have repeated.
NM f	12-0	94	Above capacity			Sister above.	Test behavior above average.
JM f	8-10	106	6 mos. below capacity	Very nervous. Indigestion as a young child.	Easy-going.	Much younger than the other children.	Extremely lacking in self- confidence. Never seems to work to capacity.
ON f	9-5	88	Up to capacity	Poor health habits.	Poor citizen.	Family in extremely bad condition, desperate financially. Child caught in burglary.	Very low in personality test.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
UMcB m	10-0	97	1½ yrs. below capacity	Glasses helped. Often absent for illness.	Good		Too much pressure somewhere.
QMcN f	10-11	95	1 yr. 3 mos. below capacity		Good	Placid, quiet-living. Probably not enough expected of her.	Plods without animation. Cooperative.
EL m	11-3	69	½ yr. below capacity		Good		Well above average in personality test.
UL m	12-8	104	1 yr. below capacity		Fair work, but lazy. Social adjustment good.		No personality problems in exaggeration.
NL f	12-8	89	Up to capacity	Poor coordination.	Good. Meek, retiring. Liked by classmates.		Needs to be made to feel success- ful as she is working up to capacity at present. Distrusts ability. Shy, cooperative.
DS m	9-10	100	1½ yrs. below capacity	Poor coordination, immature.	Good work habits.		Unaware of deficiencies. Re- treats into a world of fantasy when he evaluates accomplish- ments.
QN m	12-3	117	4 yrs. below capacity	Missed much school because of illness.	Good		Needs situations where he can have self expression, and be recognized and praised for good work.
FQ f	12-1	103	½ yr. below capacity	Excellent health habits. Much absence due to illness.	Excellent		In practical areas overdependent on others.
BU m	14-2	73	1 yr. below capacity		Makes no effort to accomplish school work. A "show-off."		Gain in reading was due to change in attitude rather than teaching. Up to capacity now.
CU f	9-8	74	Up to capacity		Well-adjusted	Proud of family of 15.	Normal reaction to test.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation Specialist's Report	
KMcN m	9-7	85	2 yrs. below capacity			Placid, quiet-living home.	Congenial. Has become better organized in Remedial.
XM m	10-7	104	2 yrs. below capacity		Disturbs for attention. Sometimes very good, sometimes a discipline problem.	When older brother's difficulties were solved all of the children be- came more stable. Mother needs goiter operation. She lavished love on all of the children except X.	Apparently well-adjusted, but worried about home conditions. Much happier after remedial help.
EM m	9-1	88	$\frac{1}{2}$ yr. below capacity	General health not good.	Good personality.	Brother of X above.	Apparently well-adjusted. Happier since remedial help.
HM m	9-9	82	Above capacity	Immature	"Takes" things.	Too much pressure at home.	Nervous through too much pressure.
EQ f	8-8	100	$1\frac{1}{2}$ yrs. below capacity		Less shy. Great im- provement after remedial help.	Broken home. Poor family relations. Children have irregular habits, too little sleep, too much excitement.	Very low in personality test. Shows intense anxiety. Made un- usually good use of remedial help. Gain of 1 yr.
MQ m	11-0	110	Grade 3.9		Fair. Day dreams. Improved but still likes to attract attention.	Sister above.	Improved greatly in Remedial Room. Gain of 2 yrs.
NQ m	9-6	105	1st grade	Poor posture. Tense.	Whispered each work in reading.	Good. Parents quite strict.	Shy, reticent, reliable, resource- ful. Gain of 2 yrs. in Remedial.
KQ m	12-0	86	2 yrs. below capacity				Too much pressure has resulted in undesirable behavior patterns.
BQ m	10-9	70	Up to capacity		Poor work habits.	Happy home relations, but uneven discipline.	Much too heavy pressure in school, causing tenseness, hostility, un- favorable personality traits.



TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
SX m	10-3	103	Nearly up to capacity	Spastic	Temperamentl, verbose.	Harmonious	Unusually good for his condition.
DQ m	14-9	55	Up to capacity				Above average in test behavior.
CQ f	10-10	63	Above capacity	Splendid health habits.	Good	Brother below.	Socially well-adjusted. Attractive manners. Pleasing personality.
HQ m	12-0	71	$\frac{1}{2}$ yr. below capacity		Good. Some tenseness when unsure.	CQ is sister.	Happy. Better than average in test behavior.
HQ m	10-11	95	2 yrs. below capacity due to illness	Doctor advised decreased pressure in school.	Good. Nervous. Finger nail biter. Plays too hard.	Mother ineffective in handling children. Sister is MQ.	Very well-adjusted considering his disability.
MQ f	11-4	99	1 yr. below capacity			Brother is HQ, just above.	
MQ f	14-1	75	8 mos. below capacity		Not interested in school.		Poor school relations because too much is expected of her. Gain of 8 mos. in Remedial in $1\frac{1}{2}$ yrs.
MQ m	10-8	86	Up to capacity	Lacks energy.	Dislikes school.		Neurotic symptoms and social standards very low. Conflicts on playground.
MR f	10-0	117	Up to grade		Just sits. No interest.	Father dead. Mother works part time.	One grade ahead or up to capacity after remedial help.
BT m	12-8	84	Up to capacity		Good. Makes good effort.	Rides 35 miles to school. Has moved often.	Willing, friendly.
ET f	10-8	69	Up to capacity	Very good health habits.	Likeable. Works and plays well with others. Cries easily.	Broken home.	
IS m	12-1	69	$\frac{1}{2}$ yr. above capacity	Good health habits.		Broken home. Unsupervised. Sister above.	Personality test very low. Lack of supervision. Too retarded to learn for himself the correct solutions.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation Specialist's Report	
DI f	6-1	89	Not ready to begin	Glasses. Extreme Hypothyroid		Mother extremely nervous. Expects too much of child.	Shows nervousness when pressured.
IU m	14-3	72	.8 yr. below capacity		Good		Distrusts his ability.
TT f	8-4	108	$\frac{1}{2}$ yr. below capacity	Often absent for illness.	Good, cooperative, willing.	Moved often. Father in serious accident, which upset child.	Quiet, shy, friendly, cooperative.
SS m	9-9	75	Up to capacity	Poor. Many absences. Speech difficulty.		Divorce	Industrious and over-conscientious in first grade. Habits grew poor with each higher grade as too much pressure made for confusion. Great- ly disturbed over home conditions.
HS m	8-9	114	3 mos. below capacity	Eye reversals.		Careful exacting guidance at home. So strict he can't adjust them to school relation- ships.	Works in well-organized manner.
CS m	14-8	77	8 mos. below capacity	In 1st grade above average in health. Unusually inert at times. Evident fatigue. Irritable.	Satisfactory social habits.	Parents divorced. Lives with grandparents.	Insecure. Feels inadequate because he has known only failure not only at home but in school.
PS m	10-7	140	1 yr. below capacity	Many absences due to illness.		Unstable home with narrow interests. Father ill. Mother overworked. Brother did poorly in school.	Needs challenging tasks. Dislikes school. Poor work habits.
DS f	11-2	94	1 yr. below capacity		Good. Very retiring, but courteous and kind. Well-liked by children. Lacks self-confidence.	DS and ES below are brother and sister.	Looks for easy way out. Needs supervised study. Has used pleasing social habits to cover ineff- iciencies.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT	
					Teacher's Report	Home Situation Specialist's Report
QS f	9-4	86	Above capacity			Has often had to bluff through tasks too difficult for her. Talks profusely at this time. Shows effect of pressure by becoming very excited.
ES m	7-8	93	$\frac{1}{4}$ yr. below capacity	Bad cough when tested.		Unusually nice adjustment.
HS m	11-0	80	Up to capacity	Eye difficulty.	Overestimated by parents. Too much pressure.	Low in personality test. Needs understanding and opportunity to succeed.
MS m	9-7	106	2 yrs. below capacity		Home pattern is a problem. It should help them increase initiative and self- reliance. Twin brother below.	Less assured than twin brother S. Gain of 2 yrs. in 5 mos. in Remedial.
SS m	9-7	101	2 yrs below capacity		Twin brother above.	Gain of nearly 2 yrs. in Remedial. High rating on personality test.
ET m	10-7	99	Up to capacity	Physical expression of emotional con- flict - tired, not hungry, sleeps poorly, many colds.	Home life difficult. Father had mental and physical difficulties. Mother a mental case. Father to marry again. Expects too much of child.	
FT m	11-5	83	Above capacity		Good. Unusually hard- working and coopera- tive.	Friendly and cooperative.
ET m	8-8	96	Up to capacity	Many absences for illness.		Average in personality test. Low in social standards which makes him unsure of himself.

