THE PARENT'S ROLE IN SELF-CONCEPT:

A HANDBOOK FOR THE SPEECH-LANGUAGE PATHOLOGIST

———————————

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF ARTS

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

DEPARTMENT OF COMMUNICATION SCIENCES

BY

SHIRLEY K. BURNS, B.A.

———————————

DENTON, TEXAS

AUGUST 1980

My sincere thanks to each member of my family for the special blessings only they could provide. Mother, only you could have done the things you did for me in just that certain way that only you have. Ben, Jeffie, Jeremy, Andy, Chris, and Katie--each one of you deserves a whole book of acknowledgments for your unfailing faith and love.

God gave me a husband quite a few years back who knew that I would never be satisfied with a little bit of knowledge and so urged and encouraged, sometimes pushed, me in this endeavor. Jerry's unfailing love and help were a constant bulwark in the storm of crazy schedules, half-cooked meals, flying notebooks, papers, pencils, and erasers. He deserves the richest praise. I feel cherished because of him.

Finally, but above all, my thanks must go to my Lord and Savior, Jesus Christ. My thankfulness to Him for my mind and its capacities knows no bounds. The very subject matter of this paper, self-concept, would be of no value had He not created the self in His image. And, in His infinite wisdom, He made possible every "divine encounter" which has led to the completion of this work.

With sincere gratitude,

Shirley Burns

TABLE OF CONTENTS

ACKNOWLEDGMENTS

No one individual can receive the credit for a work of this sort. Always there are those who have contributed, each in his own special and supportive way. In each human contact, God has shown His love for me.

Friends who were kind in offering encouragement and love are too numerous to mention. God was so generous to me in giving me friends who lifted me up and told me that I could do it rather than the other kind. One recent addition to my friend collection is Mrs. Rae Lamberton, the typist who spent so much time trying to make this paper presentable. Thank you, Rae, and thank you all, dear friends.

The Lord has provided me with certain, very knowledgeable people to aid in the writing of this paper. Dr. Don Ryan saw this paper at its very inception when the prospectus was written in his class. His help is all the more valued because it can now no longer be obtained. Dr. Randolph Deal has my sincere gratitude not only for teaching me knowledge and skills but also for his friendly, open acceptance of me as a person. And Mrs. Mary Dobson, professor par excellence, should receive trefoils, badges, banners, merits unequaled for sharing her skills, techniques, methods of organization, and herself with me. Many, many thanks to my brain trust.

CHAPTER I

Introduction

Normal speech and language development has been a topic of interest and study of speech-language pathologists and researchers over the years (Chomsky and Halle, 1968; Jakobson, R., 1968; Gesell, 1940; Myklebust, H., 1965). Delack (1976) tried to identify how an infant learns language. Mylkebust (1954) has identified developmental milestones in speech and language acquisition. Anderson (1972) reported factors that have influenced the development of speech and language.

Numerous factors have been identified which influence the development of speech and language. Some of these are physiological, psychological, environmental, cultural, intellectual, and maturational. Physiological factors include the following:

> The central nervous system with its 3-part system of language components: (1) an input system specific to the sense modalities (vision and audition in particular); (2) an output system, also specific to the motor modalities of oral (or spoken) language and graphic (or written) language; and (3) an integrating and mediating system between the input and output systems, which may be referred to as the symbolic system. Interruption or discontinuity in any part of this three-part system and in any degree could adversely affect communicative language functioning (McConnell, Love, & Clark in Dickson, 1974, pp. 52-53).

Some examples of central nervous system dysfunctions are aphasia, agnosia, apraxia, dyslexia, dysgraphia, locomotor disturbances such as cerebral palsy, and many others (Travis, 1971). Sensory deprivation such as hearing loss could also severely inhibit progress in the normal system of language mastery. Psychological and environmental factors include parent-child relationships, sibling influences and motivation for speech. Exemplary cultural factors are socio-economic status, racial and nationality differences and bilingualism (Barbara, 1960). Intellectual factors that influence the development of speech and language are described by Berry and Eisenson (1956):

> More intelligent children have richer vocabularies and in general a control of language which is superior to that of dull and normal children. Further evidence of the important relationship between intelligence and language development comes to us through the studies of observers who have noted the ages at which children began to talk and their intelligence as later measured by objective tests. They found that mentally deficient children began to talk about a year later than mentally normal children (p. 30).

An example of the influence of maturation on the development of speech and language is that functional articulatory defects tend to become less severe with increasing age (Barbara, 1960).

A thorough review and discussion of all influencing factors affecting speech and language development is beyond the scope of this paper. The focus, therefore, will be on

parent-child relationships and their influence on the psy-
chosocial development of the child, specifically upon
speech and language development. It is assumed that the
speech-language pathologist should know as much about
these influences as possible to counsel parents concerning
their children, and to work effectively with children in
the therapy situation.

The potency of the parent-child relationship's influ-
ence on the psychosocial development of the child is
substantiated by Travis (1971). He says, "The role of the
family is undoubtedly the most important social influence
in the development of a person" (Travis, 1971, p. 24).
Erikson has described psychosocial development as an
"orderly resolution of tasks that beset the ego in its
progression from birth to maturity as it interacts with a
widening social field," and "the abiding effects of the
infant's earliest encounters with a maternal figure are
reflected in the behavior of child and adult" (DiLeo,
1977, p. 57). Schreiber says, "In the beginning, the
child's parents are his world, almost the whole of it. It
is they who fashion his speech and language, both by what
they do and what they are" (Schreiber in Barbara, 1960,
p. 43). Becker (1971) states that although parents have
often thought or been told that their child's personality
came with the baby, we know that people teach each other

not only how to behave, but also how to speak. Therefore, the manner in which parents teach their child is very important.

There are often disturbances in the family unit which may lead to communication problems in children of normal or superior intelligence (Martin and Stendler, 1959). One such disturbance is described by DiLeo (1977) as follows:

> Family members, and especially older siblings, may be so adept at interpreting the infant's wants and needs that they actually block the development of speech. There are instances in which over-protective, mind-reading mothers decrease the child's incentive to speak for himself (p. 79).

Schreiber cites another example: "A child's speech, when denied closeness with the mother, may show signs of deprivation. Twins, for instance, each of whom gets only half of his mother's attention, are practically always late in speaking" (Schreiber in Barbara, 1960, p. 44). DiLeo (1977) reports that language may regress as a manifestation of sibling jealousy in children of three or so who are called upon to welcome a new addition to the family. Anna Freud (1944) notes the loss of speech among the retrograde phenomena occasioned by the separation from the mother in her description of the evacuation of children, rendered necessary during air-raids on London in World War II. Schreiber (1960) also remarks that a child's speech is affected by the barrenness of institutional life. Van

Riper says, "Some of our most difficult articulation cases are those in which the child failed to acquire pronunciation because of emotional conflicts" (Van Riper, 1954, p. 187). Although controversial, Rousey (1971) suggests that speech disturbances have a psychopathological meaning with reference to articulation and voice defects, citing a disturbance in early and significant relationships with the child's father as being related to substitution of /f/ for voiceless /th/, and deprivation in the mother-child relationship as reflected through difficulties with the /l/ phoneme.

Both parent and child may experience frustration and anxiety when attempts at communication between them have been unsuccessful. Any time speech production and language use is unacceptable or unintelligible to the listener, a breakdown in communication occurs. This communication breakdown leads to difficulties in interpersonal relationships. These difficulties in interpersonal relationships lead to further breakdowns in communication (Webster, 1966). Thus a cycle may exist between the influence of interpersonal relationships on communication and the influence of communication on interpersonal relationships. Much has been written also concerning the effect of self-concept on interpersonal relationships (Dobson, 1971; Dickson, 1974). Conflict resulting from a breakdown in interpersonal

relationships may have a serious effect on a person's self-image or concept. "An individual who constantly wrestles with conflict has little time to develop skills and satisfy desires" (Burgoon and Ruffner, 1978, p. 496).

Poor concepts of self and lack of self-esteem are often the result of a breakdown between parent and child relationships (Dobson, 1971). Numerous writers support the idea that a positive self-concept is important in the successful development of a human being (Briggs, 1975; Burgoon and Ruffner, 1978; Purkey, 1978; Schreiber, 1960). The following describes the incipient development of self-concept:

> A child's perception of what is self and what is not self may be socially mediated without language. The face that he sees when he wakes or when he cries, the hands that hold him firmly yet gently, and the dependable provision for each of his many needs develop in him feelings of trust and security. Eventually, due to the processes of social interaction, the child acquires a system of communication that is common to his cultural group (Yamamoto, 1972, p. 27).

To further emphasize the importance of the effect of early parent-child interactions on the development of self-concept, Adler and Towne (1978) state:

> A new born child . . . learns to judge herself through the way others treat her. The amount of time parents allow their child to cry before attending to her needs nonverbally communicates over a period of time how important she is to them. Their method of handling her also speaks volumes: Do they affectionately toy with her, joggling her gently and holding her close, or do they treat her like so much baggage, changing diapers, feeding her and bathing her in a brusque,

business-like manner? Does the tone of voice with
which they speak to her express love and enjoyment
or disappointment and irritation? (p. 70).

The evaluation others make of the child is the mirror by
which he knows himself (Adler and Towne, 1978). Other
writings use the word "mirror" in describing this self-
evaluation:

> In some respects you are a kind of magic mirror in
> which your baby sees himself. He begins to establish
> his own attitudes toward himself from this reflection.
> He begins to get an idea of what kind of person you
> and other most important people in his life consider
> him to be. He absorbs the emotional climate of your
> home (Davis, "Developing Self-Esteem," 1959, p. 5).

Briggs (1975) says, "Have you ever thought of yourself as
a mirror? You are one--a psychological mirror your child
uses to build his identity. And his whole life is affected
by the conclusions he draws" (p. 9).

A positive self-concept is important in achieving
success in school (Briggs, 1975; Dobson, 1971; Martin and
Stendler, 1959). Van Riper (1954) further notes the
importance of positive evaluation of self in effecting
change in speech and language production. And Jones (1957)
declares in most positive fashion that the happy child is
more likely than the unhappy one to develop clear, fluent
speech and language. A child's language development and
proficiency is foundational to their success in the aca-
demic arena according to the following statement by Bangs
(1968):

Few parents realize that language, oral and written, forms the very cornerstone of their children's education and from the cornerstone of language skills rises the multilayered framework that constitutes a modern education (p. 2).

In summary, it may be said that parent-child relationships directly affect the overall development of the child, and specifically the development of speech and language (Barbara, 1960). Emotional conflicts may develop in this relationship pattern which may adversely affect speech and language production (Webster, 1966). Additionally, a breakdown in oral communication causes a breakdown in interpersonal relationships, negatively affecting self-concept and increasing further communication breakdowns (Burgoon and Ruffner, 1978). Further, a positive self-image facilitates the learning process and the development of incorrect speech and language production (Van Riper, 1954).

Because the speech and language problems of a child originate and exist in an interpersonal setting, and the development of self-concept begins there also, modification of this environment may be highly important if change in speech production and language use is to take place (Webster, 1966). "Experience has shown that counseling can help parents modify the vicious circle of poor communication with the child and establish, or re-establish,

better communication" (Webster, 1966, p. 334). Therefore,
it is the purpose of this paper to gather and compile
information from contemporary literature to provide a
handbook of materials and ideas which will facilitate the
development of self-concept. Such a compilation would be
an aid to the speech-language pathologist both in coun-
seling parents of clients and in working with clients in
therapy.

CHAPTER 2

Review of the Literature

This chapter will review literature defining self-concept, its development, influences on its development, influences of the self-concept, in turn, on learning and behavior, and the influence of self-concept on speech and language behavior.

Nature of Self-Concept

Many definitions exist for the term self-concept. Myers and Myers (1973) state that self-concept is an internal point of view that is called by various names: self-image, self-concept, self-perception, etc. "All the terms have a common thread of selfness and of seeing" (Myers & Myers, 1973, p. 104). Self-concept is the conception of oneself, the view of oneself (World Book Dictionary, 1973). Adler and Towne (1978) indicate:

> There are many different ways of defining this term, but probably the clearest way to think of your self-concept is as the image you hold of yourself. If you could imagine a special mirror that not only reflected physical features, but also allowed you to view other aspects of yourself--emotional states, talents, likes, dislikes, values, roles, and so on--then the reflections you'd see looking back at you would be your self-concept (p. 66).

Cooley (1956) first used the term "looking-glass self" to

describe how man perceives and defines himself as he believes others perceive and define him. Oliver and Barbara expand upon Cooley's definition by saying, "Cooley invented the term 'reflected looking glass self' in order not only to indicate that we see ourselves as others see us, but also that we do not see ourselves quite accurately in terms of the actual views of others" (Oliver & Barbara, 1962, p. 54). Miller, Nunnally, and Wackman (1979) describe self-concept as a "mental picture" each person has of him/herself alone and interacting with others. Muller and Leonetti (1973) simply describe self-concept as "self-descriptive behavior" (p. 99). Maher (1966) says self-concepts manifest four distinct facets: 1) the idea of the self as it really is; 2) the idea of the self as it "thinks" it is; 3) the idea of the self as it wants to be, and 4) the idea of the self as it ought to be (p. 64).

Some authors do not use the term self-concept at all but prefer other terms that are to them, perhaps, more de-scriptive of the concept of self. Self-esteem is one such term used in reference to and/or interchangeably with self-concept. Burgoon and Ruffner (1978) describe self-esteem as forming partially from a child's own perception and partially from the feedback received from others in social situations. Briggs (1975) says, "Self-esteem is how a person feels about himself, and how he likes his particular

person" (p. 3). Miller, Nunnally, and Wackman (1979) say
that a set of evaluations, judgments, and feelings about
one's self comprise one's self-esteem.

The terms self-regard, self-worth, self-acceptance,
self-perception, etc. are also used as referents to self-
concept (Briggs, 1975; Leake and Slane, 1978; Miller, Nun-
nally, & Wackman, 1979). Yamamoto (1972) says, "Terms such
as self-acceptance, self-esteem, self-regard, etc. are not
synonymous--these may represent quality gradations or sub-
variables within the more inclusive term, self-concept"
(p. 85).

A common belief is that an individual can have either
positive or negative self-esteem, resulting from the evalu-
ations one has made of himself and also his feelings about
himself (Briggs, 1975; Burgoon & Ruffner, 1978; Miller,
Nunnally, Wackman, 1979). The consensus is that one is
advantaged to have positive self-esteem. Miller, Nun-
nally, and Wackman (1979), in speaking of positive and
negative self-esteem, contrast feelings about one's self
by describing the person with high self-esteem as approv-
ing and feeling good about him/herself most of the time.
Conversely, the person with low self-esteem is often dis-
approving and feels bad about him/herself most of the time.
Fitts (1965) describes the importance of a positive self-
concept this way:

> The person who has a clear, consistent, positive and realistic self-concept will generally behave in healthy, confident, positive and effective ways. Such persons are more secure, confident and self-respecting; are less threatened by difficult situations; relate to and work with others more comfortably and effectively; perceptions of the world of reality are less distorted. The general hypothesis is: IN GENERAL, AND OTHER THINGS BEING EQUAL, THE MORE OPTIMAL THE INDIVIDUAL'S SELF-CONCEPT, THE MORE EFFECTIVELY HE WILL FUNCTION (p. 4).

William Shakespeare, as long ago as the seventeenth century, viewed self-esteem in much the same manner as modern writers when he said, "Self-love, my liege, is not so vile a sin as self-neglecting" (Shakespeare in Craig, 1961, p. 769).

In brief, the self-concept has been defined as the image one holds of himself. This image is composed of man's personal view of himself and his view of himself as others see him. Self-concept may be used as a referent and/or interchangeably with other terms such as self-regard, self-esteem, self-perception, etc. It is believed one may have either positive or negative self-concept, but a positive self-concept is to be preferred. A positive self-concept is a feeling of self-worth, a belief that one has value.

The Development of Self-Concept

In order to discover how the self-concept develops it may be necessary to review theories of how the self

develops. Four exemplary theories will be presented.

