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VOICE TRAINING IN NORMAL SCHOOLS

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FOR some time it has been generally recognized, at least in educational circles, that the American voice is badly in need of training. When one of our leading periodicals finds a good voice so unusual in this country as to necessitate the following comment upon some entertainers, "Their enunciation has a clearness and purity that in America is startling";¹ and when one of our leading newspapers,² after commenting upon the clear voices of these same entertainers, says, "There is something wrong about a system that produces ragtime and peacock voices," we can hardly fail to realize the necessity of doing something to help matters. But when such a magazine as *Life* publishes this criticism, "The annual visit of the Yale dramatic boys with their four playlets—by no means bad entertainment, all things considered—only emphasizes again that notable American defect, bad speech," it is quite evident that we are confronted with a problem that concerns the whole American nation.

An investigation of the curriculum, not only of the elementary and secondary schools, but also of colleges and universities, shows that while English grammar, English composition, and English literature are taught everywhere, the way English should sound when it is spoken is seldom even hinted at. This failure of education to provide for the training of the simplest and most natural means of self-expression has led to the American voice.

The importance of work in the correction of voice defects in the grades has been made startlingly clear by speech surveys, conducted by capable men, in some of our large cities. Probably the most interesting is that made by Dr. Wallin in St. Louis.³ Out of 89,075 children examined, 2,494 were found to be suffering from very serious defects in speech. Only the worst defects were counted, and those only where the teacher absolutely un-

¹ *Harper's Weekly*, January 3, 1914.

² *Springfield Republican*.

³ Dr. Wallin, "A Census of Speech Defectives," *School and Society*, February 5, 1916, p. 213.

trained in the diagnosis of speech defects, agreed that the voice was wrong.

Another interesting survey is that made by Conradi.⁴ Eighty-seven thousand, four hundred forty children in Kansas City, Milwaukee, Cleveland, Louisville, Albany, and Springfield were examined; of this number, over 2,000 were found to have serious voice defects.

In a survey of the school children of Madison, Wisconsin, last year,⁵ Dr. Blanton, of the University of Wisconsin, found that nearly 150 children, out of a total of 4,862, had serious voice defects, chiefly stuttering, lisping, and indistinct speech. Working out his report very carefully, Dr. Blanton found that the greatest per cent of vocal defects was in the first grade. Six and four tenths per cent of the cases reported were in the kindergarten, 11.05% in the first grade, and then the per cent decreased until the eighth grades reported only 2.65%. The large number of speech defects found in the first grade, he concludes, is due to four causes:

1. The beginning of formal study.
2. The breaking of home associations.
3. Change in dentition.
4. Study of reading.

Another very significant fact brought out by this survey is that the children who were retarded, that is, two or more years behind their grades—and those who were diagnosed as mental defectives, were to a large extent the children with the most serious voice defects. If it is possible, from this observation, to make any connection between voice defects and mental defects, as would seem to be the case, the problem is a still more serious one.

The conclusions reached by Dr. Blanton through his investigations are as follows:

1. Five per cent more children than are recorded in most surveys are suffering from speech defects.
2. Speech defects relate very closely to feeble-minded and mentally defective children.

⁴ Conradi, "Speech Development in the Child," *Pedagogical Seminar*, Vol. II, p. 365.

⁵ Dr. Blanton, "A Survey of Speech Defects," *Journal of Educational Psychology*, December, 1916, p. 582.

3. Teachers should know anatomy and physiology of the speech mechanism, and something of abnormal psychology.

That this work is becoming very important is evidenced by the fact that within the last three years, most of the leading educational journals in the United States have discussed the problem very seriously, and have made various suggestions as to its solution.⁶

Last year, the National Council of Teachers of English held a special conference on speech defects, under the leadership of Mrs. M. Scripture of New York, and the importance of the work was stressed in all the sections. The same National Council of Teachers of English has recently organized a National Speech League, the members of which are not in speech work. Such activity, outside the circle of professional teachers of speech, is bound to have a far-reaching effect.

Within recent years, many of our state universities have established courses in voice-training, and many summer school courses in oral English have been added to meet the demand for teachers who are trained to correct spoken English.

In certain states—California, New Jersey, Alabama, West Virginia, Kansas, and New York, especially—definite action has been taken, and the speech work there is becoming systematized.