TABLE I (Continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	EMOTIONAL DEVELOPMENT		
					Teacher's Report	Home Situation	Specialist's Report
ET m	9-8	107	3 yrs. below capacity		Very "bull-headed."	Difficult with brother.	Discouraged. Very slow reactions. Expects to be criticized.
BT m	8-2	94	Up to capacity		Pleasant, willing. Dislikes reading.	Mother works. Father over-seas.	Very sleepy after studying a short while.
QT f	12-0	96	Above capacity			Too much is expected of her.	Often absent. Often jittery. Quite well organized. Friendly.
ET f	13-9	62	Above capacity	Nail-biter. Thin.		Broken, disorganized home. Much visiting. Mother works hard. MT and OT siblings.	Quite nervous. Needs more con- fidence. Good personality.
MT m	11-2	75	Up to capacity		Increasingly dis- organized with each grade.	Same home as above.	Low in personality test. Needs to be with calm people.
OT f	10-8	80	Up to capacity		Quite well adjusted.		Too much candy and gum. Some dis- organization and erratic behavior of children above.
JW f	12-6	85	Above capacity	Obese		Mother divorcing.	Unkept looking. Feels she is fail- ing everywhere.
BT m	14-9	86	6 mos. under capacity		Courteous, friendly. Good citizen.		Good analytical ability, and steady unexcited approach to his problems.
NU f	12-1	88	1 yr. below capacity	Speech defect.	Good	Meager background. Very limited experience. Siblings follow.	Normal reaction in testing.
SU m	12-8	92	1 yr. below capacity		Willing, cooperative. Tries hard to get things done correctly.	Children never properly clothed, fed, or housed. Family of 12 in 4 rooms.	Good organization. Good personality adjustment. Expresses ideas very well.
SU f	10-4	92	$\frac{1}{2}$ yr. below capacity		Flighty. Think home influences to blame. Worries too much about others. Not reliable.	Same family as above. Feels need to obey immediately.	Living under pressures which seem to come from the home.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	Teacher's Report	EMOTIONAL DEVELOPMENT	
						Home Situation	Specialist's Report
XU f	10-11	89	1 yr. below capacity	Crippled. Brace on leg.	Good	Same family as above.	Friendly, cooperative. Gain of 1 yr. in Remedial.
TU f	13-10	97	Up to capacity		Good. Older than most children in room so found little in common.	When mother ill, TU lived with aunt. Became difficult upon return home. Father is not stable.	Feels keenly unsuccessful. Con- scious of large size.
IT m	13-4	73	Up to capacity		Rather unconcerned.	See home below.	Unusual amount of application for his ability. Friendly, sincere.
ET f	9-0	72	Up to capacity	Undernourished	Steals, but other- wise "good as gold" being quiet and well- liked by the other children. Good work habits.	Extremely low standards of living. Mother thin and ill with kidney trouble, works nights, leaving burden of children on E.	Neglected, restless, disorganized. Hyper-active.
KT m	10-2	67	3 mos. below capacity	Undernourished	Many undesirable faults, including thievery. Responds to help by teacher. Never sullen.	Neglected as to food, clothing, rest. See home above. IT and KT siblings.	Serious social and personal adjustment problems. Very industrious.
TU f	9-2	90	Up to capacity	Absent frequently. Cold. Tires easily. Nail biter.	Sensitive, con- scientious.	Mother divorced twice. Moved often.	Extremely lacking in self- confidence, but puts up friendly front.
MU f	11-1	91	4 mos. below capacity		Absent very often. Doesn't pay attention when she is there. Very dependent on others.	Extremely insecure in many personal relation- ships.	When she relaxes she refrains from fantastic stories.
CU m	10-0	83	1 yr. above capacity				Too much has been expected of him. Needs self-expression and relaxa- tion. Is overtired and tense. Dis- trusts own ability. Resents world in general.

TABLE I (continued)

Name Sex	C.A.	I.Q.	Reading Level	Physical Condition	Teacher's Report	EMOTIONAL DEVELOPMENT	
						Home Situation	Specialist's Report
KU m	11-2	81	3 mos. below capacity	Well-developed.	Good	Greatly handicapped by home environment. Parents divorcing.	Too much pressure in school. Cheerful, friendly, sincere, but greatly upset by home situation.
NU f	12-2	98	2 yrs. below capacity			See above. KU is brother.	Neurotic tendencies.
CU m	12-7	79	1 yr. below capacity			SU is brother. See below.	Normal in test behavior. Probably a hearing loss.
SU m	8-7	91	1 yr. below capacity	Extremely immature.	Good		Too much crowding in school. Becomes tense and ineffective under pressure. Needs time to grow and develop. A charming child.
ET m	14-3	99	1 yr. below capacity		Restless, slow, uncertain. Lacks interest. Seems to be liked by children.	Difficult home situation. Foster father makes for strained relations. No outlet for boyish energy.	Immature, but also presents a complex picture. Very insecure. Praise only when he deserves it. Needs firm hand. Gain of 1 yr. in Remedial.
ET m	11-9	99	1 yr. below capacity	Often absent.	Sunny and cooperative, but a "worrier." Wastes time doing nothing.		Dislikes school greatly. Extremely nervous. Withdraws. Needs feeling of success.
KT f	12-2	121	4.9 yrs. below capacity	Some illness when a child. Indicates hearing loss.	Poor adjustment in first grade. Too self-secure. Little enthusiasm. Friendly in a shy way.	Evidence that she is oversupervised at home. Mother may have over-emphasized her "problems."	Needs independence grounded in success rather than pride. Insecure, timid, proud, unwilling to admit error. Gained two years in Remedial.