1. Coopersmith's theory on the development of self:

As defined here, "the self" is an abstraction that an individual develops about the attributes, capacities, objects, and activities which he possesses and pursues. The self (is) the object a person regards himself to be. Although the idea of the self is open to change and alteration, it appears to be relatively resistant to such changes. It is formed out of diverse experiences, includes diverse and numerous extensions, is manifest in external objects (the body) as well as internal ones, and is based upon different levels and types of competence in dealing with the environment. The concept is thus multidimensional (Coopersmith, 1967, p. 20).

2. Piaget's theory on the development of self:

One may speak of "object" when something in the external world can not only be seen, heard, and touched, but when it exists even when not present in the perceptual field. Until this concept is achieved, the universe of the child is radically different from that of the adult. The notion of permanency is apparent when the child searches actively for a vanished object. Piaget identifies five steps in the development of the object concept. These stages cover the period from birth to 18-20 months, the approximate age when most children have achieved the concept of permanence (DiLeo, 1977, p. 61).

3. Freud's theory on the development of self:

Freud was not concerned with the cognitive development. All that is the not I constitutes the world of objects. In the context of object relations, the object is essentially the infant's first love object, the nurturing adult. Psychoanalysis identifies steps or sequences in the development of object relations as subject and object interact. In the beginning, the infant is said to have no awareness of the outside. As the infant's ego emerges, it slowly assumes the functions hitherto performed by the mothering figure. By this time, the distinction between self and non-self as cathexis is transferred from self to object (DiLeo, 1977, p. 63).

4. Myers and Myers (1973) look at the development of
self and self-concept in two ways:

> The relationship between ourselves and others in
> the development of our self-concept may be viewed from
> two directions. One view argues that our firsthand
> knowledge of ourselves comes from analysis of our be-
> haviors, and the behaviors of others (being second-
> hand) cannot be as deeply understood. So we neces-
> sarily understand ourselves better from our own be-
> haviors.
> Another hypothesis argues that self-concept
> develops when the child begins to view himself as an
> object of other people's reactions. The child acts
> toward himself as he sees others acting toward him,
> and in the first stages of this "role taking" merely
> imitates without any interpretation the roles of
> others. Growing to maturity, the person finds it
> impossible to play all the roles of others. He can,
> however, make some generalizations and develops the
> concept of what this person has learned as a set of
> expectations as to how he should behave, and in this
> way develops self-concept and his ideal self (p.
> 105).

Four theories of how the self develops have been pre-

sented. Coopersmith's theory (1967) views the self as the

object a person regards himself to be. Piaget's theory

(1955), which dealt with cognitive development only, iden-

tifies five steps in the development of the object concept.

Object permanence, according to Piaget, is completed by

the approximate age of 20 months. Freud's theory (1977)

of self development identifies steps in the development of

object relations as subject and object interact reaching

awareness of the distinctness of self and non-self by the

time the child is approximately 18 months of age. Myers

and Myers (1960) report two theories on the development of

self. First, we gather firsthand knowledge about our-
selves from ourselves so we naturally learn best from our
own behaviors. The other view presented is that the self-
concept develops from viewing himself as an object of
other people's reactions and gradually synthesizes these
reactions into one set of expectations about the way self
should be, and that becomes the self-concept.

Factors that Influence Self-Concept

One's self-concept is influenced by many factors in
its development. How much these factors influence the
self-concept of a child is a matter of degree, as well as
a matter of kind and direction (Coopersmith, 1967). Self-
concept development is impacted by "the quality of the
relationships that exist between the child and those who
play a significant role in his life" (Briggs, 1975, p. 5).

When does influence upon the self-concept begin?
Yamamoto seems to think that there might be a prenatal
influence on self-concept:

> There is little known about the relationship between
> the prenatal thoughts of the mother and postnatal
> psychological characteristics of the baby. The little
> that is known indicates that concern for the child's
> psychological development should begin during the
> prenatal period (Yamamoto, 1972, p. 183).

Yamamoto (1972) stated that early and continuous re-
jection of the child can be manifested in the mother's
unwillingness to accept the pregnancy. One longitudinal

study has shown that a significant percentage of unwanted children develop psychiatric instability (Edge, 1970). A previous study by Zemlick and Watson (1953) of mother attitudes prior to pregnancy and their subsequent reaction to the child indicated that mothers who are rejecting often show their rejection by a solicitous overconcern for their child.

When the infant is born, the influence from his environment begins. Maher (1956) states that, in the earliest developmental period, the infant's temperament influences the forming self-concept. However, Erikson (1950) regards the sense of basic trust that develops during the first year as the cornerstone of a healthy personality. "Because the newborn is completely at the mercy of others for survival, the satisfaction of biological needs greatly influences the child's security" (Yamamoto, 1972, p. 182). DiLeo, in describing these first influences on the infant, says this:

> Optimum development is fostered when the interaction between mother and infant evolves in an atmosphere of reciprocal gratification. Unreasonable distrust and withdrawal in later life may have had its origin in a failure to achieve a sense of basic trust during the first year (DiLeo, 1977, p. 57).

Yamamoto makes a similar statement concerning mother-child interactions:

> The foundation for later interaction, between the mother and child begins in these early weeks, as the

mother learns to recognize and adapt to her infant's
individual reaction patterns and requirements. Insti-
tutionalized infants . . . receive rather impersonal
care (Yamamoti, 1972, p. 184).

Studies using newborn monkeys by Harlow and Zimmerman (1959)

indicate a strong need, apparently innate, for tactile

stimulation, and that one of the most important functions

of the mother is to provide this form of contact and com-

fort. "There must be other basic needs of this kind which

influence the developing human being" (Yamamoto, 1972, p.

185). Perhaps parents would benefit from advance prepara-

tion in parenting. Since the parents are the persons who

are present earliest and most consistently, they have the

unique opportunity to reinforce selectively the child's

learning about self (Yamamoto, 1972). Alpert and DiLeo

(1977) hypothesized that object constancy, with appropriate

stimulation as an integral part of it, is the crucial need

of infancy for normal development. Alpert (1965) found

that the capacity for object relations was the ego function,

which together with the self-image, suffered the most dam-

age when maternal deprivation had been experienced in the

first years of childhood. Barbara, in describing the

development of a neurotic personality, says:

The neurotic development begins in childhood. Given
a chance, a child develops normally and will fulfill
his growth possibilities. Basically, the (environ-
ment) must contain a feeling of warmth, love and
respect. If this feeling is lacking, then an emotion-
al stirring is generated which is difficult for the

child to understand or accept and so he will tend to become weak, insecure and shaky (Barbara, 1958, p. 40).

Coopersmith has done extensive research covering a wide range of influences on the self-concept. When one peruses the literature regarding this subject, his studies are consistently cited. Therefore, results of his studies will be summarized.

One study by Coopersmith (1967) concerned the parents of 85 subjects who had been divided into 5 groups of 17 children each according to their level of self-esteem as scored by an inventory of 50 items concerning peers, parents, school, and personal interests and a behavior rating by their teachers. Some information was obtained via interviews and rating scales of parents by interviewers. Other data was obtained by the use of a questionnaire. There were six characteristics studied, each of which are listed below with findings on each:

1. The self-esteem and stability of mothers.

    Mothers of children with high self-esteem tend to be high in their own self-esteem.

2. Parental values and self-esteem.

    Different values were emphasized by parents of children who differ in self-esteem. Children with low self-esteem claimed that their parents emphasized pleasing others rather than self-competence for their feelings of success. Values reported for the parents of the children with higher self-esteem are heavily weighed toward superior achievement.

3. Marital history of parents.

Previous marriages occurred with greater frequency in backgrounds of subjects with low self-esteem. Also families marked by divorce and separation were lower in self-esteem.

4. Parental role behavior.

Mothers of children high in self-esteem accept motherhood logically and straightforwardly. Fathers of the group high in self-esteem have closer and more congenial relationships with their children than do fathers of children with low self-esteem.

5. The interaction of the mother and father with

each other.

There was significantly less tension between mothers and fathers of high self-esteem children than is true in other families. Low self-esteem families were marked by bickering and conflict. Mothers of low self-esteem children were chronically dissatisfied, disappointed women, and fathers of these children were less involved and concerned about their children.

6. Decision making in the family.

Major decisions in high self-esteem families are made by either the father or the mother, but there is a clear designation of who is to assume leadership. In day-to-day decisions mothers are more likely to play a greater role. Mothers of children with low self-esteem are least likely to tell their children what to do (Coopersmith, 1967).

Rosenberg (1965) in studying some of the social conditions

associated with enhanced and diminished self-esteem, found

that the amount of paternal concern and attention is sig-

nificantly related to self-esteem. These findings should

be cause for concern when one reads Halbert's comment:

The actual time most men spend with their children is unbelievable. Fathers spend (on an average) thirty-eight seconds out of a day with their children. If fathers could realize the importance of their influence on their children, these statistics might be changed (Halbert, 1980, p. 39).

Koch (1956) had found that the experiences associated with birth order were associated with a number of personality characteristics indicative of positive or negative self-esteem. He found that children born earlier in the sequence affiliated with others more frequently; they were also more likely to achieve scientific eminence. Schooler (1961) then found that children born later in the series were more apt to be asocial, poorer in performance and schizophrenic. Coopersmith (1967) also studied the effect of early childhood history and experience on the child's personality and development of self-concept. Here are the factors he studied and findings of each:

1. Family size and ordinal position.

Children in smaller families were no higher in self-esteem than children in larger families. With regard to ordinal position in the family, 70% of low and medium self-esteem groups are either youngest or middle children, and 57.6% of high self-esteem children are firstborn or only children.

2. Feeding practices.

Findings supported the use of the same (initial) procedure continuously and consistently, whether or not one chose breast or bottle feeding, and whether or not one choose a flexible, demand or rigid feeding schedule.

3. Childhood trauma and problems.

    a. Birth trauma--difficulties surrounding the birth were unrelated to present feelings of self-esteem.

    b. Extent of care from adults other than parents--no relationship was noted between those subjects who required extensive nonparental care and those who did not was found.

    c. Incidence of serious illnesses, accidents or other events during the subject's childhood--such events are related to self-esteem but continued, persistent mistreatment or lack of successes was required to produce long-term, negative self-evaluation.

4. Early social relationships.

    Parents, siblings, and peers are the major defining influences on self-esteem.

    a. Time spent alone--those low in self-esteem felt that they were generally alone during childhood.

    b. Sibling rivalry--the low self-esteem group and their siblings were relatively distant in their relationships with one another while the high self-esteem group and their siblings stuck together.

    c. Peer relationships--those low in self-esteem were much more likely to report poor or moderate relations with their peers than were those high in self-esteem (Coopersmith, 1967).

Harlow (1963) found that there were some direct implications concerning a child's self-esteem and the amount of acceptance or rejection shown them by families. In rejecting families, conditions of isolation and deprivation were found that proved to have debilitating effects on children. The parents in these families were more likely to withdraw from their children, and by their inattentive, neglectful treatment produced an environment that was physically, emotionally, and intellectually impoverished. Additionally, these parents were less likely to fondle their infants.

The effects of early sensory deprivation upon cognition had been found by Bruner (1959) to produce:

> . . . an adult organism with reduced ability to discriminate, with stunted strategies for coping with roundabout solutions, with less taste for exploratory behavior, and with a notably reduced tendency to draw inferences that serve to cement the disparate events of its environment (Bruner, 1959, p. 95).

Coopersmith (1967) felt that many of the above sensory deprivations were also attributed to lack of self-esteem. He further studied the relationship between parental acceptance of the child and his self-esteem. The same group of 85 subjects was used for this part of the study. Interviews, questionnaires and a clinical test were the methods used to gather data. The major premise for this part of the study was that parental acceptance has an enhancing effect upon self-esteem in particular, and psychosocial development in general. Parental rejection, at the other extreme, presumably would result in an impoverished environment and a diminished sense of personal worthiness. The issues were studied and Coopersmith's findings are as follows:

1. Parental acceptance.

    Mothers of children with high self-esteem are more loving and have closer relationships with their children than do the mothers of children with less self-esteem.

2. Extent of acceptance.

    The greater acceptance of the child with high and

medium self-esteem is manifested by interest, concern about companions, availability, and congenial joint activities.

3. Child's perception of parental acceptance.

The child apparently perceives and appreciates the attention expressed by his mother and tends to view her as favoring and supportive. He also appears to interpret her interest and concern as an indication of his significance; and he comes to regard himself favorably (Coopersmith, 1967, p. 179).

Other dimensions of parental behavior and its influence on self-concept development were considered by Schaefer and Bell (1959). They found that parents who are equally accepting of their children may differ in the amount of control they exercise, the independence they encourage, and their willingness to share planning and decision-making. Becker, Peterson, Hellmer, Shoemaker, and Quay (1959) concluded that permissive, democratic, and nonpunitive parents are not always accepting, while Rosenthal, Finkelstein, Ni, and Robertson (1959) found that poor adjustment, prejudice, and delinquency in children derive from the combined effects of rejection, domination and either over- or underindulgence. Coopersmith (1967) studied the effects of permissive and punitive treatment upon the development of self-esteem. A summary of pertinent findings is as follows:

1. Relationship of permissiveness to self-worth.

Permissiveness was negatively related to feelings of self-worth. More mothers of children high in self-

esteem felt that their children were actually happier under strict training than did mothers of children low in self-esteem.

2. Enforcement of parental demands.

Mothers of children high in self-esteem were much more zealous in their enforcement of familial rules than were mothers of low self-esteem children. Mothers of high self-esteem children were more likely to regard the meeting of high standards as more important than the personal enjoyment and immediate gratification that were found to be important by the low self-esteem group parents. Nonpermissive regulations help in greater self-definition, and they enhance self-esteem because they symbolize parental attention.

3. Extent of demands or type of techniques employed

to influence behavior.

Positive techniques such as rewarding, praising, supporting, in desired activities were preferred by high self-esteem group mothers. The majority of low self-esteem group mothers used negative techniques such as corporal punishment, and this was proved ineffectual over the long term for eliminating inappropriate behavior.

4. Punishment deserved or undeserved.

Children low in self-esteem felt that their punishment was undeserved while those high in self-esteem felt they deserved their punishment.

5. Parental authority.

The male generally was perceived by American children as the family authority, and by most children high in self-esteem (Coopersmith, 1967).

Baldwin, Kalhorn, and Breese (1945) studied democratic practices of parents and found that as the age of the child changes, parental respect is manifested by efforts to clarify and justify policies, willingness to allow free

expressions of opinions, and freedom to participate in planning and decision-making. In studying dominating practices of parents, Read (1945) found that the parental domineering environment produces dependent, apathetic children. He concluded that dominating practices tend to result in lowered self-esteem, whereas democratic practices tend to be enhancing. Coopersmith (1967) studied the relationship between these two practices.

1. The nature and extent of limits imposed upon the child.

    Mothers of children with high self-esteem are more likely to establish a large and more comprehensive set of rules than are the mothers of low-esteem children.

2. Decisiveness.

    Mothers of high self-esteem children were twice as likely to be firm and decisive as were mothers of low self-esteem children.

3. Parental tolerance for independent and contrary opinion.

    Mothers of children high in self-esteem were more tolerant of contrary opinion than were mothers of children low in self-esteem who espouse autocratic, authoritarian practices.

4. Parental willingness to compromise.

    High group parents were relatively tolerant and willing to permit their children to express their personal convictions, but parents of the low self-esteem group made stricter and more demanding limits with little consideration of the child's opinion.

5. Willingness to give child a voice in planning and

decision-making.

Parents of those high in self-esteem showed a
willingness to accept their child's opinions on a
recurrent and central issue which is a notable sign
of sensitivity and respect for the child's rights.
It is possible that these parents establish more
explicit procedures and permit their children to
exercise more discretion within the limits than
parents of low self-esteem children.

6. Method used to gain compliance when differences

arise.

Parents of high self-esteem children used dis-
cussion, reasoning and advice while the method used
by mothers of low self-esteem children was coercion,
force, and control. High group parents manifest
greater respect and recognition for their children
(Coopersmith, 1967).

In summary, numerous factors have been identified

that influence the development of the self-concept. Some

authors believe prenatal influences on the self-concept to

be important (Edge, 1970; Yamamoto, 1972; Zemlick & Watson,

1953). Others suggest environmental influence at birth

impact the self-concept (Erikson, 1950; Maher, 1956).

