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### A CASE STUDY OF A GIFTED FIRST GRADE GIRL WHO IS MALADJUSTED

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A CASE STUDY OF A GIFTED FIRST GRADE GIRL  
WHO IS MALADJUSTED

A Problem Submitted to the Department of Education in Partial  
Fulfillment of the Requirements for the  
Course in Research Problems 390b

By

Hazel S. Meeker

0283607b

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KANSAS STATE TEACHERS COLLEGE

Pittsburg, Kansas

January, 1958

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## TABLE OF CONTENTS

SECTION	PAGE
INTRODUCTION.....	1
Statement of the Problem.....	1
Need for the Study.....	1
Research Design.....	1
Limitations of the Study.....	5
THE CASE STUDY.....	6
Identifying Information.....	6
Problem That Prompted the Study.....	7
Family Background.....	7
Health and Physical History.....	8
Personal Characteristics.....	9
Educational Statistics.....	10
Anecdotal Record.....	11
RELATED RESEARCH.....	34
ANALYSIS OF DATA.....	38
CONCLUSIONS AND RECOMMENDATIONS.....	40
Conclusions.....	40
Recommendations.....	40
BIBLIOGRAPHY.....	43



## INTRODUCTION

### Statement of the Problem

This problem is an attempt to find the reasons for an individual's behavior and to suggest ways which may assist her to adjust to her school environment.

### Need for the Study

Mary Brown is a first grade student with superior academic potential. If she is to enjoy social acceptance of her classmates and develop her capabilities to the full, she must have immediate help.

### Research Design

The two methods of research used in this study are the documentary and the case study.

The Documentary Method. "Having selected a problem... the investigator must seek sources of information."<sup>1</sup> The Educational Index, the library catalogue, and secondary sources served the writer in her search for a background of knowledge for use in this study.

To understand many current phenomena it is frequently important to understand how they came to be. Studies in the past extend the intellectual horizon by indicating how things have

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<sup>1</sup>Arvil S. Barr, Robert A. Davis and Palmer O. Johnson, Educational Research and Appraisal (Chicago: J. B. Lippincott Company, 1953), p. 216.

originated in remote times and places, and how these may affect the present. They also help in differentiating between the important and the superficial, and the continuing from the passing. Attitudes, values and emotionalized forms of behavior almost always have a history; not to understand this history is not to understand the particular behavior under investigation.<sup>1</sup>

The documentary method is also "essential in making a curriculum, particularly when the course of study needs revising...what to teach is more easily answered."<sup>2</sup>

Good<sup>3</sup> gives five purposes of the documentary method:

1. Shows whether the evidence at hand to solve the problem is adequate.
2. Provides ideas, theories, explanations or hypotheses valuable in solving the problem adequately.
3. Suggests methods of research appropriate for solving the problem.
4. Locates comparative data useful in the formulating and testing of hypotheses, method of research for collecting data and interpreting results.
5. Contributes to the general scholarship of the investigator.

As Whitney<sup>4</sup> says, "Making a bibliography is not research," but it is the foundation on which research builds the future.

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<sup>1</sup>Ibid., p. 311.

<sup>2</sup>Frederick Lamson Whitney, The Elements of Research (New York: Prentice-Hall, Inc., 1950), p. 178.

<sup>3</sup>Carter V. Good, A. S. Barr and Douglas E. Scates, The Methodology of Educational Research (New York: D. Appleton-Century Co., 1936), p. 255.

<sup>4</sup>Whitney, op. cit., p. 178.

The true historian applies external criticism to data to determine their genuineness. He uses internal criticism to find the meaning and accuracy of the statements within the documents.<sup>1</sup>

The Case Study Method. The case study method is particularly suited to this study since "it is the most valuable method known for obtaining a true and comprehensive picture of individuality."<sup>2</sup> "Its detailed and intensive nature insures a better adjustment for the subject of the investigation."<sup>3</sup>

The real purpose of the case study must never be forgotten in the routine job of gathering data--to understand the individual as a whole child in his own world.<sup>4</sup>

Traxler<sup>5</sup> tells us "there were case studies as long ago as 4000 B.C., but it wasn't until the latter part of the 19th century that they were placed on a well organized basis."

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<sup>1</sup>Barr, Davis and Johnson, op. cit., p. 217.

<sup>2</sup>Ibid., p. 188.

<sup>3</sup>Arthur E. Traxler, Techniques of Guidance (New York: Harper and Brothers Publishers, 1954), p. 285.

<sup>4</sup>Sidney L. Pressey and Francis P. Robinson, Psychology and the New Education (New York: Harper and Brothers Publishers, 1944), p. 321.

<sup>5</sup>Traxler, op. cit., p. 285.