### Conclusion of the Data in the Summary Table

1. Of the 243 children's case studies analyzed in this study, 145 were reading below capacity. Of these 145 students, 113 showed evidences of emotional problems. The other thirty-three children evidenced no emotional problems.
2. The analysis showed that sixty-eight children were reading at capacity. Thirty students were reading above capacity.
3. Even though ninety-eight students were reading at or above capacity, 50% of these possessed emotional problems. These problems seem to be caused not by a lack of reading difficulty but by other sources. These children were undergoing tension and anxiety from pressure placed upon them by classroom teachers and parents.
4. The data presents evidence that emotional blockings may arise from many conditions.
5. When emotional blockings are primary, the emotion may block success in reading and learning in general.
6. When reading difficulties are primary, emotional problems may follow in parallel.
7. It is apparent that personality maladjustments do not necessarily lead to reading maladjustments.

Children's reactions appear to be of three general types. The following tables list the personality traits evidenced by the 243 children in this study under the type of child evidencing this trait.

TABLE II

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"Give-up" or Submissive Feelings in Personality Pattern

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<u>No. of Cases</u>	<u>Evidences of Feelings</u>
16	Extremely lacking in self-confidence
12	Poor work habits
11	Distrusts ability
10	Unsure
9	Needs praise, morale low
6	Babyish
5	Overdependent
5	Discouraged
4	Laziness
4	Slow-reaction
4	Feels keenly unsuccessful
3	Indifferent
3	Lacks self-reliance
3	Increasingly disorganized with each grade
2	Lacks initiative
2	Easily distracted
1	Easy-going
1	Meek
1	Plods without animation
1	Defeated
1	Expects to be criticized
1	Feels inadequate
1	Very unsure about starting a new task

---

N. 106

There is marked similarity in the terms of greatest frequency. "Extremely lacking in self-confidence", "distrusts ability", "unsure", "needs praise, morale low" all indicate lack of security. Many of the rest of the terms indicate the same handicap. Over 70% of the evidences



under Submissive Feelings indicate lack of security. This shows that many of these children have found no areas wherein they had been made to feel successful.

Table III lists the evidences of the withdrawing type of adjustment pattern.

TABLE III

<u>Withdrawing Personality Pattern</u>	
<u>No. of Cases</u>	<u>Evidences of Feelings</u>
15	Shy
12	Very retiring
5	Day dreaming
4	Inattentive
4	Unusually inert
4	Not interested in school
3	Puzzled and unconcerned
3	Diffident
2	Inhibited
1	Listless
1	Overcautious
1	Bored by anything academic
<u>N. 55</u>	

In the above table two similar terms, "shy", and "retiring", account for more than 50% of the personality handicaps listed. Shyness and retreat indicate lack of security. In this group also many of the children have found no areas wherein they have been made to feel successful.

### Summary of Tables II, III, IV

1. Evidences of lack of security are very general under all three types of reactions.
2. The traits listed under submissive feelings number 106. This more than equals the total number listed under both withdrawing and aggressive feelings.
3. The lack of security could indicate that major emphasis in the development of these youngsters is placed on obedience or outward conformity rather than self-expression.

Table IV lists the evidences of the aggressive type of adjustment pattern.

TABLE IV

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"Counter-attack" or Agressive Feelings in Personality Pattern

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<u>No. of Cases</u>	<u>Types of Trait</u>
8	"Spoiled
6	Conflicts with playmates
5	Thefts
4	Insists on own way
3	Mischief
3	Hostility
3	Likes to attract attention
3	Selfish
2	"Smarty"
2	Stubborn
2	Violent Temper
1	Bullying
1	Unmanageable
1	Tantrums
1	Won't work
1	Vile disposition (according to mother)
1	Lies
1	Delinquent
1	Argues
N. 49	

In this table there is a wider spread of frequencies. The term, "spoiled", is used most often. It is generally used with a feeling of censure for the parent and means an immature form of development wherein the child refuses to adapt to others but demands instead that they adapt to him.

Other terms like "conflicts with playmates", "thefts", "insists on own way", "selfish", "smarty", "bullying" fall into the same category. Aggressive actions also indicate lack of security.

Table V lists the traits evidenced that are not classified as personality handicaps.

TABLE V

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Normal Traits in Personality Pattern

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<u>No. of Cases</u>	<u>Traits</u>
18	Well-liked by children
17	Friendly
17	Cooperative
8	Conscientious
6	Tries hard to do the right thing
6	Charming
4	Courteous
4	Sincere
3	Willing
3	Hard-working
2	Pleasant
2	Kind
2	Model citizen
1	Quiet
1	Reliable
1	Resourceful
1	Congenial
1	Agreeable
1	Enthusiastic
1	Happy
1	Self-confident
<hr/>	
N. 102	

In the above table the terms commonly mentioned are these: friendly, cooperative, "well-liked by children", conscientious. Only once each do the following occur: enthusiastic, happy, self-confident. This would seem to indicate that the children are really trying very hard to live up to requirements that are dull and uninteresting.

The tensions and anxieties caused by pressures frequently have a physical expression readily recognized by an experienced observer. The table below lists the nervous tensions recorded in the summaries.

TABLE VI

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 Signs of Nervous Tensions
 

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<u>No. of Cases</u>	<u>Signs</u>
19	Nervous
15	Shy
14	Worried
12	Tense
11	Anxious
10	Tired
9	Many Colds
8	Extremely Nervous
5	Hyperactive
5	Doesn't sleep well
3	Irritable
3	Cries easily
3	Sensitive
3	Confused
3	Distracted
2	Not hungry
2	Verbose
2	Fearful
1	Flustered
1	Fainting spells
1	Jittery
1	Fluttery
1	Distraught

---

 N. 135

Many of the terms above are very similar - worried and anxious - irritable, cries easily and sensitive - confused, distracted, and distraught. The large number of evidences of tension reported shows that a condition of tension and anxiety is a part of the adjustment pattern of at least half of the 243 children.