Early parent-child interaction seems to be a factor in the

development of self-concept (Alpert, 1965; Barbara, 1958).

Social conditions associated with self-esteem are self-

esteem and stability of mothers, parental values, marital

history of parents, parental role behavior, the interaction

of the mother and father with each other, and decision

making in the family (Coopersmith, 1967; Rosenberg, 1965).

Studies of early childhood history and experience and their effects on self-esteem revealed that ordinal position in the family, continued and persistent incidence of illnesses, accidents or other events during childhood, and parents, siblings, and peers were all factors in the development of self-esteem (Coopersmith, 1967; Koch, 1956; Schooler, 1961). Parental acceptance of their child was found to have a positive effect on self-esteem, while parental rejection of the child was found to have a negative effect (Bruner, 1959; Coopersmith, 1967; Harlow, 1963). It was found that permissiveness was negatively related to self-worth and that non-permissive regulations enhance self-esteem by symbolizing parental attention (Becker et al., 1959; Coopersmith, 1967; Schaefer and Bell, 1959). It was found that parents of high self-esteem children set definite limits for their children but their treatment of their children within these limits is noncoercive, recognizing the rights and opinions of the child, while parents of children low in self-esteem set poorly defined limits and use harsh, autocratic control (Baldwin, Kalhorn, & Breese, 1945; Coopersmith, 1945; Read, 1945). Two statements by Briggs (1975) would possibly reflect the basic thrust of the findings summarized above. They are: "If you live with youngsters so that you crush self-esteem, you thwart positive growth and foster warped, defensive development,"

and "The key to inner peace and happy living is high self-esteem, for it lies behind successful involvement with others" (Briggs, 1975, p. 26).

Influence of Self-Concepts on Behavior and Learning

Yamamoto (1972) has said that the basic purpose of all human activity is the protection, the maintenance, and the enhancement of the self-concept. "Most of the ways of behaving which are adapted by the organism are those which are consistent with the concept of self" (Yamamoto, 1972, p. 7). The self is constantly undergoing change but the self concept is slow to change (Briggs, 1975; Coopersmith, 1967; Yamamoto, 1972). If there is a discrepancy between the self and the self-concept, emotional strain and difficulties may ensue (Maher, 1966). Purkey said, "One's self-concept serves as the reference point for one's behavior" (Purkey, 1978, p. 30). Therefore, one might hypothesize that negative behavior is the result of negative self-concept.

Maher (1966) noted that when one's self-concept is inaccurate, he exhibits behaviors grounded in anxiety and fear in an attempt to be the self he thinks he is. The behaviors Maher observed included compensation, aggression, and identification. Other behaviors observed were rationalization, projection, reaction-formation, egocentrism,

negativism, withdrawal and both functional and organic illness. Yamamoto (1972) lists additional behaviors which a child may exhibit which are clues to underlying emotional disturbance. They include: bed-wetting and soiling (no physical cause), defiance, depression and apathy, eating problems (fussy eating, obesity, anorexia), excessive emotionality (hypersensitivity), fearfulness, fire setting, hair pulling and eyebrow plucking (the child's own hair or brows), health worries (hypochondriasis), hyperactivity, lying, nervousness, tenseness, nail-biting, tics (muscle spasms), passive resistance (sullenness), perfectionism, psychosexual problems, school phobia, self-abasement and accident proneness, sibling rivalry, sleep disturbances, stealing, predelinquent behavior, temper tantrums, thumbsucking, and underachievement.

Further proof of the destructive capacity of negative self-concept on behavior is provided by Tamayo and Raymond (1977). They said that the self-esteem of alcoholics, drug addicts, delinquents, and psychopaths in every case they studied were low in self-esteem. Parents who physically abuse their children were found by Arnold (1978) to have little or no positive self-esteem.

The effect of negative self-concept on learning has been observed by Purkey (1978) who found that persons with negative self-regard tend to be more destructive, more

anxious, more stressful, and more likely to manifest psy-
chosomatic symptoms than people of average or high self-
regard, in school. "While feeling worthless is not the
same as being worthless, its impact on student classroom
behavior is often the same . . . Often a comment, inten-
tional or unintentional, by the teacher has lasting re-
sults" (Purkey, 1978, p. 30). Branch, Damico, and Purkey
(1977) found that negative self-regard is indicated when
many common classroom problems occur such as student dis-
ruption, inattention, apathy, and anxiety. They evaluated
self-concepts of disruptive and nondisruptive children,
and those students identified by their behavior as disrup-
tive had significantly lower self-concepts than did students
identified as nondisruptive (Branch, Damico, & Purkey,
1977). Negative feelings about one's self as a learner
may be a contributing factor in student disruption accord-
ing to Purkey (1970). Rosenberg (1965) reported another
area where negative self-esteem has an effect. He found
that the lower the student's self-esteem, the more the
student was upset when it was discovered that other stu-
dents held him in low regard. Such students are highly
sensitive to the behavior of others toward them, and their
feelings can remain injured for many years. Purkey (1978)
stated that, although a child may begin his school experi-
ence with high self-esteem and continue to maintain that

positive self-image through the early years, the child's attitudes toward school and self-regard significantly decrease with advances in age and grade level. The self-concepts of poor readers were studied by Zimmerman and Allebrand (1965). They demonstrated that poor readers lack a sense of personal worth and adequacy to the point where they actively avoid achievement. For poor readers, to study hard and still fail provides unbearable proof of their inadequacy. To avoid such proof, many students deliberately choose not to try. They secretly accept themselves as failures.

If negative behavior is the result of low self-esteem, then perhaps the reverse is true: positive behavior is the result of high self-esteem. Coopersmith states, "Persons high in their own estimation approach tasks and persons with the expectation that they will be well received and successful" (Coopersmith, 1967, p. 70). Similar findings of other researchers show that individuals high in self-esteem are more independent of external reinforcement and more consistent in their social behavior (Coleman, 1966; Dittes, 1959; Irwin, 1967; Rosenberg, 1965). "The more self-esteem a person has, the greater, as a rule, is his desire, and his ability, to control himself" (Purkey, 1978, p. 24). Bryngelson (1960) found that if an individual has an optimal self-concept, he is apt to use his intellectual

resources more efficiently, and this may be a critical
factor in his achievement, especially if his intellectual
resources or educational background are borderline. Briggs
says, "Intellectual growth does not occur apart from emo-
tional growth; the two are intertwined" (Briggs, 1975, p.
271). So the motivation to learn is wrapped up in the
feeling of worth. When the child feels that he has the
capacity and can learn, he will begin to grow into an
independent, assertive, self-accepting human being (Briggs,
1975). Leon Saul (1947) lists attitudes and characteris-
tics indicative of mental and emotional maturity. They are
psychological independence, productive-giving, relative
freedom from inferiority feelings, egotism and undue com-
petitiveness. Other characteristics include a minimum of
hostility and aggression, a firm sense of reality, and
flexibility. These attitudes toward self and others make
up the personality high in self-esteem.

Yamamoto (1972) aptly describes how the self-esteem
affects interaction with one's fellow man:

> Trust in and love for others do not grow in the hot-
> bed of contempt of self. The great commandment of
> religion, "Thou shalt love thy neighbor as thyself"
> might now be better interpreted to mean, "Thou shalt
> love thyself properly, and then thou wilt love thy
> neighbor" (Yamamoto, 1972, p. 17).

Affirmation of self, then, precedes one's affirmation of
others, and an adult can do much to induce and bolster a

child's affirmation of himself by displaying rich and
open feelings toward him, by showing unyielding confidence
in him, and by providing and sharing with him genuine human
encounters (Yamamoto, 1972).

In summary, the influence of self-concept is noted to
have profound effect on learning and behavior. Most re-
searchers agree that the organism will usually behave in a
manner consistent with the concept of self (Coopersmith,
1967; Maher, 1966; Purkey, 1978). The self-concept is slow
to change, although the self is constantly undergoing
change (Yamamoto, 1972). Discrepancies between the self
and one's concept of self may cause emotional disturbances
(Maher, 1966). Maher (1966) listed behaviors exhibited by
a person whose self-concept is inaccurate. Yamamoto (1972)
also listed additional behaviors which an emotionally dis-
turbed child might exhibit. Tamayo and Raymond (1977)
gave further proof of the destructive capacity of negative
self-esteem. Purkey (1978) and other studies demonstrated
the effects of negative self-esteem on school behavior and
performance. Zimmerman and Allebrand (1965) demonstrated
that poor readers are low in self-esteem. On the other
hand, other researchers demonstrated the enhancing effects
of positive self-concept on behavior and learning (Bryngel-
son, 1960; Coleman, 1966; Coopersmith, 1967; Dittes, 1956;
Purkey, 1978; Rosenberg, 1965). Saul (1947) listed

characteristics that were found to be exhibited by persons high in self-esteem. And Yamamoto (1972) pointed out that love of self precedes love of fellow man. Positive self-concept influences behavior and learning in ways that are beneficial to the organism just as negative self-concept influences behavior and learning in ways that are detrimental to the organism.

Influence of Self-Concept on Speech and Language Behavior

If one understands the principle that inner conditions constitute the source of outward forms of behavior, one can then begin to ascertain the influence of the self-concept on speech and language behavior (Barbara, 1954). Backus (1960) defined speech as human behavior:

> This opens the way for more conscious awareness that whatever laws apply generally to human behavior apply also to speech. Thus the principle that motivations for behavior arise more from feeling than from thinking, applies also to speech; thus also, the principle that the sources of behavior lie more in conscious than in unconscious levels of the mind, applies also to speech (Backus in Barbara, 1960, p. 511).

Speech, then, is uniquely human behavior that conveys meaning to life (Backus, 1960). Therefore, self-concept, the reference point for one's behavior, should have an important effect upon one's speech and language behavior (Purkey, 1978). Negative self-esteem should manifest itself in speech and language behavior that is consistent with that

view of one's self, as should positive self-esteem.

The child's speech is influenced by the mother from the day he is born. Research by White (1958) indicates that newborns are beautifully designed to be handled. He found that the parts of the nervous system that are acti- vated by handling are much better developed than those involving the mind, eyes, or the ears. Brown and Van Riper (1966) found that touching is a basic mode of communication. Morse (1974) and Eimas (1974) found that children in the first months of life show an ability to discriminate per- ceptually between fine differences between sounds. Berko and Brown (1960) substantiated that perception of speech- sound differences occurred prior to the ability to produce those sounds. The infant responds to frequencies within the speech sound range by more quieting, orienting, and searching behavior than he does to signals above the speech-sound range (Menyuk, 1972). These findings would tend to support the statement by Schreiber (1960) that the mother's arms, the tone of her voice, the aura of warmth she creates--these affect the way the child makes sounds and learns to speak.

Crying, according to Ingram (1976), is a precurser of speech. During the period from birth to about 10 months of age, the child communicates (first unintentionally and later intentionally) through crying and crude gestures

(Ingram, 1976). Schreiber (1960) reports that each new-
born in the hospital nursery has a unique cry--evidence
that the voice is a vehicle of the personality. White
(1975) provides this information about crying in infants:

> Infants brought up in institutions cry less and less
> as their first year of life proceeds. They seem to
> learn that crying usually produces nothing but fatigue.
> Home-reared infants whose cries are ordinarily re-
> sponded to quickly do continue to cry more than insti-
> tutionally reared infants, but not as much as home-
> reared babies whose cries are responded to inconsis-
> tently. Prompt response to an infant's crying leads
> to a better quality of attachment between caretaker
> and baby, and is to be preferred to either deliberate
> or inadvertent ignoring of crying (White, 1975, p. 30).

Presuming that the child's crying has been accepted
as the infant's first means of communication, then one can
also assume that the other sounds an infant produces are
communicators. Comfort sounds begin to be heard in the
infant's vocalizing (Menyuk, 1975). Ingram (1976) also
found that cooing was directly linked to the expression of
pleasure related to bodily comfort. The child then begins
the exciting developmental process known as babbling.
Stimuli usually regarded as nonsocial (such as the sound
of a door chime) do not increase babbling, but social
responses--smiles and verbalizations (even pre-recorded)
increase babbling (Todd and Palmer, 1968; Weisberg, 1963).
It was also found that the mere presence of an unresponding
adult will not increase babbling (Weisberg, 1963). Jakob-
son (1968), in an analysis of pre-linguistic vocalizations,

says that babbling is merely for the sake of vocal play.

But Lowell and Pollack (1974) found that babbling is

essential to the child's development of language, and if

a child is denied the joyous utterance that is babbling,

the child's speech may develop late or with reduced facil-

ity. Schreiber says, "The very inception of recognizable

phonetics, of the sounds of which meaningful language is

composed, has its origin in psychological factors-- in the

child's state of mind, sense of well being, and in his

emotional life" (Schreiber in Barbara, 1960, p. 50).

The next stage in speech and language development is

characterized by the infant imitating his own noises (Berry,

1956). Ingram (1976) found that the child will vocalize

when the adult does, but the adult must make sounds similar

to the child's own sounds to ensure vocalization. In the

next stage, the child begins to imitate specific sounds of

the adult, but only if the sounds are similar to those

spontaneously made by the child (Ingram, 1976). A model

for imitation seems to be important in the development of

the child's speech and language (Chomsky, 1957; Halbert,

1980; Ingram, 1976). "The person whom the child most ad-

mires will be the person whom the child will imitate"

(Halbert, 1980, p. 39). When a child's parents speak

baby-talk to him, the child finds himself with a very poor

model for imitation. The reproduction of the baby's words

with their inaccuracies and distortions reinforces the baby's errors and prolongs them (Schreiber in Barbara, 1960). Halbert (1980) found that hostile and aggressive behavior are imitated more readily than other types of behavior. So, parents who are habitually angry, or rasping, or carry the proverbial chip on the shoulder in their voices, can create both psychological and voice problems in their children (Schreiber in Barbara, 1960).

The next step in the speech and language development of the child is jargon. Berry (1956) called this the beginning of communicative speech. The child imitates not only the sounds he hears but also the inflections of adult speech. A few meaningful words may be discerned, and the child is highly motivated to speak (Lenneberg, 1967). Also the child's memory has developed to some degree by the last three months of the first year, and memory of familiar people, familiar things, strong emotional experiences and such stimulates development of language by making "deferred imitations" possible (Ingram, 1976).

The first year of life may then see the emergence of the first true words (Lenneberg, 1967). Irwin (1947) found that children's socioeconomic status affected the number of phonemes used as well as number of words. Luchsinger and Arnold (1965) suggest that privileged children in socially secure circles often show an initially accelerated language

development. McCarthy (1954) found early environmental deprivation to be a factor in language development. Schreiber (1960) suggests that a child whose parents are skilled in the use of language, have large vocabularies, and talk in well-constructed sentences, usually follows suit. By the time the child is two years of age, he shows self-assertion by saying "No." He is capable of some abstraction, and his language develops accordingly (Lenneberg, 1975). Language develops in response to psychological and intellectual development (Schreiber in Barbara, 1960). At two years of age, he also parrots everything he hears, echolalia, but he also talks to make his wishes felt, to influence people, to impart information, and even to express a few ideas (Berry, 1956).

By the time a child is three years of age, he no longer uses speech and language as a form of play but he now uses it as a factor in the serious business of living. He can now use sentences (Timplin, 1947). Schreiber (1960) suggests that the length of a three-year-old's sentences reveal something about his nature. Outgoing, uninhibited children speak longer sentences than are spoken by children who are shy and inhibited, so if a child uses longer sentences, that is a good indication that he is a positive, outgoing child. The short sentence, then, becomes the measure of the lack of positive reactions (Schreiber in

Barbara, 1960). Lee (1966) and Shriner (1967) found that
not only length but also complexity of sentences were
factors in language development. Raph (1960) reports on
the power of proficiency in the use of language for the
child:

> This acquisition of language power may be employed by
> a child as a manifestation of his growing sense of
> strength and well-being. Where he is able to think
> and to convey ideas, information, and feelings to
> others of all ages, he is in possession of the core
> around which human society is built and maintained,
> that of communication (Raph in Barbara, p. 87).