As long as teachers were mainly interested in teaching subject matter to groups of pupils, they had no real need for case studies. It was the recent tendency to teach individuals according to their differences and needs that the case study came into its own. It is invaluable when the individual deviates from the normal in a significant aspect.<sup>1</sup>

A case study must have:

1. Completeness
2. Validity of data
3. Confidential recording
4. Scientific synthesis<sup>2</sup>

Plan only as much as can be accomplished. When the investigation is completed, apply treatment, being sure the treatment is entirely within the experience of the investigator.<sup>3</sup>

A follow up of several months should attend treatment. This will help to insure that a relapse does not occur.<sup>4</sup>

<sup>1</sup>Loc. cit.

<sup>2</sup>Francis N. Maxfield, "The Case Study," Educational Research Bulletin IX (March 5, 1930), 118-120.

<sup>3</sup>Traxler, op. cit., p. 285.

<sup>4</sup>Ibid., p. 304.

Sources of Information. To gain information necessary to help solve this child's problem, the writer has investigated these sources:

1. School records which include a Pintner-Cunningham<sup>1</sup> I.Q. test; a Gates<sup>2</sup> Reading Readiness test and a grade card prepared by the subject's teacher.
2. The mother and teacher of the student.
3. Neighbors of the student's family.
4. Books, bulletins, periodicals, pamphlets, and other case studies pertaining to this study.

Limitations of the Study

1. The time limit is foremost. Only a minute part of the subject's behavior could be observed in the available time.
2. The confidential manner of the investigation made it inadvisable to use other sources of information.
3. The investigator's knowledge and experience were not adequate.
4. Tests and records were not sufficient in number to measure reliably.

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<sup>1</sup>Rudolph Pintner, Bess V. Cunningham and Walter N. Durost, Pintner-Cunningham Ability Tests: Verbal Series. Primary Test: Form A (Yonkers-on-Hudson, New York: World Book Co., 1938), p. 16.

<sup>2</sup>Arthur I. Gates, Gates Reading Readiness Tests (New York: Bureau of Publications, Teachers College, Columbia University, 1942).

5. Materials on similar cases were rare.
6. The nature of the case made diagnosis difficult.
7. The bias of the examiner, variability in completeness in certain areas of the data and inadequate definition of categories contributed to the limitations.<sup>1</sup>

8. Caution must be used in relying solely upon the results of a case study when it involves a "problem" population. The individual's undesirable traits are usually over emphasized and his desirable traits under emphasized. Such a study may be of questionable validity in normal populations.<sup>2</sup>

## THE CASE STUDY

### Identifying Information

The subject of this case study will be called Mary B., and all other names and places will be changed for the purpose of keeping this matter confidential.

Mary B. is a six-year-old girl in the first grade, and, according to an I.Q. test, has exceptional ability.

She lives on a farm with her parents, seven brothers and one sister.

<sup>1</sup>Barr, Davis and Johnson, op. cit., p. 192.

<sup>2</sup>"Guidance in Public Secondary Schools," Chapter XII, Educational Records Bulletin No. 28, 1939, as quoted by Traxler, op. cit., p. 305.

### Problem That Prompted the Study

This subject was chosen because of a maladjustment which might easily prevent her from living up to her capabilities. She is what Scheidemann<sup>1</sup> calls an "enuretic child." "Enuresis is defined as the incontinence of urine....Occasionally incontinence of feces is encountered."<sup>2</sup>

Mary's incontinence is not occasional, but persistent and continuing.

Possible causes sighted by Scheidemann<sup>3</sup> are:

1. Heredity
2. Some specific neuropathic trait.
3. A physical disability.
4. A faulty diet.
5. Mental factors.

### Family Background

Mary's family includes the father, mother, three sisters and eight brothers. One sister and one brother are younger. Two sisters are married and live away from home, and the oldest boy is in the service. The father is a store clerk and, with the help of the three older boys, does some farming.

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<sup>1</sup>Norma V. Scheidemann, The Psychology of Exceptional Children (Boston: Houghton Mifflin Co., 1937), Vol. II, p. 136.

<sup>2</sup>Loc. cit.

<sup>3</sup>Loc. cit.

The family is outstanding in attitude toward the community and the school, but is unable to participate, to any extent, because of its low income. Neighbors of the family term the B's friendly, honest, courteous, clean, popular and intelligent. The home is quite modest but a home, nevertheless, in the true sense.

The parents are of German descent, and are high school graduates. They attend all school events when possible, but do not attend church. The family is so congenial there is little need for punishment. Mary is sent to bed for her punishment, except on rare occasions when she is spanked. She prefers being sent to bed.

#### Health and Physical History

This information was gained in a casual conversation with Mary's mother and is only fragmentary.

Mary was born in a hospital after a prolonged labor. She weighed eight pounds and was apparently normal.

She had ricketts when eleven months old and measles at three years of age.

Her toilet training was complete before her second birthday, but she suffered a relapse about a year later. The relapse occurred soon after the birth of her baby brother.