More than half of the 243 children evidenced discouragement because of failure. The table below lists traits evidencing discouragement.

TABLE VII

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Evidences of Discouragement through Failure

---

<u>No. of Cases</u>	<u>Evidences</u>
49	Tenseness and anxiety through too heavy pressures
15	Needs praise, morale low
14	Extremely lacking in self-confidence
12	Poor work habits
11	Distrusts ability
11	Unsure
7	Feels extremely insecure and unsuccessful
6	Unmotivated
6	Dislikes school
6	Failed a grade and took it very seriously
5	Needs opportunity to succeed
4	Lazy
4	Discouraged
4	Unusually inert
4	Defeated
3	Increasingly disorganized with each grade
2	Neurotic
2	No feeling of belonging
1	Social problems developing because of poor adjustment in classroom
1	Poor family and school relations
1	Kicked around at home. Lacks energy
1	Has been given too rigid standards and has been conscientious in trying to use them
1	Feels inadequate
1	Very unsure about starting new task. Extreme sense of inferiority.
1	No effort to do school work whatever
1	Obviously bored by anything academic
1	Doesn't have respect of parents or given responsibilities
1	Dislikes reading
1	Very sleepy after studying a short while
1	Compared unfavorably with brother
1	Feels very inadequate because he has known only failure
1	Expects to be criticized
1	Plods without animation

Forty-nine of the 131 children evidencing discouragement were reacting to the effects of pressure. Being incapable of improving their work, they developed emotional disorders, which, in turn, reacted unfavorably upon their reading ability, and so retarded them still further. Twenty-nine needed praise and a chance to be successful. Many of the other traits express much the same personality handicaps.



This table lists physical findings recorded in the case summaries.

TABLE VIII

Findings under Physical Condition

<u>No. of Cases</u>	<u>Findings</u>
29	Normal
27	Bad eye condition
23	Many absences due to illness
22	Extreme nervousness
18	Hearing loss
17	General debility
15	Fatigued
14	Frail
13	Colds
12	Poorly coordinated
10	Speech defect
9	Nail-biter
9	Poor health habits
7	Undernourished
7	Immature
5	Overweight
5	Poor eater
4	Polio
4	Restless sleeper
3	Indigestion
3	Poor posture
3	Nasal difficulty
3	Ear ache
2	Poor breathing
2	Rheumatic fever
1	Hypothyroid
1	Spastic
1	Scarlet fever
1	Bad teeth
1	Kidney infection
1	Cleft palate
1	Gland trouble
1	Asthma
1	Fainting spells
1	Bronchial trouble
1	Cardiac condition
1	Hernia

Many of the above physical findings give evidence of emotional upset. Many give evidence of psychosomatic affections. Reading, as part of the 'total personality' of the children so affected, is also affected.

Here is evidence that a more adequate personal hygiene program would help solve reading and emotional problems.

The Specialist's report contains mention of causes contributing to the emotional problems. The table below lists the contributing causes found in the home.

TABLE IX

Causes Contributing to Emotional Problems Found in the Home

<u>No. of Cases</u>	<u>Causes</u>
33	Highly disturbed
25	Broken home
16	Too much is expected of child
14	Mother emotional
13	Too much adult supervision
12	Child not understood by parents
12	Moved often
9	Dislike and conflict among siblings
9	Child works too long and too hard
9	Mother has poor health
8	Erratic discipline
7	Parents too strict
7	Parents too lenient
7	Child punished much
7	Father ill
5	Father emotional
5	Parents dead
5	Poor home - in feeding, clothing, housing
4	Isolated in country-meager experiences
4	Overcrowded home
3	Untidy home
3	Parents not working
3	Father dead
3	Father away
3	Illness in the family
2	Poverty
2	No humor in the home
1	Suspicious in the Home

N. 221

This table shows that the most frequent cause is the "highly disturbed home." The term "disturbed" refers to the emotional maladjustments in family relationships. Highly disturbed and broken

homes constitute 25% of the causes contributing to emotional problems. At least 40% of the causes contributing to emotional problems found in the home lies in the child-parent relationship: the child is not understood by the parents, and too much is expected of the child, resulting in pressures. The remaining causes are closely allied in meaning to those already given. This indicates that the teacher must work closely with the home if she is to solve the child's problems.

Since intelligence is a factor in learning to read, this breakdown of the list of personality traits was made according to the intelligence level of the child displaying the trait. Five groupings were used: mentally retarded, slow-learning, average, bright, and very bright.

Because of the long list and similarity of terms, allied traits were grouped together. For example, the traits: nervous, tense, worried, anxious, and fearful are placed under one category. Pressured, disturbed, disorganized, and fatigued are considered under one head.

CHART I

Frequency of Emotional Traits in Teach Intellectual Grouping

Number of Children in Each Group

Emotional Traits	Number of Children in Each Group					Total
	19 Mentally Retarded (50-69)	80 Slow- Learning (70-89)	117 Average (90-109)	24 Bright (110-24)	3 Very Bright (124-39)	
Needs opportunity to succeed, inert, discouraged, defeated, needs praise, morale low, distrusts ability, lacks self-confidence	6	22	48	9	1	86
Pressured, disturbed, disorganized, fatigued	3	33	31	5	0	72
Poor work habits, lazy, inattentive, smarty, likes to attract attention, spoiled	3	3	26	7	1	40
Poor citizen, steals	1	5	0	0	0	6
Normal	6	10	13	0	0	29
Nervous, tense, worried, anxious, fearful	5	13	33	5	1	40
Retiring, shy	1	2	20	4	0	27
Hyperactive, too talkative	0	2	5	2	0	9
Immature, overdependent	0	2	12	3	0	17
Good, sincere, conscientious	6	15	19	0	1	41
Bored	0	0	0	2	1	3
Calm	0	1	0	0	0	1
Day-dreams	0	1	2	1	0	4
Sensitive, irritable, stubborn, has tantrums	1	3	7	1	0	12
Conflicts with playmates, hostile	1	5	4	0	0	10
Self-confident	0	0	1	0	0	1
Self-conscious, flustered, jittery, nail-biter	2	3	7	0	0	12
Good work habits, good organization, industrious, resourceful	0	11	4	2	0	17
Liked by children, courteous, kind, charming, friendly, willing, cooperative, pleasant	7	25	36	4	0	72
Enthusiastic, eager, happy	1	4	1	0	0	6

### Summary of Chart I

Chart I shows that the different levels of intelligence present significant differences in personality traits.