The newly organized speech clinic of New York City, under the direction of Frederick Martin,⁷ and the University of Wisconsin speech clinic, with Dr. Smiley Blanton in charge, are examples of the work now being done.

We find, then, that the field has been investigated, but the problem has not been solved in any sense; nor will it be solved until school boards and state boards of education can be brought to see the commercial loss involved in allowing speech defects to go untreated. The very definite relation between speech defects and the earning of a livelihood is something still to be learned. When school boards come to realize that the number of professions closed to lispers, stammerers, etc., is rapidly becoming

⁶*Educational Review, English Journal, Journal of Educational Psychology, School and Society, Pedagogical Seminar, Quarterly Journal of Public Speaking.*

⁷Director of Speech Improvement in the Public Schools of New York, and Director of the Speech Clinic in the College of the City of New York.

greater, then, and then only, will provision for the eradication of such defects be easier to obtain. The whole problem of voice defects in relation to economic efficiency is too great to discuss here, except in the case of the teaching profession, which will be discussed later.

Many suggestions have been made as to the method of solving the problem of speech correction. Prof. Albert Shower, of Kansas State Agricultural College, suggests that work in the form of illustrated lectures and practice lessons should be given in the grades to both teachers and pupils. This proposal has the objection of being too superficial—teachers must know more about defects than the children in order to be of any help to the latter.

This suggestion, made by an English teacher, is quite interesting: "Let the teacher counsel the pupil . . . as to the fact that his voice is harsh, or low, or thin, or whatever it may be. Let the teachers, as a body or through selected individuals, listen for the misuse of the speaking voice in the halls and on the playground. This, then, is the specific suggestion concerning voice-training which I would make."⁸ This, of course, is better than nothing, but how is the child to benefit unless these same teachers are able to help him to *correct* his voice, in addition to pointing out what is wrong?

The most general suggestion and the one most generally in practice is to have a special voice teacher. This is a splendid idea, especially for those schools with plenty of money; but what about the thousands of smaller schools all over the country that cannot afford to have a special teacher? This suggestion, then, is hardly practicable enough.

All of these articles on the subject of voice improvement realize the fact that the school is the place to check speech defects. With this to start on, it should be comparatively easy to reach some conclusion. If the school is the place to begin, then logically, the teacher is the person to do the work, and the whole solution of the problem lies in the training of the teacher. If this is true, then obviously, the normal school is the institution to lead the reform. With the increasingly high standard of education required for the teaching profession, it will not be long

⁸Davis, "Vocal Training in the Secondary Schools," *English Journal*, April, 1916, p. 244.

before all of our teachers are graduates of either normal schools, universities, or special schools. Of these, the normal schools send out by far the greater share of those teachers who have charge of the children during the period when it is most important to check defects in speech. This fact is clear then: the normal schools send out the teachers who have the greatest need of a scientific knowledge of voice training.

If every normal school student should be required to have a thorough scientific course in voice training before graduation, the problem of voice training could be solved.

This would involve an expense to the state of one special teacher for every such school in the state, a very negligible expense compared to that of supplying one teacher for every public school in the state except to such states as Wisconsin, which is more plentiful with her normals than most other states.

Such a course would have to do two things: first, correct defects of the students' voices; second, give them practice in the diagnosis and correction of speech defects in children.

First of all, such a course should correct defects of the students themselves. A visit to almost any average-sized class in almost any normal school will reveal the fact that there are lisps, stutterers, and shrill, harsh, or guttural voices in every class. A question or two will inevitably show that these people are planning to teach the following fall, or the next one at the very latest. Can you imagine a teacher of the eighth grade who lisps badly? A young man recently reported, after he had visited three grades in a near-by town, that he was astonished to find that one teacher lisped, the other two had "peacock voices," and not more than ten per cent of the eighty pupils had a pleasant voice. Surely such a situation should be remedied.

A normal school should be ashamed to send out teachers who lisp or stammer or have wretched voices of any kind. Not only that, but it is unfair to the student who is to be sent out.

A city superintendent was interviewing a student relative to a position only a few weeks ago. After a very short conversation, he asked, "Is that your natural voice?" "Why, yes," replied the student, very much taken aback at such a question. The interview was closed and the girl lost her chance of a good posi-

tion, because no teacher had ever told her she had a bad voice, and she was not required by the school to improve it before she graduated.