Incontinence has continued almost daily since. Her mother explained the acts of incontinence as a nervous condition which she had inherited from the father's side of the family.



Mary's general health seems good. She has not been under a doctor's care since she had the attack of measles, except when receiving her three polio shots.

She eats little from the school hot lunch table and has decided likes and dislikes. Her mother seemed undisturbed about her lack of appetite, saying none of the family was a heavy eater.

Her speech is slightly defective but her sight and hearing appear to be normal.

She appears frail from her slight build and color, but is agile and well co-ordinated.

#### Personal Characteristics

Mary is shy, very quiet, seemingly desirous of having friends, but unable to make the necessary advances. She likes to be the leader and performs well in that capacity. All school subjects attract her, but she does not like repetition. She wants new books, new puzzles, and new games. Her favorite pastime at home is playing checkers with her older brothers. She seems to like the activities in the room better than those on the playground, when at school. She has a quick friendly smile for those who treat her kindly and a stern forbidding look for anyone she thinks is out of line. She is never unkind but is always helpful and quite dependable. She wants to be a nurse when she grows up.

Educational Statistics

Mary scored 127 as measured by the Pintner-Cunningham General Ability Primary Test, Form A and 87 as measured by the Gates Reading Readiness Test. Her school report showed "A", the highest mark possible, in every subject in the first grade curriculum, as rated by her teacher.

The Pintner-Cunningham ability test is a group test of general intellectual ability or aptitude covering all levels from kindergarten age to maturity. It provides for a measurement of a variety of skills or abilities which constitute different aspects of the composite quality usually termed general mental ability. The test is essentially verbal, requiring a knowledge of language.

Mary's scores in the seven subtests were (1) Common Observation,  $8\frac{1}{2}$ ; possible score,  $8\frac{1}{2}$  (2) Aesthetic Differences, 6; possible score, 6 (3) Associated Objects, 6; possible score, 6 (4) Discrimination of Size, 4; possible score, 4 (5) Picture Parts,  $14\frac{1}{2}$ ; possible score,  $15\frac{1}{2}$  (6) Picture Completion, 8; possible score, 11 and (7) Dot Drawings, 6; possible score, 8. The total score was 54; possible score, 59.

Her chronological age was 6-9, her mental age, 9, and her I.Q., 127.

The validity of the test has been checked by correlating it with the Stanford Revision of the Binet Scale. According to the results of one study using 229 cases, the

correlation was .73 and in a study using 72 cases the correlation was .88. The reliability coefficient of this test is .89.

The following are scores Mary received in the Gates Reading Readiness Test:<sup>1</sup>

- (1) Picture directions, percentile .60;
- (2) Word matching, percentile .90;
- (3) Word card matching, percentile .90;
- (4) Rhyming, percentile 100;
- (5) Letters and numbers, percentile .95;

Average percentile, .90.

The reliability coefficients, for first grade children tested the third and fourth weeks after entering school for the first time are: Picture Directions, .84; Word Matching, .78; Word-Card Matching, .82; Rhyming, 100; Letters and Numbers, .96; Whole test, .974.

#### Anecdotal Record

The anecdotal record is a simple statement of an incident and is used as a device to appraise personality.<sup>2</sup> It is called a word picture of a student in action.<sup>3</sup>

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<sup>1</sup>Arthur I. Gates, Gates Reading Readiness Test, Manual of Directions (New York: Bureau of Publications, Teachers College, Columbia University, 1942).

<sup>2</sup>Traxler, op. cit., p. 131.

<sup>3</sup>Loc. cit.

There are no standardized techniques for making and utilizing anecdotal records, but there are many points of similarity in plans by different writers.<sup>1</sup>

The characteristics of a good anecdotal record include:

1. Objectivity...the essence of a good anecdote.
2. Facts...reported accurately, objectively, and dispassionately.<sup>2</sup>

It must contain:

1. Objective report on incident.
2. Interpretation.
3. Recommendation.

To get an impartial view, items two and three should be separate as the teacher may be biased.<sup>3</sup>

Steps in the anecdotal plan include:

1. Enlisting cooperation.
2. Deciding how much should be expected of the observer.
3. Preparing forms.
4. Central filing.
5. Summarization.

Some limitations and cautions in the preparation of the anecdotal record are:<sup>4</sup>

1. It must be correct. It is better to leave out the item than be incorrect.

<sup>1</sup>Ibid., p. 132.

<sup>2</sup>Loc. cit.

<sup>3</sup>Ibid., p. 133.

<sup>4</sup>Ibid., p. 134.