Poor work habits are quite characteristic of the brighter groups. It is notably absent in the column for slow-learners. These children, in striking contrast to the brighter groups, rate well in good work-habits and industry. What little enthusiasm there is also falls in their area. Courtesy, charm, friendliness is not only a prominent characteristic of the slow-learner, but also of the mentally retarded. However, the slow-learner has serious trouble, too. To be anxious and tense from pressures to do better, is characteristic of the majority of the slow-learners. Although a majority of these children are reading up to, or above, capacity, they show pressures put upon them by home and school to do better. This is expecting more of them than they are capable of doing, which appears to result in emotional problems.

The children in the mentally retarded and slow-learning groups who are not pressured show good personalities. In only one case is a child with a good personality shown to have a difficult home situation.

The Specialist found a very common problem throughout all of the records. She saw need to prescribe "child needs opportunity to succeed" and "child needs praise" for one-third of the children. This indicates that if pressures were removed and the child's efforts approved many of the reading and emotional problems might be removed.

## Chapter V

### SUMMARY AND CONCLUSIONS

The purpose of this study was to analyze the relationship between emotional problems and reading problems of 243 children referred to a Remedial Specialist. Case studies for these children were compiled by a Remedial Specialist during the two year period of 1943-45. In these reports the Specialist recognized the emotional problems and included them in the analysis of the child's reading problems and in the prescription of remedial measures.

The study first defines the terms, reading and emotion. Reading is too often considered solely as a mechanical process which must be learned. The emphasis here is placed on reading as an experience or type of behavior of an interactive character, in which reader and writer are in communication with each other, and which produces changes in the reader, if he has responded at all to the meanings expressed by the writer.

Reading difficulty is a part of a larger organization, the 'total personality' and should be studied in this relationship.

Emotion is not a special, discreet kind of behavior. It is an aspect of whatever the person is doing at the time when, in the approach to a given goal, the tension is increased and maintained through intra-organic stimulation. One illustration of the effect of emotion on



reading shows that fear of certain words may inhibit the learning of them; the emotional discharge may be so great that it spreads to affect the whole process of learning to read.

Research has found many varying degrees of relationship between reading and emotional problems. Evidences of the relationship are given in this study in the case records in Chapter IV and in Appendix I. Reading problems may be the cause of the emotional problems, or vice versa. Reading and emotional problems may interact, each making the other more intense. The two may be coincidental. At times, emotional reactions may aid as much as they interfere with reading. A direct, vigorous reading program should follow removal of causal factors.

Research contained the following material upon which interpretation of data found in the case study summaries was based.

Reading failure may lead to frustration, discouragement, disinterest, inattention, and maladjustment, except in cases in which a satisfactory compensation of a socially approved nature has been established. Children's reactions appear to be of three general types: aggressive, withdrawing, submissive.

Probably more deficiency in reading can be traced to discouragement through failure, and the consequent attitude of antagonism toward reading than to any other cause.

Tensions need defining so that people working with children can recognize the condition. The normal pattern of muscular activity is

contraction and relaxation. The muscle never completely relaxes in normal condition, since it shows a partial state of contraction, called *tonus*, even in the resting stage. In some individuals the *tonus* is excessive. This condition is called *tension*. A condition of *tension* may cause excessive fatigue and interfere with recovery after rest. It is the forerunner of much physical and emotional difficulty. *Tension* can be readily detected by the experienced observer. The facial muscles contract to furrow brows, draw lines around the mouth. The way a person stands or walks tells a great deal to those who read the signs. Lack of grace reflects an inner state of *tension* showing fear, insecurity, wanting greatly to succeed, and other emotional reactions. Speech reflects the inner state of a person. When *tension* exists, the muscles of the larynx tighten, making the voice sound strained.

It is well known that emotional upset may give rise to gastric, circulatory, or nervous disturbances. The average person little realizes the danger of brooding over slights, injuries, disappointments or misfortunes, or of lack of frankness, as shown by an unusual sensitiveness or marked suspicion. Yet all these unwholesome and painful trains of thought and feelings, may, if persisted in and unrelieved by healthy interest, tend toward psychoses.

Illnesses whose nature can be appreciated only when emotional disturbances are investigated in addition to physical disturbances are numerous. They comprise not only the varied bodily disturbances associated with anxiety states, but also many of the designated diseases of

general medicine. These are described in detail in Chapter III. Consciously directed acts against morbidic psychological factors of an environment has scarcely begun, but in this respect the biological principles of preventive medicine are equally applicable.

The procedure followed in the study was one of critically and thoroughly examining the case records of the children. Each child's record was summarized in Summary Table I under the headings of chronological age, intelligence quotient, reading level as measured by the Durrell Capacity and Achievement Test, physical condition, anecdotal record of teacher, anecdotal record of the Remedial Specialist, and the results for each child of the California Personality Test. The data in the Summary Table made it possible to observe the relationship between emotional problems and reading disabilities. Realizing the significance of the personality, tables were made which showed various adjustment patterns these children were acquiring. These traits were listed under the headings of submissive feelings, withdrawing, aggressive behavior, normal reactions and frustrations and tensions. To enable the writer to ascertain the causes for the development of various emotional problems, several tables were constructed which indicated the traits the children were acquiring as a result of home conditions, failure, and physical disabilities. Chart I was included to give a comprehensive view of the various personality traits acquired by children according to the range of their intelligence.

## Conclusions

1. Of the 243 children's case studies analyzed in this study, 145 were reading below capacity. Of these 145 students 113 showed evidences of emotional problems. The other thirty-three children evidenced no emotional problems.
2. The analysis showed that sixty-eight children were reading at capacity. Thirty students were reading above capacity.
3. Even though ninety-eight students were reading at or above capacity, 50% of these possessed emotional problems. These problems seem to be caused not by a lack of reading difficulty but by other sources. These children were undergoing tension and anxiety from pressure placed upon them by classroom teacher and parents.
4. The data presents evidence that emotional blockings may arise from many conditions.
5. When emotional blockings are primary, the emotion may block success in reading and learning in general.
6. When reading difficulties are primary, emotional problems may follow in parallel.
7. It is apparent that personality maladjustments do not necessarily lead to reading maladjustments.
8. Evidences of lack of security are very general throughout all of the types of personality adjustment made by the 243 children.
9. The broken home was mentioned numerous times in connection with children having emotional problems. Lack of understanding of children

by parents and expecting academic work of too high a level paralleled emotional disturbances. Nearly 131 children evidenced discouragement through failure.

10. Of the 243 children nearly 200 had emotional difficulty which could be attributed to the home condition.

11. Numerous emotional problems were abetted by physical disabilities. Some of these were poor eye condition, general weakness, nervousness, and indigestion.

### Limitations

1. Reports of physical and emotional conditions may be prejudiced and affected by the background of the person reporting.
2. The choice of material selected from this study for analysis is also subject to the prejudice and influence of the background of the writer.
3. No correlations were made to establish statistically the significance of the findings of this report. However, the case study approach served the needs of this report, in that it could present the constellation of conditions out of which the reading difficulties might have grown.