The shades of difference in a child's rate of speech,
pitch, diction, volume, and gestures from one situation to
another, when placed in the context of the child's total
functioning, may suggest something of the child's inner
functioning (Raph in Barbara, 1960). A rapid rate or high-
pitched voice calls to mind the possibility of the presence
of tension or anxiety, just as extreme preciseness in ar-
ticulation can conceivably fit in with a pattern of com-
pulsivity. Speech may also be used by a child to prevent
persons from getting to know him as he is. A whispered
voice may mask hostility, a loud one conceals fear, a
strident one may be timidity whistling in the dark. Choice
of words and diction may likewise serve as convenient de-
ception (Raph in Barbara, 1960). "Whatever course the
child's development takes during the years of childhood,
his linguistic behavior will be a major component in

fostering growth, reflecting it, or hindering its fullest and most satisfying actualization" (Ralph in Barbara, 1960, p. 89).

Functional articulatory defects in children have been reported to be related to parental maladjustment (Wood, 1946). Wood says, "Functional articulatory defects of children are definitely and significantly associated with maladjustment and undesirable traits on the parts of the parents, and such factors are usually maternally centered" (Wood, 1946, p. 55). In a study by Swenson (1956), it was found that parents of children with articulatory defects had significantly less favorable attitudes toward certain aspects of children's behavior than the control parents. Moll and Darley (1960) found that mothers of articulatory impaired children have higher standards and are more criti- cal of their children's functioning than are mothers of non-speech-impaired children. This would tend to bear out the statement by Briggs, "If you live with youngsters so that you crush self-esteem, you thwart positive growth; in fact, you foster warped, defensive development" (Briggs, 1975, p. 35). In studies of children with articulatory impairment, Davis (1937) and Templin (1938) found them to be more shy and negativistic, and less aggressive than normal-speaking children. Wood (1946) found articulatory defective children to manifest anxiety-insecurity, lack of

belongingness, lack of achievement, aggressiveness, hostility, and escape. "In children with disordered articulation there is the evidence that as the inner disturbance is resolved the peripheral disturbance disappears" (Backus in Barbara, 1960, p. 515). Powers (1971) comes to this conclusion with reference to parents whose children exhibit articulatory defects:

> Few speech clinicians on the basis of their experience would fail to attach great importance to parental attitudes and emotional adjustment as factors in the failure of their children to develop good articulation. Even fewer would fail to deal with parental attitudes and adjustment in speech therapy (Powers in Travis, 1971, p. 872).

Language disorders may be associated with hearing impairment, neurological impairment or environmental deprivation. Large numbers of children with impaired hearing show marked emotional disturbance and impairment in the power to enter into relationships when they first come to therapy (Myklebust, 1954). Difficulties of the neurologically impaired child arise because of his inability to receive, process, or express language. This is often a source of frustration and anxiety both for him and his parents when attempting to communicate with one another (Cramblit, Siegel, 1977). Bereiter and Engelmann (1966) found that environmentally deprived preschool children use a minimum of verbal communication. A principal reason for this was the restricted communication occurring between adults and

children, characterized by parental language intended
mainly to control the children's behavior and to express
emotions, and seldom used in the cognitive sense of ex-
plaining and informing.

Persons with cleft palate and cerebral palsy may not
only have disturbance in outer forms of speech but also--
right from infancy--have marked human disfigurement. This
may negatively affect their early experiences with inter-
personal relationships with significant persons, with sub-
sequent impairment in the development of a feeling of
personal worth and dignity as human beings (Backus in
Barbara, 1960). "In persons with postoperative cleft
palate it is becoming more clearly recognized that the
symptoms in voice and articulation represent an outpicture
of psychic distress even more than of physiological defi-
ciency" (Backus in Barbara, 1960, p. 515).

In persons who stutter, the very speech pattern itself,
manifesting as it does the contradictory impulses of reach-
ing out and drawing back, suggests an inner disturbance
(Backus in Barbara, 1960). In his study of many young
children who were regarded as stutterers by their parents,
Glasner (1960) lists specific conditions which may create
feelings of tension, unrest and insecurity within a par-
ticular child:

1. Inconsistency of treatment by parents.
2. Inhibition of child's freedom and relaxation by an inordinately overprotective mother.
3. Improper handling upon the birth of a younger sibling.
4. Serious quarreling between parents or impending divorce.
5. Sibling rivalry.
6. Vicarious role playing by parents.
7. Households where one finds more than the usual two adults.
8. Frequent changes of residence (Glasner in Barbara, p. 638).

In summary, speech is uniquely human behavior influenced significantly by the self-concept (Purkey, 1978). From birth the infant responds to nonverbal cues from his environment (touching, holding, cuddling) and the verbal cues (tone of voice, human speech). Perceptions as to his importance are based on these two factors (Brown and Van Riper, 1966; Schreiber, 1960; White, 1958). In the first months crying and cooing are important precursors of speech which alter or cease in accordance to the response they elicit (Ingram, 1976; Menyuk, 1975; White, 1975). When babbling begins, the infant has been shown to babble to human communication but not to nonhuman stimuli (Todd & Palmer, 1968; Weisberg, 1963). The importance of a model for imitation has been shown (Ingram, 1976).

Later the infant imitates sounds and inflections, not only those associated with present vocalizations but also those remembered from past experience (Ingram, 1976). The first year's end may see the emergence of a word or two.

The number of phonemes used in these words is affected by
the environment of the child (Irwin, 1947; Luchsinger &
Arnold, 1965). Parents who are skilled in the use of lan-
guage will probably pass that skill on to their children
(Schreiber, 1960). As the child continues to learn lan-
guage, he uses longer, more complex sentences. This is
stated as an indication of his outgoing, uninhibited nature
(Schreiber, 1960). Other characteristics of the child's
speech and language may suggest what his self-concept is:
rate of speech, pitch, diction, volume, gestures (Raph in
Barbara, 1960). Wood (1946) states that children with
articulatory defects manifest low self-esteem. Some re-
searchers have found that parental attitudes have a direct
effect on the adjustment of articulatory defective children
(Powers, 1971). Language disordered children--due to
hearing loss, neurological impairment, or environmental
deprivation--have difficulties in interpersonal relation-
ships because of breakdowns in communications (Cramblit,
Siegel, 1977). Children with cleft palate or cerebral
palsy have the added difficulty of human disfigurement to
hamper their attempts at communication, so they often have
poor self-concept (Backus in Barbara, 1960). Glasner (1960)
in studying the relationships of parents and stutterers,
listed conditions that work to create tensions, unrest,
and security within a child with disfluencies, which are

detrimental to self-esteem. Therefore, good speech and language are of the very fabric of the child's personality--the result of psychological factors induced by the environment. Speech and language shape the self-concept but the self-concept also molds speech and language (Schreiber in Barbara, 1960). "In communication as in other aspects of psychological life, the child is the father of the man" (Schreiber in Barbara, 1960, p. 68).

CHAPTER 3

Handbook

The purpose of this chapter is to provide a handbook
of materials and ideas. The information is designed to
facilitate the development of self-esteem. It may be used
by the speech-language pathologist when counseling parents
of clients and in working with clients in therapy. The
format of the chapter will be as follows. Initially, a
short discussion of nonverbal communication and its role
in development of self-concept is presented. Then, because
the development of self-concept begins with the parent,
and because Coopersmith (1967) found that the self-esteem
of the parents was directly related to the child's develop-
ment of self-esteem, a section will be devoted to the dis-
cussion of self-esteem for parents. Following will be
sections which discuss various qualities necessary for the
child to develop self-esteem with guidelines on how to
effectively communicate in the parent-child relationship
to insure the growth of that quality. These qualities are
reciprocal to each other, and no one of them in itself is
sufficient to develop self-esteem. However, for purposes
of clarification, the qualities will be discussed sepa-
rately. They are trust, security, love, listening, empathy,

risk, respect, freedom, and positive reinforcement.

Nonverbal Communication

Nonverbal communication is so intricately interwoven into the fabric of verbal communication that they often appear inseparable. Birdwhistell (1970) states that communication is a system which makes use of the channels of all of the sensory modalities. In other words, we not only communicate with spoken words, but also with gestures, facial expressions, different levels of voice volume, and intonations that reveal our thoughts, feelings, intentions, and personalities (Spiegel and Machotka, 1974). Swenson (1973) suggests that the information derived from nonverbal behavior is an accurate reflection of the personality and emotions of others. Nonverbal communication may be defined as all communicative forms other than the spoken or written word (Barker & Collins, 1970).

Verbal communication cannot take place without involving some degree of nonverbal communication. However, nonverbal communication does take place without verbal communication (Myers & Myers, 1974). Nonverbal behavior is the first communication received by the newborn infant from others (Weitz, 1974).

Leubits (1973) identifies four functions of nonverbal communication: (1) Nonverbal communication relays messages.

(2) Nonverbal communication can augment verbal communication. (3) Nonverbal communication can contradict verbal communication. (4) Nonverbal communication can replace verbal communication. Nonverbal communication conveys 65 percent of the meaning of a conversation between two people while less than 35 percent is transmitted in words (Knapp, 1972).

Nonverbal communication is transmitted via physical factors. Body build, height, weight, skin color, etc. transmit messages to us about a person (Knapp, 1972). Habits of dress are considered to be a form of nonverbal communication (Kelley, 1969). Body motion, or "body language," is a form of nonverbal communication (Birdwhistell, 1952). Facial expression can be considered as a main channel of expressing emotion (Knapp, 1972). Eye contact, or lack of eye contact, is another nonverbal communicator (Kendon, 1967). Considerable information can be conveyed through voice quality (Knapp, 1972). The frequency of communication between people is directly influenced by the physical distance between them. The less the distance between people, the more frequent the communication, and vice versa (Lin, 1973). "The entire situation in which communication takes place must be evaluated if we are to receive the correct messages being conveyed" (Chinn, Winn, Walters, 1978, p. 60).

Importance of Parental Self-love

Erich Fromm (1947) wrote, "If an individual is able to love productively, he loves himself, too; if he can love only others, he cannot love at all" (p. 60). This section, therefore, must begin with the realization that parents themselves often have a very low self-esteem (Briggs, 1975; Coopersmith, 1967; Yamamoto, 1972). It is very difficult to pass on something to others that you yourself do not have. "Dislike yourself and you will not find it possible to like those around you" (Schuller, 1969, p. 34). The speech-language pathologist, then, should know how to facilitate self-esteem for himself and the parents of clients as a basis for implementing improvements in self-concept of the client in therapy.

Lack of self-love, or self-esteem, is manifested in many ways. Egotism, arrogance, haughtiness, prejudice (the need to feel superior to others), narcissism, bragging, self-will, and rigid-mindedness are only a few characteristics shown by those who lack self-esteem (Schuller, 1969). Another is jealous over-protectiveness or over-possessiveness, a characteristic often shown in parents (DiLeo, 1977). This parent needs help because he has three failings: (1) he fails to love himself adequately; (2) he fails to love the child adequately; and (3) he fails to give the child the opportunity to develop self-love (Schuller, 1969).

Briggs (1975) says, "Parenthood means nurturing; feeding children the 'psychological foods' that help them to self-respect. You do a better job when you yourself are not psychologically starved; that is, when your own needs are met through your own efforts" (p. 55). Parents also pass on their own lack of self-esteem in the type of discipline they use (Coopersmith, 1967). Schuller (1969) says, "Self-love will never develop properly in an undisciplined child" (p. 38). Lack of self-esteem in a parent results in his being either too permissive or extremely restrictive (Rosenberg, 1965).

Often the poor self-concept of parents is a result of childhood hurts that have been repressed but have not been resolved (Rogers, 1961). Guilt, a form of fear, may have been experienced by the child because he felt he was unworthy of his parents' love (Briggs, 1975). Or the child may experience hurt over a new arrival in the family and secretly hate the younger sibling (Yamamoto, 1972). Neurotic perfectionism in parents is often the cause for feelings of guilt for not measuring up to expectations (Osborne, 1978). If these feelings are not expressed, but repressed into the unconscious and denied, they may recur in adult life. "You can bury a tin can. It will rust. You can bury a piece of wood. It will turn to dust. You can bury an old bone. But you cannot bury a worm"

(Schuller, 1969, p. 67). Childhood rebuffs are like worms. They will rise again and again, often in distorted forms of aggression, neurotic ambition, or other negative personality traits.

Osborne (1976) says guilt, shame, and feelings of inferiority create a weak self-image. One might be able to discern lack of self-esteem in one's self if he asked himself the following questions:

1. Am I considered overly sensitive by friends or family?
2. Am I argumentative?
3. Am I critical?
4. Am I intolerant of others? of their ideas?
5. Am I an excessively angry person?
6. Am I forgiving?
7. Am I excessively jealous?
8. Am I a poor listener?
9. Am I excessively materialistic? Do I have a poverty complex?
10. Am I greatly impressed by titles, honors, badges?
11. Am I a poor loser?
12. Do I find it hard to accept compliments? (Osborne, 1978, p. 62).

Osborne (1976) also suggests that a person with high self-esteem is not driven by neurotic ambition. One who has high self-esteem is not overcompliant. A person high in self-esteem is not easily deflated. Self-accepting people are not overly sensitive. They learn to handle their anger appropriately. Self-accepting people do not live in the past. Self-accepting people do not expect others to make them happy or meet all their needs (Osborne, 1976).

If one has discovered a lack of self-esteem in him-
self, Schuller (1969) has come up with ten steps to build-
ing self-love:

1. Get rid of the fear of failure.
    a. Realize that you are really afraid of losing
        your self-esteem.
    b. Fear of failure chokes your self-esteem.
    c. Cowardice is more shameful than failure.
    d. Good people never abandon the courageous,
        honest, enterprising loser.
    e. People accept or reject you for what you are,
        not what you do.
    f. Eliminate perfectionism.
    g. Admit it if you fail and try again.
2. Discover the unique person that is you.
    a. In adventure.
    b. In belonging to a group, even if it's your
        own family.
    c. In standing on your own two feet.
    d. In fellowship.
    e. In getting involved.
    f. In doing something creative.
    g. In undertaking responsibility.
    h. In self-discipline.
3. Compliment yourself.
4. Forgive yourself.
5. Improve yourself.
6. Accept yourself.
7. Commit yourself to a great cause.
8. Believe in success.
9. Strive for excellence.
10. Build self-love in others (p. 113).

If self-esteem has been shattered or severely weakened,

Osborne (1978) has tips for rebuilding self-love:

1. Control your immediate reactions.
2. Restrain runaway self-recriminating thoughts.
3. Watch out for self-pity.
4. Build a bolstering belief.
5. Let your trouble lead you closer to God (p. 137).

In summary, this section has provided insights into

the need for the parent to have high self-esteem. Parents

must love themselves before they can love their children.
Researchers have noted lack of self-esteem of parents
whose children are low in self-esteem and high self-esteem
in parents whose children are high in self-esteem (Cooper-
smith, 1967; Yamamoto, 1972). Low self-esteem is manifest-
ed by parents in many ways: bragging, arrogance, egotism,
prejudice, jealousy, overprotectiveness, and failure to
use wise discipline. Overpermissiveness and severe restric-
tiveness are both unwise disciplines used by insecure
parents. Poor self-concept of parents may be the result of
childhood hurts that have been repressed, causing guilt and
recurring negative personality traits (Schuller, 1969).
Specific ways to discern lack of self-esteem in one's self
are available to parents. And Osborne (1976) gives some
tips on how to rebuild a shattered self-image.

Self-esteem for the Child

In order to facilitate self-esteem in the child, the
research seems to support the view that it is never too
early to begin (DiLeo, 1977; Yamamoto, 1972; Zemlick and
Watson, 1953). Many authors discuss various psychological
needs of the child that are vital to the development of
positive self-esteem (Baruch, 1949; Briggs, 1975; Halbert,
1980). Some of these needs will be described here with
techniques to insure that those needs are fulfilled for

the child.