In order to pass the United States Civil Service examination for teachers, the applicant must pass a test in oral reading, and if the rigorous examination of nose and throat which follows shows any bad faults, the candidate is very likely to be dropped.

Many of the blanks sent out by county superintendents to applicants for schools have several questions about the voice, tonsils, adenoids, breathing, etc., which, if answered truthfully, would keep many a teacher from a good position.

Very often an examination of the nose and throat of a student will reveal conditions that cause many other troubles beside a bad voice. For instance, the report on one girl sent to a specialist for nose and throat examination showed the following condition:

Throat history: has had attacks of sore throat.

Aural history: Periodic attacks of deafness which usually follow a cold.

Naso-pharynx: adenoid tissue.

Eustachian tubes: surrounded by adenoid tissue.

Tonsils: fossa filled with tissue even to the pillars.

Posterior Pillar: not adherent to tonsils.

Anterior Pillar: not adherent to tonsils.

Post-nasal space: filled with mucous.

Thyroid: normal.

Is it any wonder that this girl had a bad voice, poor scholarship, and poor health?

The diagnosis of another girl showed:

Septum: deviated to the left, leaving left nasal passage obstructed and narrow.

High dental arch. Upper front incisor teeth protrude. Short upper lip.

Mouth breather.

Small goiter present.

This report and numerous others, very similar, establish a close relation between a poor voice, poor health, and weak scholarship. The September number of the *Medical Record* publishes an article

by Dr. Ira S. Wile, a member of the New York City board of education, on "The Economic Value of Speech Correction," in which he says, "It is patent that the average sufferer from a speech defect is deprived of his fullest opportunities of education and self-expression. The majority of speech defects are combined with defects of vision, hearing, and muscular coördination, or cerebral development."

If such defects could be corrected at the very beginning of school life, the effect on voice, mentality, and health would be vastly greater than the effects of such correction at the age of twenty or twenty-five. Dr. Smiley Blanton says, "Teachers trained for this work can accomplish a great deal of good in our schools and can save many children from life-long suffering and failure."⁹

Therefore, it is of great importance that the teachers in the grades—the lower grades particularly—should be able to diagnose speech defects and correct them, or have them corrected by a physician.

This, then, is the second aim of such a course as the one advocated—to train students in the detection and correction of speech defects. With a training school in connection with every normal school and the public schools willing and anxious to cooperate, as they usually are, there is a splendid chance for observation and plenty of opportunity for individual work with children. Such common troubles as lisping, stammering, harshness, nasality, indistinct speech, high pitch, and monotony can be found in almost every grade; chiefly, however, in the lower grades. This is another reason why the normal school is the logical place to do this work—theory can be put at once into practice, under the careful supervision of the voice teacher.

The voice work in the normal school should be correlated with the work of the physical education department. The voice teacher should have on file a record of the physical examination of the student, his class record, and the record of the nose and throat examination made by a specialist, if the teacher has not a medical degree, together with a history of the person as nearly as it can be ascertained. Very often a bad voice is directly due to

⁹ Dr. Blanton, "The University of Wisconsin Speech Clinic," *Journal of Educational Psychology*, May, 1916, p. 260.

the environment of the individual. A man with a tense, harsh voice said that he realized that his voice was becoming worse, but he had no idea what the trouble was. A very informal conversation with him brought out the fact that for the last few years he had been living in the same house with a man he hated. They never quarrelled, but their relations were always strained, and the young man fell into the habit of gritting his teeth to keep from saying unpleasant things. This practice made his jaw tense and his voice began to lose its freedom and flexibility. This man has now moved from that house; he is cheerful and happy again, and before long, his voice is bound to show the change.

A girl who has a very harsh, flat voice said she knew it was due to a teacher she had in the fifth, sixth, and seventh grades. This teacher had very poor discipline, and the room was always in a turmoil. She was partially deaf, so that the children, when they recited, had to almost shout to make her hear above the noise in the room. This strain for three years was more than her voice could stand, and she is now paying the penalty.

Such situations show that beside the anatomy and physiology of speech mechanism, the teacher must also have a knowledge of psychology.

Such teachers, at the head of voice clinics in every normal school in the country, could do a great deal toward solving the present voice problem; for the next generation of teachers would be equipped to handle the next generation of school children, and before many generations have passed, the American voice would not be characterized by its badness.