## Educational Recommendations and Implications

1. Relationships between reading and emotional problems are difficult to discriminate, because both reading and emotional problems are not single entities but parts of the same larger personality.
2. Sex, mentality, environment, and health play a part and influence the personality.
3. The conclusions of the study show the necessity of a closer relationship between home and school.
4. The larger number of reading failures among boys, perhaps because of lower physical maturation indicates a need for understanding the cultural mores of boys.
5. It is manifested from the conclusions that there is a necessity to educate teachers and parents toward a broader and improved understanding of discipline.
6. Parents need to be made conscious of the harmful effects their continual pressuring their children to do better academically than their capacity.
7. Teachers need to be appraised of the importance of such factors as praise and reproof, reward and punishment, success and failure in the role of learning.
8. The number of emotional problems caused by disturbed and broken homes and by parents not understanding their children indicates need for parents to have instruction in solving their problems satisfactorily.

9. The conclusions of the report show that teachers are lacking in their philosophy and knowledge concerning the reading process. A better understanding of the range of individual abilities at any grade level, and procedures to adequately care for these individual differences will likely result in fewer children being referred to the Remedial Specialist.



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## APPENDIX I

RELATIONSHIPS BETWEEN READING AND EMOTIONAL PROBLEMS AS SHOWN BY  
INDIVIDUAL CASE STUDIES

Case I Child Who Had Known Only Failure

The intelligence level of C. S. was slow-learning.

When he was fourteen years old, he was sent to the Remedial Room to find if there was any physical basis for his evident fatigue and bad disposition. He was unusually inert at times and his performance was erratic.

His school history stated that in the junior-primary grade his health habits had been excellent; he had learned to play with the other children; he had a friendly smile and enjoyed the room duties; he worked well with activity and art materials, and helped with clean-up, too. He was very imaginative and did not always tell the truth. Report for the first grade was not available. In the second grade he was given a poor work report, needed much assistance in reading. The cause was given as immaturity, inattention, and short attention span. He repeated the second grade, seeming more successful. His rating in grade three was satisfactory except in reading and arithmetic. In this grade he missed many half-days of school, got behind in his work and lost interest. The teacher recorded that she thought him capable of better work. He repeated third grade, rating good. He was in the fourth grade when sent to the Remedial

Room because of extreme fatigue and bad disposition. He was reported as being discourteous and showing poor sportsmanship.

The remedial teacher found that he had known failure not only at school but also at home. His home life had been very difficult. He was an only child but had received no parental guidance because both parents worked, and were later divorced. He had then gone to live with grandparents who already cared for six or seven other children. Here he was not well cared for. He did what he pleased most of the time. When he took the Binet test his clothing was dirty, his face unwashed, but his hair was carefully combed.

In the Remedial Room he learned to read at the 5.1 grade level. He had to overcome poor work habits which came partly through confusion of sounds and inaccurate letter forms. He became defeated very easily because so much of his school work had made demands upon his slow-learning capacity which were impossible for him to meet. On the test responses he entered actively and rather self-confidently. He enjoyed to the utmost the attention of the adult giving the test. He enjoyed talking and spoke freely. He attacked new items quickly, but was noticeably bored on academic items, putting forth little effort, although cooperating. The Specialist recommended that not too much be expected of C. S.

Case 2 Child with Emotional Problems because of Reading Difficulty

B. Q., a mentally retarded child, was working at capacity in reading, which was on the second grade level. His difficulty came because too much was expected of him, both at home and at school.

His test behavior showed normal willingness, but he was inclined to distrust his ability. "Wish I was in the fifth grade because I gotta get along. My reading slows me down. Most of the time I say the wrong word. I read aloud to mother. She helps me, makes me sound them out." He was pleased with himself over any responses, would not attempt to explain, and was unaware whether it was accurate or not.

He had developed poor work habits. He was careless and hurried. He was tense at all times. There was less overflow of nervous movement when the tests were easier. At times the physical reaction and tension were so great he was almost violent and seemed to have no self-control.

There were many indications that schools have expected too much of B. He was much more friendly and happy when discussing his home, and then spoke very freely.

He scored well above average in his personality test. His low scores occurred in "sense of personal freedom" where overconscientious parents were expecting too much, and in "school relations," where again too much was expected of him.

Case 3 Child in Unstable Home

The intelligence level of P. S. was "Very Bright."

P's test behavior was average until he reached the more difficult test items. Then he became more interested, and appeared to be a charming child, well-balanced, with a pleasing sense of humor. However his coordination was poor, and he clutched his pencil as a much younger child would.

P. had missed much school because of c olds and stomach ache, but the doctor's examination reported that he was apparently in good health.

When he entered the Remedial Room he was reading on the fourth grade level. He was capable of reading on the eighth grade level. He needed more motivation than most children because he had a very limited experiential background and had very narrow interests. His illness might have been psychomatic because the health examination had shown nothing unusual. When he couldn't excel he became aloof. He had cultivated a "smug" attitude probably to compensate for lack of academic achievement. He was probably spoiled and pampered at home. He would put forth no effort to learn basic skills and facts that would let him function nearer capacity.

Mother had taught school before her marriage. She was nervous and tired from overwork. His father had tuberculosis and asthma. The family had moved from place to place to try to help him. The older brother had been unhappy in school and had had "hard luck" with his farm projects.



P. had been a frail child all his life. He had never eaten well, nor had he slept well. He had had severe headaches from a fall at four.

P. didn't like school. He had never liked it. He felt that the teachers were too cross, not to him but to others. He didn't like noon time because there was nothing to do. Whenever he played marbles he lost.

P. was very dependent on his mother at home. She read to him because he begged her to and refused to read for himself. He would get started doing something, usually building airplanes, and then wouldn't stop for anything, not even meals. Then all of a sudden he would seem to go to pieces and would weep violently. The teachers reported that he was quiet and cooperative at school, but the mother felt that he was so inhibited at school that he had to let out at home. There were many indications of an unbalanced home situation.

On the California Test of Personality P rated twenty percent below normal. His performance was uneven, both in self- and social-adjustment. This unevenness was probably due to high mental ability and to unstable home environment. P. had been left to his own devices to solve his own problems because of his father's illness and the mother's need to support the family. His self-reliance and social skills rated higher than the other items. He showed better community relations than those of home and school. Because he had been confronted with problems for which he had no adequate solution P. had

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definitely become withdrawn, with anti-social relations that made for poor school relations. He felt that many of the children got along better with the teacher than he did; that most of the children were so bad he stayed away from them; that he had to fuss to get his rights. His classmates often quarreled with him.