Trust. Schuller (1969) points out the value of trust to the development of self-esteem with this statement: "If you cannot trust yourself, you will not love yourself. Moreover you will not love others" (p. 66). Yamamoto (1972) says that mothers create a sense of trust in their children by combining sensitive care of the baby's earliest needs with a firm sense of personal trustworthiness. Briggs (1975) says, "The bedrock of safety is trust. Some parents are walking bundles of tension and their babies sense it. Tensions between parents, spoken or otherwise, and tension born of emotional unrest are quickly picked up by children" (p. 73). Chinn, Winn, and Walters (1978) say that sound parent-child relationships are built on trust. If trust then is necessary to the growth of self-esteem, what are some ways to develop a sense of trust in the parent-child relationship?

a. Let the child know when you are leaving him, where you are going, and when you will return.

b. Avoid sudden, unpleasant surprises. Prepare the child for visits to the doctor, dentist, or the hospital. Tell him when you are taking him to nursery school or to kindergarten.

c. Steer clear of promises you can't keep.

d. Be honest with your child.

Chinn, Winn, and Walters (1978) say that trust is developed when parents and children are both secure in their feelings that their relationship is built on honesty. Briggs (1975) says that the single, most important ingredient in a nurturing relationship is honesty. Honesty is not taught by masking feelings. If a child sees that a parent is upset about something, yet the parent insists that he is not upset, the child senses that something is amiss. He may think that he has caused an upset in the parent's attitude toward him, but is unable to express this feeling because his parent says nothing is wrong. The psychologically mature person does not mask feelings, but shares them when it is appropriate. Open ownership of feelings is a hallmark of self-esteem (Briggs, 1975).

Techniques for communicating a sense of trust in the parent-child relationship. First, identify for yourself the message that you want to convey. In this situation you might identify the message you want to communicate to your child like this: 1) I want my child to know that I can be trusted; 2) I want my child to know that I trust him; 3) I want my child to be able to trust himself in the future.

Second, be aware of what your senses tell you about your child in the present situation. Use your five senses--

sight, hearing, smell, touch, and taste--to gather information about the child and his surroundings (Miller, Nunnally, Wackman, 1976). Suppose, for example, that you see your child sitting alone outside in the yard on the grass. Your eyes may tell you that he is sitting down, and that he has his head in his hands. Your ears may tell you that he is crying.

Third, be aware of how you feel. As yet, you don't really know how your child feels, not really. But you do know how you feel. Perhaps you feel sad that your child is crying.

Fourth, be aware of your thoughts, your interpretation of the situation. Perhaps you think your child is crying because he lost his new baseball. This may not be true at all. He could be crying because he hurt himself. But, this is your interpretation of the situation. You also think that he is afraid to come to tell you about losing the baseball because he begged for the ball promising to take good care of it.

Fifth, be aware of your intentions. What would you like to happen now? Perhaps you would like your child to tell you about the baseball. Perhaps you would like him to stop crying.

Sixth, what are you going to do? Here you decide what you will do about the situation. Perhaps you will decide

to go out to your son and sit down beside him at eye level.

Here, you may make statements about the areas of this situation that have come to your awareness. Here are some examples: "I see you sitting here on the ground, and I hear you are crying. I feel sad when you look unhappy. I think you are unhappy and I want to help you so I came out to see what I can do." Through awareness of yourself you have made your child aware that you care about him. You've told him what you saw and heard, how you felt, what you thought, and your intentions. These are your own feelings, not his. By owning your own feelings you have given him permission to own his. Allowing your child to be separate-- a unique individual--builds trust in you and in himself (Rogers, 1961). The child can now risk expressing his problem to you because you have not jumped into the frey with conclusions such as "You've lost your ball, haven't you?" or judgments such as "I knew you would. You lose everything." By being honest about your self, you allow him to be honest about himself. A parent-child relation- ship that is built on trust builds self-esteem.

In summary, a sense of trust is basic to the child's feeling of safety, and sound parent-child relationships are built on trust. Advance preparation of the child is stressed for any new events in his life, or any separation from the parent. Most important in building trust in the parent-

child relationship is honesty. Open ownership of feelings promotes self-esteem, not the masking of them. Techniques for promoting trust in the parent-child relationship were listed.

Security. Another word for this quality might be safety (Halbert, 1980). A sense of security for the child is necessary, because a child feels safe when he knows what he can expect from adults in his world (Halbert, 1980). Baruch (1949) says, "The thing that makes a child best able to withstand life's hardships is an early sense of security, an early sense of safety. He needs to feel that he has firm ground beneath him on which to sally forth" (p. 114). If the adults in his life are unpredictable, the child may feel chronically anxious or always in a state of turmoil. Lack of security in early life experiences has been found to be a factor in many types of neuroses (Chinn, Winn, Walters, 1979).

Consistency in the environment is one important factor in the development of a sense of security (Halbert, 1980). Here are some suggestions for providing a secure feeling for the child:

1. Be consistent in your approach to discipline.

2. Follow through when a certain response is requested.

3. Use a positive approach with kind firmness.

4. Expect a child to finish what he has begun.

5. Be fair, honest, and considerate in dealing with the child.

How to communicate a sense of security to the child. The following statements may be used by parents in talking to the child:

1. I am here if you need me.

2. I cannot allow you to do that.

3. I love you and you are very special to me.

4. Your behavior was unacceptable, but that doesn't mean that you are unacceptable.

In summary, security is a sense of safety necessary to the child before he will risk advancing into the world beyond the parent-child relationship. Consistency is an important factor in the development of security. Suggestions for providing a sense of security to the child were given. Also verbal responses were suggested that aid the parent when he wants to convey the message of security to the child.

Love. Briggs (1975) says that nurturing love is tender caring--valuing a child just because he exists. It comes when you see your child as special and dear--even though you may not approve of all that he does. It is important that love be given freely without attached

strings--love is not conditional (Porter, 1955). Maher

(1966) makes this statement about love:

> Immature persons see love as a source of pleasure, as
> a means of pleasing and supporting the self. Love is
> not that at all. Love is indeed necessary for self-
> completion and self-fulfillment but there is a price
> tag on it. It is a purifying and pruning agent on the
> self. As love does its work, more and more of the
> true person is formed and revealed. Growth in love
> produces more and more valid self-knowledge (p. 94).

People may be seen treating their children as if they

loved them in such ways as being affectionate toward them,

repeatedly setting aside their own interests for them,

watching over them with vigilance, offering them every

material advantage, spending abundant time with them, or

treating them as if they were especially superior, but the

motive for their treatment of the child need not necessarily

be love (Briggs, 1975). Love is the opposite of feeling

shut out. Love means acceptance--love means belonging.

"If the first foundation of the home is love, other founda-

tions will take care of themselves. Without love, no other

foundations are strong enough" (Allen, 1972, p. 79). Rogers

(1961) also stated that love has as its deepest meaning, the

feeling of being deeply understood and deeply accepted.

Briggs (1975) describes love in one instance by stat-

ing what it is not. It is not distancing, not avoiding

personal engagement. It is not indifference, but direct

involvement. Gardner (1978) says love is not just a warm

feeling; love is decision.

Love is attention. Love is focus on the child. Love is "all-hereness," giving priority to the child rather than to things and schedules (Briggs, 1975). Glasser (1972) states that there are two human qualities necessary to gain a successful identity--love and worth. First, one has to love and be loved, to be involved with people whom one cares for and respects.

How can we show our children that we love them? Allen (1972) states that love "defies definition, but it can be expressed" (p. 17). Love expresses itself in patience-- when love is in our hearts, we are patient with those who make life hard for us (such as our children sometimes). Love expresses itself in kindness--kindness is described as being love in action. It is those things we do. Love is expressed in lack of jealousy, lack of possessiveness. Love is expressed in humility--the realization that all men are precious and unique individuals. Love is expressed in good manners--these are the forms of consideration for others necessary to secure consideration for self. Love is expressed in unselfishness--love always gives and "love always has something to give" (Allen, 1972, p. 31). Love expresses itself in self-control. Love expresses itself in forgiving and forgetting--there is a toughness and strength about love that protects one's heart and feelings,

like a suit of armor protects the body. Love is expressed
by being sorry when something goes wrong--does not gloat.
Love is expressed by endurance. Love waits for the full
answer--does not jump to conclusions. Love is mature, not
childish. Here are characteristics of little children:

> 1. Children become very upset over any personal
> hurt. If a pin pricks the flesh, they will cry as if
> deadly wounded. They are not the most concerned about
> the suffering of others, they weep mostly for them-
> selves.
> 2. Children want to be the center of attention.
> They are jealous of all about them. They are willing
> to play, if they can choose the game. They demand
> applause and appreciation.
> 3. Children have to be taught to be thankful.
> Gratitude for them does not come naturally. They take
> all the blessings of life as a matter of course.
> 4. Children owe nobody anything. Their attitude
> is to get all they can but they have little obligation
> to any person. They rarely think of what they owe
> their parents or the society in which they live.
> 5. Children are completely self-centered. They
> live in a world that revolves about themselves (Allen,
> 1972, p. 45).

In order to discern in what ways the child needs our
love, Baruch (1949) says we should study the child. Ob-
serve the child to see how he shows us that he needs more
love, more chances for achievement, more recognition, more
appreciation, more understanding--more emotional food.
Briggs (1975) calls this practice in focusing attention.
Warning: focused attention is not for misbehavior only.
Parents quickly focus attention on the child when he mis-
behaves. Focusing attention is noticing your child and
letting him feel your wholehearted presence periodically.

The child especially needs your focused attention when under stress (Briggs, 1975). Stress is felt by the child when his environment is upset in any way such as the arrival of a new baby in the family, a new school experience, a move by the family, excessive competition in school, or heavy disappointment. Stress can also occur when there are internal development changes. By focusing your attention on the child, you can be aware of the times that he is feeling stress and let him know that at least for a brief moment of the day you are with him (Halbert, 1980). Schuller (1969) has some pointers for building self-love in others:

1. Help them to see the importance of the seemingly unimportant. No job, no matter how insignificant and lowly, is unimportant.

2. Encourage them to discover and develop the unlimited potential that lies within. We love ourselves when we help others become what they should be.

3. Never stop believing in the younger generation. Believe in young people and let them know it.

4. Help others in the right way--and then not too much. Give your child the opportunity to make mistakes.

5. Encourage them to face their problems and turn them into personal triumphs.

6. Give them the freedom to discover themselves, to

express themselves and try.

7. Encourage them to assume and accept responsibility.

8. Teach them that greatness depends more on character than on achievement. It's not what you do--it's what you are!

9. Teach them to build self-love in others--and they will build self-love in themselves. They will love themselves without really trying.

Communication Technique: How to develop love in the parent-child relationship. Positive statements made to the child and within his hearing range help the child to realize that he is loved. Examples are:

I trust you and I know you will do what's right.

I really have the most wonderful child.

I know you've done the best you can.

I love you just because you are you.

I want to hear and understand you, and I want you to hear and understand me (Miller, Nunnally, Wackman, 1975). Keep in mind that nonverbal communication gets priority in conversation so be aware of your communication nonverbally while making the above statements (Chinn, Winn, Walters, 1979).

Also remember Schuller's (1969) magic sentences for building self-love:

I am sorry.

I appreciate you.

You were right. I was wrong.

I'm not sure about this--what do you think we should do?

Listening. Barbara (1978) says that listening is an art. "Good listening is an alive process demanding alert and active participation" (Barbara, 1958, p. 1). It demands discipline, concentration, comprehension. Adler and Towne (1978) state several reasons for our failure to listen actively. First, the vast amount of speech encountered by one person daily makes careful listening to everything impossible. Second, we are often wrapped up in personal concerns that are of more immediate importance than the messages others are sending. Third, there is a physiological reason for our not listening--we can receive and comprehend 600 words per minute, and the average person can only speak between 100 to 140 words per minute--so we have a lot of spare time to spend with our minds while someone is talking. Fourth, the physical world we live in has so many distractions that make it hard to pay attention to others such as traffic noises, music, others speaking at the same time, the temperature of the room, etc.

In order to listen more effectively, Adler and Towne

(1978) suggest that you check your understanding of the
messages received by asking questions for clarification or
by paraphrasing what you thought you heard. If you are
listening to help the person talking to you, then you are
going to be called upon to give a response. Responses fall
into categories, none of which is good or bad in itself,
but it often happens that we use these ways in situations
when they are not best suited to helping someone we care
about solve his problem. Here are some types of responses
listed from least to most beneficial.

1. Advising. This is a common tendency but it may not be
the best solution because your suggestions may not be the
best course to follow. Also, it may allow others to avoid
responsibility for their decisions. Further, people may
not want advice. They may simply want to talk out their
thoughts and feelings.

2. Judging. Evaluating the sender's thoughts or behaviors
in some way, even if it's favorable--"That's a good idea"
or "You're on the right track now"--implies that the person
doing the judging is in some way qualified to pass judgment
on the speaker's thoughts or actions. Also evaluating
language is very likely to make someone defensive.

3. Analyzing. The analyzer tries to read the speaker's
mind or give him a lesson in psychology. Your interpreta-
tion may be incorrect and you may confuse the person by
giving it. Also he may not understand your view or become
defensive about it.

4. Quesioning. This is often a helpful way to understand
the unclear parts of a person's statements, but it can be
used to direct the person's thoughts. Authority figures
sometimes use questions to try to trap us. This strategy
implies that the person doing the asking already has some
idea of what direction the discussion should take.

5. Supporting. Sometimes a person needs encouraging, and
in these cases supporting responses might be best, but in

many cases this kind of help isn't helpful at all. Telling a person who's obviously upset that "everything's all right" or joking about his problem can communicate a message that you don't accept his feelings or that there isn't justification for feeling the way he does (Adler and Towne, 1978).

Active listening is the response of choice (Barbara, 1958). The active listener must pay attention to both content and feeling. To effectively hear feelings one must observe carefully the nonverbal feelings cues and interpret them. One must also pick up an emotional word, often a verb or adverb, or an emotion-packed phrase that is spoken with more intensity than the rest of the message. Responsive listening, or active listening, has these qualities: 1) It is empathic; 2) it utilizes labeling of specific feelings, not general ones; 3) it begins by focusing on current feelings in the here and now; and 4) the listener's nonverbal messages--visible in facial expressions and gestures, audible in voice tone and volume--are congruent with his or her expressed verbal response (Chinn, Winn, Walters, 1979).

Active listening has several advantages. First, it takes the burden off you as the listener. Simply being there to understand what's on a person's mind often makes it possible for him to clarify his own problems. This means you don't have to know all the answers to help. Second, active listening is a great way to get through layers of hidden meaning. Often people express their ideas,

problems or feelings in strangely coded ways. Active lis-
tening can sometimes cut through to the real meaning.
Third, active listening is usually the best way to encour-
age someone to share himself with you. Knowing that you're
interested in him will make him feel less threatened, and
he may become less defensive. Success in active listening
involves an attitude of really wanting to help, and should
not be used as a gimmick. Unless you really mean what you
say, others will realize that your attitude is phony.
Which brings us to a list of don'ts concerning active lis-
tening: 1) don't actively listen unless you truly want to
help this person; 2) don't try to listen actively if you're
not willing to take the necessary time; 3) don't impose
your ideas on the other person; and 4) don't let your atten-
tion wander from the sender.

How to facilitate communication by being a responsive

listener.

1. Be aware of possible distortions in the message
    created by implications of risk or threat to the
    listener.

2. Be aware of the possible distortion owing to
    implications of intimacy.

3. Be aware of possible distractions in the physical
    setting.

4. Become aware of your own breathing for 12 seconds.

Empathy. Raskin (1947) described empathy as "an active

experiencing with the child of feelings to which he gives expression. The parent makes a maximum effort to get under the skin of the person with whom he is communicating. He tries to get within and to live the attitudes expressed instead of observing them, to catch every nuance of his changing nature; in a word, to absorb himself completely in the attitudes of the other" (in Rogers, 1951, p. 29). Rogers (1951) calls empathy the ability to assume the internal frame of reference of another person, to perceive the world as that person sees it, to perceive that person himself as he is seen by himself, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding to the client. Briggs (1975) says that empathy is being understood from your point of view. Myers and Myers (1973) describe empathy as:

> The ability to 1) recognize that our own experiences are not like everybody else's; 2) figure out what the other person's experiences are like; and 3) try to see the environment as he does, through his eyes is one key to effective communication. This ability is called many names: empathy, sensitivity, communication awareness, or psychological adaptation (p. 62).

Empathy is essential to the discovery of self and maintenance of self-concept as well as to our appreciation of the behaviors and self-concepts of others (Myers & Myers, 1975). Indifference (neutrality) communicates a lack of concern for the welfare of another and implies that he

isn't very important to you. This perceived indifference is likely to promote defensiveness because no one likes to think of himself as worthless, and he will protect a self-concept that pictures him as worthwhile. Empathy helps rid communication of the indifferent quality (Gibb, 1961).

Empathy means accepting another's feeling, putting yourself in his place. Therefore, nonverbal messages are important in communicating empathy. Facial and bodily expressions of concern are often more important to the receiver and express support than the words used (Adler & Towne, 1978).

Sarett, Foster, and Sarett (1958) describe empathy as "feeling in" (p. 312). Characteristics of empathy are listed by Briggs (1975): 1) sensitivity to body language; 2) importance of attitudes and feelings rather than facts; 3) communicates love; 4) helps set judgment aside; and 5) communicates understanding.

How to communicate with empathy. Chinn, Winn, and Walters (1978) list five A's to communication of empathy. They should be practiced by the sender and the receiver to really achieve two-way communication:

1. Awareness of attitude.
   Be aware of what your feelings are at all times.
2. Acknowledgment.
   Acknowledge how you feel--say "I feel hurt" or "I feel sad."

3. Allowance.
   Allow the way you feel to exist for a moment but also allow the feeling to dissolve.
4. Acceptance.
   Accept that the feeling you have is a natural one but don't deny the feeling or feel guilty about it.
5. Appreciation.
   Appreciate your own feeling. By getting in touch with your own feelings, you can act congruently (p. 123).

Ginott (1965) says that strong feelings do not disappear by being banished, but they do diminish in intensity when the listener accepts them with sympathy and understanding (p. 23). Rogers (1961) suggests doing the following when communication breaks down: "Each person can speak up for himself only after he has first restated the ideas and feelings of the previous speaker accurately and to that speaker's satisfaction." Before presenting your own point of view, it would be necessary for you to really achieve the other speaker's frame of reference, to understand his thoughts and feelings so well you could summarize them for him (p. 333).

In summary, empathy was defined in several ways. One author described it as being understood from your own point of view. Empathy is essential to the discovery of self and maintenance of self-concept. Nonverbal messages are important to communicating empathy. Characteristics of empathy were described. Then, steps in how to communicate with empathy were cited.

Risk. Chinn, Winn, and Walters (1978) make this statement concerning risk-taking: "Emotional sharing does require self-disclosure and for many of us, the idea of opening our inmost self to another elicits fear. What if I reach out and I am rejected? What if I share my inmost secrets and I am betrayed?" (p. 111). There is a risk involved to an individual who communicates. You may risk being "wrong" in something you do or say, or you may risk offending the values or beliefs of others, or you may risk having others change their image of you so you will have to adjust your behaviors. We will take risks in our communication only if our self-concept and our role stand a chance of coming out relatively undamaged, or if the issue is so important to us that we overcome this threat (Myers & Myers, 1975).

Why is there a psychological threat related to self-disclosure? The fear of being embarrassed, rejected, etc. is learned, based on previous experience. Travis (1971) believes the fear of expressing himself is evidenced in the child with speech difficulties: "If speech can be found by the infant or child speaker to be acceptable as an expression of his pressing needs and mounting tensions, it will develop as a useful and purposeful tool. If he finds he cannot risk an honest, telltale verbal expression, deficiencies and disabilities in speaking may result. To

observe him and to listen to him is to acquiesce, and to consider his utterance is to grant identity" (p. 229).

The failure to take the risk is as damaging as risking in the first place. Adler and Towne (1978) state that if you don't share yourself with others, you stand little chance of establishing meaningful relationships with others. Without sharing yourself, it is difficult for others to help you meet your basic social needs of belonging, being accepted, and being loved.

Osborne (1976) urges others to take the risk:

1. Take the risk of building your self-esteen.
   Instead of waiting for others to meet you and greet you, reach out and extend the hand of friendship. But remember, it is a skill learned only by practice.
2. Take the risk of paying compliments.
   Someone once said, "I've never been insulted or bored by someone paying me a compliment." If you find that receiving compliments makes you feel mildly embarrassed, then you undoubtedly find it hard to offer sincere praise. If you who hunger for expressions of appreciation and love will launch out in a program of giving approval and sincere praises, you will begin to receive. Any skill requires diligent practice.
3. Take the risk of making mistakes.
   You will gain in self-esteem if you gather your courage and admit that you--like everyone else-- make mistakes. Those who like and accept them- selves have the courage and wisdom to say "I'm sorry." Only the brash or self-rejecting pretend to be always right.
4. Take the risk of complaining when it's justified.
   The ability to insist gently but firmly that peo- ple perform as they are supposed to is a mark of self-esteem.
5. Take the risk of being embarrassed.
   As one's self-esteem increases, the risk of rejec- tion becomes easier. Desperation is sometimes a

great cure for cowardice. You might accomplish
more for yourself and others if you risk.
6. Take the risk of asking for what you want.
Often you do not receive because you do not ask.
7. Take the risk of expressing love.
Loving others gives you a fulfillment nothing
else can.
8. Take the risk of being your true self.
Being approved for what you do is not as satis-
fying as being loved and admired for who you are.
9. Take the risk of getting to the root of your
problem.
Search for solutions. Get help from someone
(p. 127).

Ways to communicate so as to facilitate risking in the

parent-child relationship. The parent wants to be certain

to make statements that are open, honest and supportive.

Avoid making statements that are evaluative or judgmental

and critical. Osborne (1976) collected phrases that he

called "parental put-downs." Here is a list:

If I've told you once, I've told you a thousand times!
What in the world are we going to do with you?
Oh, for heaven's sake!
You know better than that!
You should have been a boy.
What did I ever do to deserve this?
How many times have I told you . . . ?
You'll never amount to a thing!
Hold your shoulders back!
Stand up straight!
Can't you be more careful!
What's the matter with you?
Did you hear me?
Don't bother me!
Shut up!
Why can't you grow up?
Use your head! (p. 153).

This is only a partial list. No wonder the child fears

self-disclosure! The following are statements that are

supportive and allow risking without fear:

I feel that you want to ask me something. I'll sit right here so we can talk.

I see you're crying. I feel that something is wrong. I'd like to hear about it if you want to tell me. I'll sit down here so we can talk.

I see you pushing your food around on your plate with your fork. You seem not to be hungry. I think maybe something's bothering you, and I'd like to be able to help you. If you want to tell me about it, I'm here. If you'd rather wait till after dinner, I will be in the bedroom around 7:30.

I have a very bad headache right now. I do not feel like talking. I would very much like to help you. Will you come and knock on my door in 30 minutes, and I will talk with you then?

In summary, taking risks that involve self-disclosure can be fearful for many of us because of having felt the embarrassment or rejection that open expression of our feelings has caused us in the past. Risking is involved in all communication. We will risk in communication only if our self-concept is reasonably certain of emerging unscathed from the risk. Travis (1971) believes that a child with speech difficulties may have been wounded in the risking of himself in order to communicate. But failure to risk will result in the inability to establish meaningful relationships with others, so the risk is necessary to self-esteem. Osborne (1976) urges others to risk in order to build self-esteem with a list of suggestions. Further there are ways to communicate so as to facilitate risking in the parent-

child relationship listed.

Respect. It is important that the child respect his
parents, not for the purpose of satisfying their egos, but
because the child's relationship with his parents provides
the basis for his attitude toward all other people (Dobson,
1973). Each child has rights and responsibilities as an
individual. At the same time each parent has rights and
responsibilities as a parent and as an individual. Respect-
ing these rights and responsibilities and limiting any in-
fringement on the rights of each other is a mutual respect
approach. Arnold (1978) says, "Mutual respect approach to
parenting recognizes that it is essential for both parent
and child to grow in an atmosphere which highly values posi-
tive self-regard and does not allow infringement on the
rights or either parents or child" (p. 46). He also de-
scribes disciplines that do not allow for mutual respect:

1. Overcoercion.
   The parent excessively directs and redirects the
child's activities without respecting the child's
rights to initiate and govern his own daily living.
2. Oversubmission.
   If the parent oversubmits to the child, the child
will tend to be impulsive, demanding, inconsiderate
and subject to temper tantrums, fears, and somatic
complaints. The child makes demands and the parent
has his rights infringed upon, making the parent feel
irritation. The parent feels guilt over his irrita-
tion toward the child he is supposed to love. The
parent then becomes more submissive, reinforcing the
child's demanding behavior.
3. Perfectionism.
   The parent withholds acceptance of the child till

the child's performance is more mature than that with
which the child is comfortable at his present level of
development. The result is that the child belittles
himself.
4. Punitiveness.
    The parent may be using the child as a target for
his own personal aggression.
5. Neglect.
    The parent may have been so neglected in his own
childhood and be so scarred that he has little, if
any, emotional support left for the child.
6. Rejection.
    The parent may withhold acceptance of the child
altogether.
7. Hypochondriasis.
8. Overindulgence.
9. Overprotection.
10. Seduction.
11. Excessive responsibility.

Respect implies equality, but equality is not complete
surrender to the demands of children or refusal to accept
the child's equality on any terms (Yamanoto, 1972). First,
the parent should decide whether an undesirable behavior
represents a direct challenge of his authority to his posi-
tion as father or mother (Dobson, 1973). Then apply these
mutual respect guidelines:

1. Offer the child time without his having to ask for
attention with negative behavior.

2. Limits are to be clearly defined rather than im-
plied or ambiguous. The parent should intervene be-
fore the behavior escalates out of control, yet should
avoid admonishing in anticipation.

3. Set firm and consistent limits. Send the child to
his room temporarily when his demands, complaints,
temper, or disrespect are infringing on the rights of
others. When a parent must enforce a limit, it is to
be done without lecturing, moralizing, scolding, or
belittling.

4. When an uproar occurs between siblings, there should be simultaneous isolation of the children involved until the roaring stops. Isolation should continue until they think they are able to come around more peacefully. If they come out continuing the uproar, they must be sent to their rooms for a longer time.

5. There should be restitution by the child for anything broken, stolen, marred, or lost. Restitution may be made by extra work or deduction from allowance.

6. Chores should be in one time period so that the child is not on constant call. Elementary school children may have two chores, e.g., a time after school to help a parent and some time at night preparing for the next day (bath, clothes, etc.). There should be no distinction between male and female chores, but consideration should be given to the age of the child.

7. Beginning about the third grade, there should be a study time with the radio and television off. The overcoerced child needs to be left alone, while the oversubmitted to child needs the work checked to insure that he has given it a reasonable try.

8. The child is to be left alone on things that are his. He is to be free of his parents' overintrusiveness and anxious admonitions, urging, scolding, lectures, and criticism.

9. No catering should occur, especially during the pre-school years.

10. Training in self-respect should be done by setting limits on the child's self-belittling. The parent should insist with an "I want it stopped," and the child should be sent to his room if he continues to run himself down.

11. The parent needs a time for adult fun away from the children (Arnold, 1978, p. 42).

Ginott (1965) states that messages should preserve the child's as well as the parents' self-respect. These guidelines for communication help preserve respect:

1. Respond to feelings--not to events or facts when listening to your child.

2. Remember that only conduct can be condemned or commended. Feelings cannot and should not be.

3. Listen with attentiveness. This conveys to the child that his ideas are valued and that he is respected (p. 21).

Respectful treatment operates on a two-way street. A mother cannot require her child to treat her with dignity if she will not do the same for him (Dobson, 1973). If the child is treated with respect, he will gain in respect for himself and grow up respecting others.

Ways to communicate to the child that he is respected.

1. Do not belittle or embarrass the child in front of his friends.
2. Administer punishment away from the eyes of on-lookers.
3. Do not laugh at the child unmercifully.
4. Give attention to the child's feelings and requests.
5. Parental warmth after punishment is essential to demonstrate to the child that it was his behavior, not he himself, that the parent rejected.
6. Do not use nagging as a substitute for action.
7. Do not resort to materialism. If you never allow a child to want something, he never enjoys the pleasure of receiving it.
8. Avoid extremes in control and in love. Overper-missiveness is just as bad for the child as over-restriction. And if one parent is restrictive and the other permissive, both destroy the author-ity of the other. The child respects neither parent.
9. Appreciation must be taught the child, and appre-ciation begins with fundamental politeness.

In summary, mutual respect is necessary for the parents and for the child in order for positive self-regard to develop. Disciplines that are not conducive to mutual self-resepct are described. Then, mutual respect guidelines for families are listed. Further, guidelines for communication of self-respect are outlined as well as techniques for implementation.

Freedom. Dobson (1973) says, "The parent must gain his freedom from the child, so that the child can gain his freedom from the parent" (p. 99). Yamamoto (1972) states that two basic behaviors which appear to have the greatest effect on self-esteem are acceptance of the child, and freedom and independence within carefully defined limits. A prime task of parents is the development of independence in their offspring. The development of independence by the infant is first seen in his willingness to let the mother out of sight without undue anxiety because she has become an inner certainty as well as an outer predictability (Yamamoto, 1972). The mother then begins in each stage of development to allow freedom with controls. A preschool child can choose the clothes he will wear for the day. He can also choose what and how he wants to play. The opportunity to make decisions and live with the consequences of these decisions is important in building self-esteem.

Parents can accept the views and values of the child although they need not necessarily agree with him. Parents also should be aware of the age and maturity of the child and must not impose adult standards on child behavior (Dobson, 1973).

Children who are raised in democratic homes are generally self-confident, competitive, and assertive. They are popular and possess high status with their peers. Children from democratic homes also are more spontaneous and original and inclined to pursue their activities with greater tenacity. They are more involved with their work and actively and persistently pursue it to completion (Coopersmith, 1967). Halbert (1980) suggests ways to allow the child to gain independence:

1. Allow the child to learn through his own experiences. The child should be stimulated and challenged by his environment to find solutions to problems. Limit the environment, not the child.
2. Allow the child to express himself and his feelings. Think before you use a negative command to the child, such as "You can't do that" or "Don't run." No is one of the first words that all children learn and they know it well by the time they are two years of age. Ask youself before you say "no": a) Is this no important for me or my child? b) Am I saying no because my parents always said no to me? c) Is it just as easy to say yes as no?
3. Allow the child freedom to experience life. He needs time, respect from adults, to know why he cannot do certain things, and to be a child, not a miniature adult.
4. Allow the child freedom to develop a positive self-image.
   a. Give him choices.
   b. Plan together.

    c. Accept differences.
    d. Utilize differences.
    e. Allow pretending.
    f. Allow time for listening.
5. Allow the child the freedom to succeed or fail. Do not protect him from the right to fail. Do not take away the opportunity to be responsible for his behavior.
6. Allow the child to become his own person. He needs to be allowed to become anything he wants to become (p. 32).

Ginott (1965) suggests trying to say yes in order to communicate the right to independence.

Statements that allow a sense of freedom to be communicated:

1. If you want to.
2. If that is really what you like.
3. You decide about that.
4. It is really up to you.
5. It is entirely your choice.
6. Whatever you decide is fine with me (p. 90).

In summary, a sense of freedom within limits is necessary to the development of positive self-esteem in the child. One should begin very early in the child's life to allow the child to make decisions with regard to his environment so as to insure the development of a sense of responsibility and independence in later years. Characteristics of children raised in democratic homes were described, all of which are also characteristic of those high in self-esteem. Ways in which a child might be allowed to gain in independence were listed. Also statements that allow a sense of freedom to be communicated were included.

Reinforcement. Positive reinforcement is defined as capitalizing on positive things as they happen (Arnold, 1978). Positive reinforcement is a motivator because it elicits the desired behavior. Support for the child is inherent in positive reinforcement (Dobson, 1973). Though punishment is usually effective in curbing undesired behavior, it is usually rather inefficient, even ineffective, for eliciting desired behavior.

What is a reinforcer? There are social reinforcers such as praise, attention, smiles, and nearness. There are token reinforcers--these can be exchanges for other reinforcers. And there are activity reinforcers-behaviors children like to perform when given a chance. Any behavior which a child will engage in can be used to reinforce behaviors which a child will not readily engage in. You simply require that the less preferred activity be performed before the more preferred activity is allowed. In other words, you make the reinforcer contingent upon occurrence of the desired response (Becker, 1971). A general rule for reinforcement is: Do what I ask you to do and I will reward you (Becker, 1971, p. 154).