His mother was told that he functioned better on the fourteen-year level, even though he was only ten years old. He needed more motivation than most children because of his extremely limited experiential background and very narrow interests. He needed stimulation and challenging tasks that would make him want to learn basic facts and skills in order to accomplish them. He had responded very well to science materials of plants and animals when in the Remedial Room. And there he had been given to understand that he could remain only as long as he cooperated with the program.

#### Case 4 Bright Child with Emotional Problems

Reading achievement, first grade level.

Reading capacity, fourth or fifth grade level.

K. N. was transferred from a school which, the mother said, had a poor teacher, "all children who went to her have had to have special help to learn to read." His next teacher said he had ability but seemed uninterested and she couldn't get him started. She said, "He was bothersome in the room. He asked too many questions, wasted time, and often said, 'I don't know'."

Socially he seemed ready to cooperate. From a conference with the mother it was inferred that K. had developed techniques for dominating home situations. It was a nice home with three well-cared for children. At four K. had developed polio, and, thereafter, had to wear a brace that fitted over the entire back and abdomen. The trunk muscles were weak.

In the Remedial Room he learned to read almost up to capacity. It was found that oral reading had caused faulty speech because standing in his braces caused pressures that resulted in tensions and nervousness. His overt behavior then became aggressive, noisy, erratic. Fatigue, both physical and mental, entered very early. He needed a quiet place to work with enough attention from the teacher to keep him profitably busy. With this fatigue pattern he had become easily defeated and discouraged and had very often felt inadequate. The more relaxed he became the more organized became his word attack.

Case 5 Two Sisters Who Reacted Differently to the Family Emotional Pattern

Intelligence level of R. J. and B. J., bright.

R. was reading at 2.7 years below capacity. The doctor's examination reported her entirely normal. The teacher said she was very pleasant, helpful, and cooperative in the room. She was aggressive toward the children, however, and this was resented by them. The Specialist reported that it might be a healthy sign that

she had not withdrawn or become anti-social. She answered tests promptly and to the point. She did not exhibit the disorganized and erratic performance typical of the remedial class. She worked best when challenged and with the problem solving type of assignment. The Specialist said she seemed to be under pressure and tension, and became over-stimulated very easily. She felt that she would calm down if the family would decide to live in one place for some time.

B. was reading at two or three years below capacity. It was impossible to check scientifically how bright she was because she had six months credit on the highest possible level of the test. The doctor reported her to be in good health, apparently, although her school attendance was very irregular.

B.'s school history had been very unfavorable to her. The family had moved very often. She had been put back and forth in the grades. She cried when telling of school to the Remedial Specialist. These school failures had defeated her to the extent that she had become insecure and withdrawn. When assured by the Specialist that she was bright she wept again. She had felt peculiar and different from other children, being, as she thought, a hopeless failure. She was further handicapped by poor vision.

She had had too many fact-finding and fact-learning types of lessons. She needed problem-solving and thought-provoking assignments.

B.'s teacher reported her extremely slow in her work, that she was conscientious worker but just wasn't capable of doing sixth grade

work, and that she was very serious and her feelings were easily hurt.

B. scored above average on the personality test. Her scores were low in "feeling of belonging" and in "family relations," very low in "nervous symptoms."

The Specialist recorded that B. presented a much more stable adjustment than her younger sister, R. It was possible for B. dramatized neurotic behavior in an effort to be unique and outstanding in some respect. She was backward in the presence of her curly-haired, attention demanding sister, because her appearance was below average, and slovenly cared for.

B. had responded to her environment by a withdrawal from reality, and R. had reacted by "letting off steam" and demanding attention. Personality problems enter this picture to a considerable extent.

#### Case 6 Two Brothers Who Reacted Differently to the Family Emotional Pattern

V. V. and J. V. had the same intelligence quotient, 108.

V. was two and a half years retarded in reading. His adjustment in the schoolroom was good. He surprised the teacher frequently by his thoughtfulness in a group situation. At home he was one of a busy family where both father and mother showed quick tempers. There he was always scolded and reminded. His personality test scored average. The Specialist recorded that it showed he needed affection, attention, and praise.

J. was up to grade in reading. He was extremely self-confident and relied on his own ability and oral language facility rather than to think through or work out problems logically. He was confident socially. J.'s father felt that J. was very superior. He looked very much like his father. As oldest of five children he had to take responsibilities, and named long lists of "duties" he performed at home. He read well enough to progress in school. He was better organized in his work habits and word attack, but appeared to have no better mental organization than V.

J. felt very superior, and because of this had a different reaction to the unfavorable home conditions. J. "bluffed" his way and had accomplishment enough to be successful at school. Since V. was over two years retarded in reading and did not have home responsibilities or the respect of his parents he was disorganized and extremely insecure. V. needed affection that he did not receive at home, as J. was the favored son.

The Specialist recommended that it be suggested to the father that the difference in the two boys was not difference in ability but of home treatment and environment, so that the tensions and pressures on V. be relieved.

#### Case 7 Child with a Changed Emotional Background

R. L., intelligence quotient, 100.

R. L. was referred to the Remedial Room because, though she was

of average mental ability, her school progress was unsatisfactory.

Her teacher reported her to be unable to get along with others, to be dishonest in her work, and to show poor sportsmanship. She showed signs of needing more rest.

The doctor said she was apparently in good health.

Tensions were evident when she was given the Binet test. She was fearful lest she should do poorly. She was very verbose in explanations, never saying "I don't know." Rather she would stumble along ramblingly until she said something. In one test she wrote down any word that came to mind, making no attempt to read the partial sentences given. She was not well organized in her word attack, and seemed to have no stable work habits. She seemed to feel very insecure because of her reading failures.

On the California Test of Personality she tested 25% below normal. There were wide variations in the test, indicating she might well be confused over the issues of daily living. Her self-adjustment was below normal in the home, school, and community. She had retreated inwardly so that nervous symptoms were evident, and there were definite withdrawing tendencies. She has been pressured into learning behavior standards that she didn't have the skill to use. This probably caused confusion in her mind and resulted in her up-set, disorganized behavior.

R. L. was not reading up to capacity. It was difficult to get her started in the remedial reading class because she "just sat" and did

absolutely nothing so much of the time. She was always polite and courteous, but often, at the same time, tense, fearful, and "beyond this world."

R. L. had never known a happy home life. Mr. L. was her step-father. He had a violent temper and shouted and used vile language at the slightest provocation. If a toy were out of place he would strike the mother. When R. would rush screaming to help her, he would knock down R. also. He never let R. play with the other children. The mother had begun to work at the time R. entered the remedial class. She was planning a divorce and obtained it shortly thereafter.

Now she has remarried. This has proved to be a very happy marriage. The new step-father is very fond of R. She has grown very fond of him. R.'s progress in reading is markedly better.