When should one reinforce behavior? If the child is performing a new task that he has never done before, reinforce immediately. In the early stages of establishing acceptable behavior, reinforce every correct response.

When behavior becomes more stabilized, gradually shift to
"intermittent" reinforcement. Also reinforce improvement
or steps in the right direction, not expecting perfect
performance on the first try (Dobson, 1973).

Other suggestions Becker (1971) makes about positive
reinforcement are:

1. Clear signals. Make your rules clear so that
   children know what is expected. Repeat rules as
   necessary.
2. Ignore disruptive behaviors. Do not attend to
   behaviors you wish to weaken. Praise behaviors
   you wish to strengthen.
3. Praise children for improvement in behavior.
   Catch children being good, rather than bad. Tell
   them what it is that you like that they're doing.
4. Praise more, criticize less. You want to increase
   reinforcement generally and reduce criticism and
   punishment. Praise behavior, not the child.

Reinforcers that communicate positive acceptance to
the child:

Words: good, excellent, exactly, great, groovy.

Phrases: that's right; that's clever; good job; good
thinking; that shows a great deal of work; you
really pay attention; you should show this to your
father; show Grandma your picture; thank you; I'm
pleased with that; I like that; I love you; that's
interesting; that was very kind of you; Jimmy got
right down to work after school and his homework
is done already.

Expressions: smiling, winking, nodding up and down, looking interested, laughing, clapping.

Nearness: walking together, sitting on Linda's bed, talking and listening to each other, eating together, playing games with your child.

Physical contact: touching, hugging, sitting in lap, patting head, shoulder or back, stroking arm, shaking hand, holding hand.

Here is a list of activity reinforcers as rewards for desired behaviors:

Going first	Seeing a movie
Running errands	Watching TV
Helping clean up	Listening to music
Taking care of pets	Playing games with friends
Telling a joke at dinner	Playing games with parents
Playing house	Having a party
Performing for parents	Making puppets and a puppet show
Making cookies or candy	
Helping make dinner	Doing art work related to studies
Swinging	
Outdoor camping	Making construction projects
Going on field trips	Spending special time with mother
Being thrown around in a circle by daddy	
	Getting to make puzzles
Choosing songs to sing	Going out to play
Singing songs	A trip to Kiddie Land
Reading to mother	Decorating a Christmas tree
Coloring Easter eggs	Getting to read a new book
Going shopping	Being read to
Eating	

In summary, positive reinforcement, capitalizing on positive things as they happen, is effective in eliciting desired behavior. It enhances self-esteem. Punishment has not been shown to be effective in eliminating negative

behaviors. Types of reinforcers were described as well as when to reinforce to establish acceptable behavior. Suggestions were given concerning implementation of positive reinforcers, and a list of reinforcers, spoken and activity, was provided.

Chapter Summary

The purpose of this chapter was to provide a compilation of materials and ideas as an aid to the speech-language pathologist in counseling parents of clients and in working with clients in therapy, to facilitate the development of self-esteem. Included in the chapter was a short discussion of nonverbal communication and its role in the development of self-esteem. The section following that of nonverbal communication was a discussion of self-esteem for parents. Following that section were sections discussing various qualities necessary for the child to develop self-esteem with guidelines for the parent on how to communicate to the child in a way that insured the growth of that quality. The qualities presented were trust, security, love, listening, empathy, risk, respect, freedom, and reinforcement.

CHAPTER 4.

Summary

The purpose of this paper was to compile a handbook
of materials and ideas for use as an aid to the speech-
language pathologist in counseling parents of clients and
in working with clients in therapy to facilitate the de-
velopment of self-esteem. The family's role in the psycho-
social development of the child is important, specifically
their role in the speech and language development of the
child. Disturbances in the family unit occur that are
detrimental to the communication of the children in that
family. There are breakdowns in communication when speech
production and language use is unacceptable or unintelli-
gible to the listener. Conflicts resulting from the
communication breakdowns may seriously affect the child's
self-image, or concept. Positive self-concept is important
to the development of a successful human being (Briggs,
1975; Burgoon and Ruffner, 1978; Purkey, 1978). Therefore,
a positive self-concept is important to achievement in the
academic arena.

Self-concept is defined as being an internal point of
view, like a mirror that reflects others' evaluations of
the child back to himself (Adler, Towne, 1978). Self-

concept may also be called self-image, self-perception, self-regard, etc. (Myers, Myers, 1973). Numerous theories exist which attempt to explain how the self develops. Four exemplary theories are by Coopersmith, Freud, Piaget, and the theory of Myers and Myers. Coopersmith's (1967) theory views the self as the object a person regards himself to be. Piaget's (1955) theory, which dealt with cognitive development only, identifies five steps in the development of the object concept. Object permanence, according to Piaget, is completed by the approximate age of 20 months. Freud's (1977) theory of self development identifies steps in the development of object relations as subject and object interact reaching awareness of the directness of self and non-self by the time the child is approximately 18 months of age. Myers and Myers (1960) report two theories of self-development. First, we gather firsthand knowledge about ourselves from ourselves so we naturally learn best from our own behaviors. The other view presented is that the self-concept develops from viewing himself as an object of other people's reactions and gradually synthesizes these reactions into one set of expectations about the way self should be, and that becomes the self-concept.

Numerous factors have been identified that influence the development of self-concept. Some authors believe prenatal influences to be important (Edge, 1970; Yamamoto,

1972; Zemlick & Watson, 1953). Others suggest environment-
al influences at birth impact the self-concept (Erikson,
1950; Maher, 1956). Early parent-child interaction seems
to be a factor in the development of self-concept (Alpert,
1965; Barbara, 1958). Social conditions associated with
self-esteem are self-esteem and stability of mothers,
parental values, marital history of parents, parental role
behavior, the interaction of the mother and the father with
each other, and decision making in the family (Coopersmith,
1967; Rosenberg, 1965). Studies of early childhood history
and experience and their effects on self-esteem reveal that
ordinal position in the family, continued and persistent
incidence of illnesses, accidents or other events during
childhood, and parents, siblings, and peers are all factors
in the development of self-esteem (Coopersmith, 1967; Koch,
1956; Schooler, 1961). Parental acceptance of their child
has a positive effect on self-esteem, while parental rejec-
tion of the child has a negative effect (Bruner, 1959;
Coopersmith, 1967; Harlow, 1963). Permissiveness is nega-
tively related to self-worth, while nonpermissiveness,
limits, enhances self-esteem by symbolizing parental atten-
tion (Becker et al., 1959; Coopersmith, 1967; Schaefer and
Bell, 1959). Parents of children with high self-esteem
set definite limits for their children but allow for the
child's assertion of his rights and opinions within those

noncoercive limits, but parents of children low in self-esteem set restrictive and autocratic limits on their child with little or no protest acceptable from the child (Baldwin, Kalhorn, and Breese, 1945; Coopersmith, 1945; Read, 1945).

The self-concept is noted to have profound effect on learning and behavior. The organism will behave in a manner consistent with the concept of self (Coopersmith, 1967; Maher, 1966; Purkey, 1978). The self is constantly undergoing change but the self-concept is slow to change (Yamamoto, 1972). When there is a gap between the self and one's view of the self, emotional disturbance may result (Maher, 1966). Behaviors exhibited by those with inaccurate self-concept included aggression, rationalization, egocentrism, and negativism. Those listed by Yamamoto (1972) included bedwetting, withdrawal, depression, eating problems, and many others. Purkey (1978) found that negative self-esteem affects school behavior and performance, and Zimmerman and Allebrand (1965) found that poor readers are low in self-esteem. Other researchers found that positive self-esteem enhances behavior and learning (Bryngelson, 1960; Coleman, 1966; Coopersmith, 1967; Dittes, 1959; Purkey, 1978; Rosenberg, 1965). Among the characteristics Saul (1947) listed as belonging to a person high in self-esteem are psychological independence, relative freedom from inferiority feelings,

hostility or undue competitiveness, and lack of aggression. Yamamoto (1972) pointed out that love of self precedes love of man.

Speech is uniquely human behavior influenced significantly by the self-concept (Purkey, 1978). The infant requires nonverbal cues from his environment from birth such as touching, holding, and cuddling. He also receives verbal cues such as tone of voice and human speech. Perceptions as to his importance are based on these two factors (Brown and Van Riper, 1966; Schreiber, 1960; White, 1958). Crying and cooing are important precursors to speech that alter or cease in a manner proportionate to the response these vocalizations elicit (Ingram, 1976; White, 1975). Babbling, then, appears but responds to human communication, not to nonhuman stimuli (Todd & Palmer, 1968; Weisberg, 1963). A model for imitation is important, and the infant, as it continues in its development of speech and language, begins to use its memory of past sound models (Ingram, 1976). The environment influences the number of phonemes used in words of the child (Irwin, 1947). Parents skilled in the use of language will probably have children skilled in its use (Schreiber, 1960). Longer, more complex sentences are characteristic of the child high in self-esteem, suggesting his outgoing, uninhibited nature (Schreiber, 1960). Other characteristics the child's speech

and language may reveal about his self-concept are in rate
of speech, diction, volume, and gestures (Raph in Barbara,
1960). Researchers have found that poor self-concept is
a factor in the personality of a speech-handicapped child.
Self-esteem is a factor in the adjustment of articulatory-
defective children, children with language disorders, cleft
palate or cerebral palsied children, and stutterers (Backus
in Barbara, 1960; Cramblitt, Siegel, 1977; Glasner, 1960;
Powers, 1971; Wood, 1946).

Materials and ideas are presented for use by the
speech-language pathologist to facilitate the development
of self-esteem. Since nonverbal communication is important
to proper understanding of the message, it is defined as
all communicative forms other than the spoken or written
word (Becker, Collins, 1970). It can involve bodily factors
such as body build, height, weight, skin color, etc., or
habits of dress. Body motion, facial expression, eye con-
tact, voice quality, and the distance between the persons
communicating can be important also. High self-esteem of
the parent is foundational to the development of high self-
esteem in the child. Lack of self-esteem in the parent is
manifested in many ways such as bragging, arrogance, ego-
tism, prejudice, overprotectiveness, severe restrictiveness,
and many others. Parents may have been hurt in childhood
and may have guilts or other feelings that need resolving

(Schuller, 1969). Some of the ways to discern lack of
self-esteem in one's self are to ask himself questions
like: Am I jealous? Am I excessively angry? Am I con-
sidered to be overly sensitive? Osborne (1976) gives
some tips on how to rebuild a shattered self-image.

Qualities have been identified which are deemed neces-
sary for the child to develop positive self-esteem with
guidelines for the parent on how to communicate to the
child in a way that insures the growth of that quality.
The qualities are trust, security, love, listening, empathy,
risk, respect, freedom, and positive reinforcement. Trust
is the bedrock of safety. Trust is built by being honest
and open in the parent-child relationship. Security is a
sense of safety. Safety is built by consistency in the
parent-child relationship. Love is a nurturing love, a
tender caring--valuing a child just because he exists.
Listening is an art. Responsive listening is the type of
listening necessary in the parent-child relationship.
Empathy is "feeling in" with the other person, and parents
need it to feel as the child feels in a given situation.
Risk is the ability to share one's inmost feelings about
self without fear of rejection. The parent should not be
judgmental or evaluative in his reactions to the child's
self-disclosure. Respect in the parent-child relationship
means that both the child and the parent have rights and

responsibilities and both can operate in a manner that does not infringe on the rights or responsibilities of either. Freedom is necessary to the child's development in order for him to build a sense of responsibility and independence in later years. Positive reinforcement is a facilitator in the building of acceptable behaviors. Punishment is inefficient and ineffective.

This handbook of materials and ideas is provided as an aid to the speech-language pathologist. It may be used in counseling parents of clients and in working with clients in therapy. It should be a means of facilitating self-esteem.

REFERENCE LIST

Books

Adler, R., and Towne, Neil. Looking Out/Looking In: Inter-
   personal Communication. Dallas: Holt, Rinehart, and
   Winston, 1975.

Allen, Charles L. The Miracle of Love. Old Tappan, N.J.:
   Fleming H. Revell Company, 1972.

Anderson, K. E. Introduction to Communication Theory and
   Practice. Menlo Park, Calif.: Cummings Publishing
   Company, Inc., 1972.

Backus, Ollie. "The Study of Psychological Process in
   Speech Therapists." In Psychological and Psychiatric
   Aspects of Speech and Hearings. Edited by Barbara,
   Dominick A. Springfield, Ill.: Charles C. Thomas, 1960.

Bangs, Tina E. Language and Learning Disorders of the Pre-
   Academic Child. Englewood Cliffs, N.J.: Prentice-Hall,
   Inc., 1968.

Barbara, Dominick A. Your Speech Reveals Your Personality.
   Springfield, Ill.: Charles C. Thomas, 1978.

Barker, L., and Collins, N.B. "Nonverbal and Kinetic Re-
   search." In Methods of Research in Communication.
   Edited by Emmert, P., and Brooks, W. D. Boston:
   Haughton-Mifflin Co., 1970.

Baruch, Dorothy Walter. New Ways in Discipline. New York:
   McGraw-Hill Book Company, Inc., 1949.

Becker, Wesley C. Parents Are Teachers. Champaign, Ill.:
   Research Press, 1977.

Berister, C., and Engelmanor, S. Teaching Disadvantaged
   Children in the Preschool. Englewood Cliffs, N.J.:
   Prentice-Hall, Inc., 1966.

Berko, J., and Brown, R. "Psycholinguistic Research
   Methods." In Handbook of Research Methods in Child
   Development. Edited by Mussen, P. H. New York: John
   Wiley and Sons, 1960, p. 531.

Berry, Mildred. Language Disorders in Children. New York: Appleton-Century-Crofts, Inc., 1956.

Berry, Mildred Freburg, and Eisenson, Jon. Speech Disorders: Principles and Practices of Therapy. New York: Appleton-Century-Crofts, Inc., 1956.

Birdwhistell, R. L. Kinesics and Contexts: Essays on Body Motion Communication. Philadelphia: University of Pennsylvania Press, 1970.

Borden, George A.; Gregg, Richard B.; and Grove, Theodore G. Speech Behavior and Human Interaction. Englewood Cliffs, N.J.: Prentice-Hall, 1969.

Briggs, Dorothy Corkille. Your Child's Self-Esteem. Garden City, N.Y.: Dolphin Books, Doubleday & Co., Inc., 1975.

Brown, Charles T., and Van Riper, Charles. Speech and Man. Englewood Cliffs, N.J.: Prentice-Hall, 1966.

Bryngelson, B. Personality Development Through Speech. Minneapolis: Denison, 1964.

Bryngelson, B.; Chapman, M. E.; and Hansen, O. Know Yourself. Minneapolis, Minn.: Burgess Publishing Company, 1960.

Burgoon, Michael, and Ruffner, Michael. Human Communication. Dallas: Holt, Rinehart, and Winston, 1978.

Chinn, Philip C.; Winn, Joyce; and Walters, Robert H. Two Way Talking with Parents of Special Children: A Process of Positive Communication. St. Louis: The C. V. Mosby Company, 1978.

Chomsky, N., and Halle, M. The Sound Pattern of English. New York: Harper & Row, 1968.

Coleman, J. S. Equality of Educational Opportunity. (Department of Health, Education, and Welfare). Washington, D.C.: U. S. Government Printing Office, 1966.

Cooley, Charles H. Human Nature and the Social Order. New York: The Free Press, 1956.

Coopersmith, Stanley. The Antecedent of Self-Esteem. San Francisco: W. H. Freeman and Company, 1967.

Davis, E. The Development of Linguistic Skills in Twins, Singletons with Siblings, and Only Children from Age Five to Ten Years. Minneapolis: University of Minnesota Press, 1937.

_____. Developing Self Esteem. Columbus, Ohio: Ross Laboratories, 1959.

DiLeo, Joseph H. Child Development: Analysis and Synthesis. New York: Brunner/Mazel, Publishers, 1977.

Dobson, James. Dare to Discipline. Wheaton, Ill.: Tyndale House Publishers, 1973.