### Case 8 Child Reacting to Pressures at Home

CH was thirteen years old, with an I. Q. of 71. His physical condition was good. His reading level was above capacity. There was no record from his teacher. The Specialist had found him very fearful. Upon investigating home conditions she found an extremely emotional mother who, in her spells of emotionality, would chase CH about the home with a knife. The writer asked a playmate if he knew CH. "Him? Oh, yes! A nice kid, but a freak. Kids have found that if they slip behind him and say, 'Boo!' he's gone like a streak. Lots of fun. Sorry for him, tho. To get to his scout meetings he has to sneak out



of the basement window."

Case 9 Child Reacting to Pressures at Home and at School

Kx was 9 years old, with an I.Q. of 101. He needed a physical examination. His reading level was above capacity. The teacher's report read:

Health habits: Fair. Should be neater about his person and keep his hands and teeth cleaner.

Social habits: Kx has not been as thoughtful this last part of the year and has been getting into more trouble and he can do better for he has.

Work habits: Works well and seems to try to do his work but he should be neater and more careful.

"He deliberately lied to me (teacher) one day about being excused from school, and then came back and rode the school bus home."

The Specialist reported:

"It seems unusual, if not remarkable, that he has succeeded so well under his extremely difficult situation."

Kx has a step-father, "the bad variety." He is cruel but the mother sticks by him. The step-children are disliked heartily by the step-father. He punishes swiftly and severely, bruising the children by kicking them and hitting them. He has kicked Kx's hands until he has bruised or broken the bones in them. He has a violent temper and beats up on the mother also. Kx is very much disturbed by this. The welfare office is paying for the step-

children's food which has resulted in less bickering about the children eating as much as they wanted. The father resents the mother's nagging which apparently goes on constantly. The house is neat, the yard well-kept and full of flowers, leaving no place for the children to play. When all of the children except one brother had bicycles, this brother stole one. The mother couldn't see why this brother should want a bicycle because the other brothers had bicycles. The mother is characterized as dull, ineffective and makes no effort to alleviate conditions.

#### Case 10 Child Reacting to Pressures at Home

CF was 9 years old, with an I. Q. of 82. His physical condition showed extreme fatigue and needing a physical examination. His reading level was above capacity. The teacher reported that CF was a "social problem" at school as he has citizenship difficulties about the room. This the teacher felt was poor judgment rather than naughtiness. He never caused big disturbances but did little things that did not help the citizenship of the room. In school work CF had a bad time with spelling. One week his work was very good, which the teacher attributed to a "cheating situation." He was reading at the first grade level. His reading was practically "nil" as far as the third grade was concerned. He was behind in arithmetic as he just could not get the work done. The teacher felt that he probably did not understand what he was doing and probably did not know the combinations.

Regarding the home situation the Specialist reported that she had been trying for a month to solve the boy's home problem. A solution would mean he could do so much better in reading. He was getting up at five A.M. and helping milk twenty-three cows before breakfast. It was now the middle of November. One morning he was feeling very badly when he came into school, his eyes were bloodshot and he was exceedingly tired. He said it had been so very cold the last two mornings at five A.M. that he got more tired than usual. He worked far below par in school work that day because of his physical condition. During health class he volunteered that he had no time to play. He came home from school, changed his clothes, brought in the cows, ate his supper, and then helped milk the cows. The Specialist recommended rest, even sleep, at school until his problem was solved.

#### Case 11 Child Reacting to Pressures at Home and at School

MU was 10 years old, with an I. Q. of 91. The teacher's report said that she was insincere and a little inclined to apple-polishing, that she was behind in her work because she was absent frequently when new work was being presented, that she did not pay attention when she was present, that she was too dependent on others and tried to copy their work."

The Specialist wrote that the fact that MU was reading at capacity without the proper skill and techniques to read efficiently undoubtedly put pressure upon her that resulted in physical reaction and in her

flights into fantasy from reality. She was tremendously insecure at home and in many of her personal relationships, both with children and adults. She had forced herself to do an adequate job in school to try to gain recognition and prestige. She must have recognition somewhere so that the pressure to crowd herself would be eased.

**APPENDIX II**

THE TEACHER'S REPORT AND THE SPECIALIST'S REPORT COMPARED

The Specialist's analysis of the child's adjustment frequently differs from the teacher's analysis. The Specialist's report tends to be in terms of cause and remedy. The teacher's report tends to be in terms of cooperativeness with school procedure and routine.

A comparison is made between the teacher's report and the Specialist's report in the following examples.

The table is divided into two parts. The first part contains examples of teacher's reports wherein the child seems to cooperate with school procedures. The second part contains examples wherein the child does not seem to cooperate.

FIRST PART

<u>Child</u>	<u>I.Q.</u>	<u>Teacher's Report</u>	<u>Specialist's Report</u>
UD*	83	Good	Needs praise, morale low.
DS	100	Good. Good working habits.	Unaware of deficiencies. Retreats into a world of fantasy when he evaluates accomplishments.
KX	103	Good	Extremely timid. Unusually distrustful of his own ability.
HX	113	Good social adjustment.	Extreme nervous symptoms. No self-reliance. No feeling of belonging.

\* Abbreviations represent code names.

CS	77	Satisfactory social habits.	Parents divorced. He is insecure and feels inadequate because he has known only failure not only at school but at home.
TG	76	Good	Defeated, unsure. Work must be eased.
TU	97	Good. Older than most children so found little in common.	Feels keenly unsuccessful. Conscious of large size.

SECOND PART

<u>Child</u>	<u>I.Q.</u>	<u>Teacher's Report</u>	<u>Specialist's Report</u>
SI	66	Stubborn. Can't study alone.	Rejected by parents. Distrusts own ability. Very nervous.
EG	109	Extremely poor work habits.	Seriously upset. Eye defect. Fainting spells.
HH	113	Extremely poor work. Vague. Shoplifter.	Parents divorcing. Sensitive and disturbed by disorganized home situation. Poor hearing. Bronchial trouble.
QI	89	No effort to do school work whatever.	Overdependent on older children in family. Needs opportunity to develop initiative.
BI	91	Needs to be prodded to work. Too interested in neighbors.	Ceased to function under pressure. Upset emotionally because of many failures. Vision correction needed.
XM	104	Disturbs for attention.	Worries about a difficult home situation. Mother lavished love on all of the children except X.

EM            79            Could do better.            A very unhappy situation for a child working at capacity. Younger brother in the same room.

There is little difference in the Specialist's reports between the First Part and the Second Part. Her basis is entirely different from that of the teacher. Her standards are the physical, social, intellectual, and emotional needs of the child. She sees the child's reactions as symptoms of his general well-being. She then prescribes remedial measures, and puts them into effect. A study of the detailed case studies in Appendix I shows the comparative efficacy of the two types of reports.