_____. Hide and Seek: Self-Esteem for the Child. Old Tappan, N.J.: Fleming H. Revell Company, 1971.

Edge, David, ed. The Formative Years. New York: Schocken Books, 1970.

Erikson, E. H. Childhood and Society. New York: Norton, 1950.

Freud, A. Infants Without Families. New York: International University Press, 1944.

Fromm, Erick. Man for Himself. New York: Rinehart, 1947.

Gesell, A. The First Five Years of Life. New York: Harper & Bros., 1940.

Giffin, Kim, and Patton, Bobby R. Fundamentals of Interpersonal Communication. Evanston, Ill.: Harper & Row, 1971.

Ginott, Haim G. Between Parent and Child. New York: The Macmillan Company, 1965.

Ginsburg, Herbert, and Opper, Sylvia. Piaget's Theory of Intellectual Development. Englewoods Cliffs, N.J.: Prentice-Hall, Inc., 1969.

Glasner, Philip J. "The Psychotherapy of People Who Stutter." In Psychologocal and Psychiatric Aspects of Speech and Hearing. Edited by Barbara, Dominick A. Springfield, Ill.: Charles C. Thomas, 1960.

Glasser, William. The Identity Society. New York: Harper & Row, 1972.

Gray, Giles W., and Wise, Claude M. The Bases of Speech. New York: Harper & Bros. Publishers, 1934.

Greene, Margaret. Learning to Talk, A Guide for Parents. London: William Heinemann Medical Books Ltd., 1960.

Halbert, Barbara Lee. Creative Discipline for Young Children. Nashville, Tenn.: Broadman Press, 1980.

Ingram, David. Phonological Disability in Children. New York: Elsevier, 1976.

Jakobson, R. Child Language, Aphasia and Phonological Universals. The Hague: Mouton, 1968.

Johnson, David W. Reaching Out. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1972.

Jones, Morris Vall. Speech Correction at Home. Springfield, Ill.: Charles C. Thomas, 1957.

Knapp, L. Nonverbal Communication in Human Interaction. New York: Holt, Rinehart & Winston, Inc., 1972.

Lenneberg, E. Biological Foundations of Language. New York: Wiley, 1967.

Lenneberg, Eric H., and Lenneberg, Elizabeth. Foundations of Language Development: A Multidisciplinary Approach. New York: Academic Press, 1975.

Leubits, L. (edited by M. Galvin) Nonverbal Communication, a Guide for Teachers. Skokie, Ill.: National Textbook Company, 1973.

Lin, N. The Study of Human Communication. New York: The Bobbs-Merrill Co., Inc., 1973.

Lowell, Edgar L., and Pollock, Doreen B. "Remedial Practices with the Hearing Impaired." In Communication Disorders: Remedial Principles and Practices. Edited by Dickson, Stanley. Glenview, Ill.: Scott, Foresman and Company, 1974.

Luchsinger, R., and Arnold, G. E. Voice-Speech-Language, Clinical Communicology. Belmont, Calif.: Wadsworth Publishing Co., Inc., 1965.

Maher, Trafford P. Self--A Measureless Sea. St. Louis, Mo.: The Catholic Hospital Association, 1966.

Martin, William E., and Stendler, Celia Burns. Child Behavior and Development. New York: Harcourt, Brace and Company, 1959.

McCarthy, D. "Language Development in Children." In Manual of Child Psychology. Edited by Carmichael, L. New York: Wiley, 1954.

McConnell, Freeman; Love, Russell, J.; and Clark, Bertha. "Language Remediation in Children." In Communication Disorders: Remedial Principles and Practices. Edited by Dickson, Stanley. Glenview, Ill.: Scott, Foreman Company, 1974.

McDonald, Eugene T. Understand Those Feelings. Pittsburgh: Stanwix House, Inc., 1967.

Menyuk, Paula. The Development of Speech. Indianapolis: Bobbs-Merrill Company, Inc., 1972.

Miller, Sherod; Nunnally, Elam W.; and Wackman, Daniel B. Alive and Aware: How to Improve Your Relationships Through Better Communications. Minneapolis, Minn.: Interpersonal Communications Program, Inc., 1979.

Morse, P. A. Infant Speech Perception: A Preliminary Model and Review of Literature. N.p.: Schiefelbusch & Lloyd, 1974.

Muller & Leonetti. Primary Self-Concept Inventory Manual. Austin, Tex.: Learning Concepts, 1973.

Murphy, Albert T., and Fitzsimmons, J. Stuttering and Personality Dynamics. New York: The Ronald Press Company, 1960.

Myers, Gail E., and Myers, Michele Tolela. The Dynamics of Human Communication. St. Louis: McGraw Hill Book Company, 1973.

Myklebust, H. Auditory Disorders in Children. New York: Grune & Stratton, 1954.

_____. Picture Story Language Test In Development and Disorders of Written Language. New York: Grune & Stratton, Inc., 1965.

Oliver, Robert T., and Barbara, Dominick A. The Healthy Mind in Communion and Communication. Springfield, Ill.: Charles C. Thomas, Publisher, 1962.

Osborne, Cecil G. The Art of Learning to Love Yourself. Grand Rapids, Mich.: Zondervan Publishing House, 1976.

Porter, Blaine M. "Your Child Deserves Unconditional Love." In Your Child's World. Lake Bluff, Ill.: The Book House for Children, 1955.

Powers, Margaret Hall. "Clinical and Educational Procedures in Functional Disorders of Articulation." In Handbook of Speech Pathology and Audiology. Edited by Travis, L. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1971.

Purkey, William Watson. Inviting School Success. Belmont, Calif.: Wadsworth Publishing Company, 1978.

Raph, Jane Beasley. "The Relationship of Psychological Development to Linguistic Behavior in the Middle Years of Childhood." In Psychological and Psychiatric Aspects of Speech and Hearing. Edited by Barbara, Dominick A. Springfield, Ill.: Charles C. Thomas, 1960.

Rogers, Carl R. Client-Centered Therapy. Dallas: Houghton-Mifflin Company, 1965.

_____. On Becoming a Person. Boston: Houghton-Mifflin Company, 1961.

Rosenberg, M. Society and the Adolescent Self-Image. Princeton: Princeton University Press, 1965.

Rousey, Clyde L. Diagnostic Implications of Speech Sounds. Springfield, Ill.: Charles C. Thomas, 1965.

_____. "The Psychopathology of Articulation and Voice Disorders." In Handbook of Speech Pathology and Audiology. Edited by Travis, L. E. Englewood Cliffs, N.J.: Prentice-Hall, 1971.

Sarett, Lew; Foster, William; and Sarett, Alma. Basic Principles of Speech. Boston: Houghton-Mifflin Company, 1958.

Saul, Leon. Emotional Maturity. Chicago: Lippincott & Co., 1947.

Schreiber, Flora Rheta. "The Psychological Factors Affect-
     ing the Development of Speech in Early Years." In
     Psychological and Psychiatric Aspects of Speech and
     Hearing. Edited by Barbara, Dominick. Springfield,
     Ill.: Charles C. Thomas, 1960.

Schuller, Robert H. Self-Love: The Dynamic Force of Success.
     Odl Tappan, N.J.: Fleming H. Revell Company, 1969.

Shakespeare, William. The Complete Works of Shakespeare.
     Edited by Craig, Hardin. As You Like It. Dallas:
     Scott, Foreman and Company, 1961.

Skinner, B. F. Verbal Behavior. New York: Appleton-Century-
     Crofts, Inc., 1957.

Spiegel, J., and Machotka, P. Messages of the Body. New
     York: The Free Press, 1974.

Swenson, C. H. Introduction to Interpersonal Relations.
     Glenview, Ill.: Scott, Foreman & Co., 1973.

Templin, M. Certain Language Skills in Children. Minne-
     apolis: University of Minnesota Press, 1957.

Travis, Lee Edward. "The Psychotheropeutical Process." In
     Handbook of Speech Pathology and Audiology. Edited by
     Travis, L. Englewood Cliffs, N.J.: Prentice-Hall, 1971.

Van Riper, Charles. Speech Correction, Principles, and
     Methods. Englewood Cliffs, N.J.: Prentice-Hall, 1954.

Van Riper, C., and Irwin, John. Voice and Articulation.
     Englewood Cliffs, N.J.: Prentice-Hall, 1962.

Weitz, S. Nonverbal Communication, Reading with Commentary.
     New York: Oxford University Press, 1974.

White, Burton L. The First Three Years of Life. New York:
     Avon Books, 1975.

Winitz, Harris. Articulatory Acquisition and Behavior.
     Englewood Cliffs, N.J.: Prentice-Hall, 1969.

Yamamoto, Kaoru. The Child and His Image. Dallas: Houghton-
     Mifflin Company, 1972.

_____. Your Child's Discipline. Columbus, Ohio: Ross
     Laboratories, 1962.

Periodicals

Alpert, A. "Institute on Programs for Children without Families." Journal of the American Academy of Child Psychiatry. 1965, 4, 165-66.

Amster, W. W.; Love, R. J.; Minzel, O. J.; Sandler, J.; Sculthorpe, W. B.; and Gross, F. M. "Psychosocial Factors and Speech After Laryngectomy." Journal of Communication Disorders. 1972, 5, 1-18.

Baldwin, A. L.; Kalhourn, J.; and Breese, F. H. "Patterns of Parent Behavior." Psychological Monographs, 1945, 58, 268.

Becker, W. C.; Peterson, D. C.; Hellmer, L. A.; Shoemaker, D. J.: and Quay, H. C. "Factors in Parental Behavior in Children." Journal of Consulting Psychology. 1959, 23, 107-118.

Branch, C. V.; Damico, S.; and Purkey, W. A. "A Comparison between the Self-Concepts as Learner of Descriptive and Non-Descriptive Middle School Students." The Middle School Journal. 1977, 7, 15-16.

Bruner, J. S. "The Cognitive Consequences of Early Sensory Deprivation." Psychosomatic Medicine. 1959, 21, 89-95.

Carrier, Joseph K. "A Program of Articulation Therapy Administered by Mothers." Journal of Speech and Hearing Disorders. 1970, 35, 344-53.

Cramblitt, Nancy S., and Sigel, Gerald M. "The Verbal Environment of a Language-Impaired Child." Journal of Speech and Hearing Disorders. 1977, 42, 474-82.

Davidson, H., and Lang, G. "Children's Perceptions of their Teacher's Feelings Toward Them Related to Self-Perception, School Achievement and Behavior." Journal of Experimental Education. 1960, 29, 107-118.

Delack, J. "Aspects of Infant Speech Development in the First Year of Life." Canadian Journal of Linguistics. 1976, 21, 17-37.

Dittes, J. E. "Effects of Changes in Self-Esteem Upon Impulsiveness and Deliberation in Making Judgments." Journal of Abnormal and Social Psychology. 1959, 58, 348-56.

Eimas, P. D.; Sigueland, E. R.; Jusczyk, P.; and Vigorito, J. "Speech Perception in Infants." Science. 1971, 171, 303.

Gardner, W. "Adjustment Problems of Laryngectomized Women." Archives of Otolaryngology. 1966, 83, 57-68.

Gibb, Jack R. "Defensive Communication." The Journal of Communication. 1961. 11, 3.

Hubbill, Robert D. "On Facilitating Spontaneous Talking in Young Children." Journal of Speech and Hearing Disorders. 1977, 42, 216-31.

Irwin, F. S. "Sentence-Completion Responses and Scholastic Success or Failure." Journal of Counseling Psychology. 1967, 14, 269-71.

Kendon, A. "Some Foundations of Gaze-Direction in Social Interaction." Acta Psychologica. 1967, 26, 22-63.

Koch, H. L. "Some Emotional Attitudes of the Young Child in Relation to the Characteristics of His Sibling." Child Development. 1956, 27, 393-426.

Leake, Gary, and Slane, Steve. "Effects of Self-Perceived Nonverbal Immediacy Behaviors on Interpersonal Interaction." Journal of Psychology. 1978, 98, 241-48.

Lee, L. "Developmental Sentence Types: A Method for Comparing Normal and Deviant Syntactic Development." Journal of Speech and Hearing Disorders. 1966, 31, 311-30.

McCroskey, Robert L., and Baird, Virginia Green. "Parent Education in a Public School Program of Speech Therapy." Journal of Speech and Hearing Disorders. 1971, 36, 499-505.

Moll, K., and Darley, F. "Attitudes of Mothers of Articulatory-Impaired and Speech-Retarded Children." Journal of Speech and Hearing Disorders. 1960, 25, 377-84.

Ratusnik, Carol Milnick, and Ratusnik, David L. "A Therapeutic Milieu for Establishing and Expanding Communicative Behaviors in Psychotic Children." Journal of Speech and Hearing Disorders. 1976, 41, 70-92.

Read, K. H. "Parents' Expressed Attitudes and Children's Behavior." Journal of Consulting Psychology. 1945, 9, 95-100.

Rosenthal, M. J.; Finkelstein, M.; Ni, E.; and Robertson, R. E. "A Study of Mother-Child Relationships in the Emotional Disorders of Children." Genetic Psychology Monographs. 1959, 60, 65-116.

Schaefer, E. S., and Bell, R. Q. "Patterns of Attitudes Towards Child Rearing and the Family." Journal of Abnormal Social Psychology. 1959, 54, 391-95.

Schooler, C. "Birth Order and Schizophrenia." Archives of General Psychiatry. 1961, 4, 91-97.

Shriner, T. H. "A Comparison of Selected Measures with Psychological Scale Values of Language Development." Journal of Speech and Hearing Research. 1967, 10, 828-35.

Shelton, Ralph L.; Johnson, Anita F.; Ruscello, Dennis M.; and Arndt, William B. "Assessment of Parent-Administered Listening Training for Preschool Children with Articulation Deficits." Journal of Speech and Hearing Disorders. 1972, 43, 242-54.

Sommers, Ronald K. "Factors in the Effectiveness of Mothers Trained to Aid in Speech Correction." Journal of Speech and Hearing Disorders. 1962, 27, 178-86.

Sommers, Ronald K.; Furlong, Ann K.; Rhodes, Frank E.; Fichter, George R.; Bowser, Dolores C.; Capitas, Florence G.; and Saunders, Zane G. "Effects of Maternal Attitudes Upon Improvement in Articulation When Mothers are Trained to Assist in Speech Correction." Journal of Speech and Hearing Disorders. 1964, 29, 126-32.

Tamayo, Alvaro, and Raymond, Felix. "Self-Concept of Psychopaths." Journal of Psychology. 1977, 77, 71-77.

Templin, M. "A Study of Aggressiveness in Normal and Defective Speaking College Students." Journal of Speech and Hearing Disorders. 1938, 3, 43-49.

Todd, G., and Palmer, B. "Social Reinforcement of Infant Babbling." Child Development. 1968, 39, 591-96.

Webster, Elizabeth J. "Parent Counseling by Speech Pathologists and Audiologists." Journal of Speech and Hearing Disorders. 1966, 31, 331-40.

_____. "Procedures for Group Counseling in Speech Pathology and Audiology." Journal of Speech and Hearing Disorders. 1968, 33, 127-31.

Weisberg, P. "Social and Nonsocial Conditionings of Infant Vocalization." Child Development. 1963, 34, 377-88.

Wood, K. S. "Parental Maladjustment and Functional Articulatory Defects in Children." Journal of Speech and Hearing Disorders. 1946, 11, 255-75.

Zemlick, M. R., and Watson, R. I. "Maternal Attitudes of Acceptance and Rejection During and After Pregnancy." American Journal of Orthopsychiatry. 1953, 23, 510-84.

Zimmerman, I. L., and Allebrand, G. N. "Personality Characteristics and Attitudes Toward Achievement of Good and Poor Readers." Journal of Educational Research. 1965, 59, 28-30.

Unpublished Manuscripts

Harlow, H. F. Effects of Early Experiences on Personal, Social, Sexual, and Maternal Behavior. Paper read to Society for Research in Child Development, Berkley, California, 1963.

Kelley, J. Dress as Non-Verbal Communication. Paper presented to the Annual Conference of the American Association for Public Opinion Research, 1969.

Raskin, Nathaniel J. The Nondirective Attitude. Unpublished manuscript, 1947.