2. It must be cold and impartial with no opinions stated.
3. It must not be used as a defense of person making report.
4. Incidents should not be reported in isolation.
5. A small number of incidents must not be accepted as valid evidence of total picture.
6. Records must be confidential.
7. The adoption of a system of writing anecdotes will add to the load of the school. Preparations should be made for it.
8. Adjustments of pupils is a long process. Habits take time to change. Don't short cut.
9. Note growth as well as retarded personality development.
10. Select usually consistent illustrations of conduct.

#### The Anecdotal Record of Mary B.

August 31, 1957.

##### Incident:

Mary B., accompanied by an older brother, enrolled in the first grade. She sat very still, watching. She was able to tell her name, age, and birthday date.

##### Interpretation:

She did not attract any special attention. Other children were as shy as she.

September 4.

##### Incident:

Mary arrived at school at 9:00 a.m. At 10:15 all the other children were taken to the toilet. She

refused to go, holding on to her desk and shaking her head, when the teacher asked her to go. At 10:30 Mary was wet and crying. This wetting was repeated three times during the day despite all kindly efforts to get her to the toilet.

Interpretation:

The family has no telephone and it was impossible to take her home, so she was cared for at school.

September 5.

Incident:

Mary arrived at 9:00 a.m. and within the next hour was taken to the bathroom by the teacher after she refused to go with the other children. Just one hour later Mary was taken home because of her soiled condition.

Interpretation:

Mary seemed quite distressed at being sent home. She was not sent home again for an act of incontinence.

September 6.

Incident:

Act of incontinence of urine and feces occurred once today. Mary sat in her chair refusing to move except for lunch.

Interpretation:

She seemed afraid, but smiled when the teacher mentioned her pretty hair.

September 7.

Incident:

Act of incontinence of urine and feces occurred twice today. Mary chose to sit in the last seat in the room and did not take part in any activity.

Interpretation:

She seemed to be interested in watching the other children.

September 10.

Incident:

Incontinence of urine and feces occurred today. It was explained to Mary that she might go to the bathroom any time she wished. The teacher also asked Mary if she wanted someone to go with her. Mary only put her head down on the desk and cried very softly.

Interpretation:

The child seems so lonely. Records for the next eight days were not kept. Each day was much the same with the teacher and the children trying without much success to include Mary in the games, and other activities.

September 19.

Incident:

Incontinence of urine three times. The entire room of students was dismissed every thirty minutes all day to go to the toilet. Mary never went. When recess came, the teacher chose Mary to be "It" in a game.

Interpretation:

Mary led the game well, and seemed to know all the rules.

September 20.

Incident:

Incontinence of urine and feces. Mary refused to play today and sat on the steps alone until the teacher discovered her. They went in together and Mary continued to sit quietly.

Interpretation:

She seemed to be thinking.

September 21.

Incident:

Incontinence of urine and feces. Mary refused to participate in classwork, but did look at the picture books given her. She looked at the books over and over, handling them carefully.

Interpretation:

She seemed quite happy with the books.

September 22.

Incident:

Incontinence of urine and feces. Mary went to the library for books.

Interpretation:

Her attention seemed riveted on the books.



September 25.

Incident:

Incontinence of feces occurred once today. Mary looked at more library books. She listened to a story read by the teacher.

Interpretation:

After the story she seemed more relaxed and looked around the room.

September 26.

Incident:

Incontinence of feces took place. Mary fell and scratched her knee when she got off the bus this morning. She cried a little, but when the teacher attempted to put medicine on it, Mary retired to her seat and cried almost hysterically without making a sound.

Interpretation:

She seemed terrified when she saw the antiseptic.

September 27.

Incident:

Mary looked at picture books and listened to the children reading from an experience chart. She played one game of "Mulberry Bush" at the insistence of the teacher.

Interpretation:

She enjoyed it apparently, but did not smile.

September 28.

Incident:

Mary watched the children read but could not be induced to take part.

Interpretation:

Her interest is increasing.

September 29.

Incident:

Mary worked a puzzle quickly and correctly.

Interpretation:

She seemed interested in everything but still did not talk.

October 2.

Incident:

Incontinence of urine and feces occurred. Mary came to school, but refused books, puzzles, and all advances of pupils and teacher.

Interpretation:

She apparently came to school against her wishes.

October 3.

Incident:

Mary sat quietly watching the children. She took a doll offered her by a little girl, but did not play with it.

Interpretation:

Her attention has been directed toward another little girl, Sue, who is happy, peppy, well adjusted, and easily the most popular girl in the room.

October 4.

Incident:

Mary played "London Bridge" today and went to the reading table for books. She spoke the bus driver's name when asked.

Interpretation:

I think she hummed a little of "London Bridge."

October 5.

Incident:

Incontinence of feces occurred while in the music room. When she began to back away from the group of children, the teacher handed her a drum and asked her to lead in the march around the school yard. Mary smiled shyly, took the drum, and kept perfect time as she led the group.

Interpretation:

Everyone was happy, Mary most of all.

October 7.

Incident:

Mary sang with the class today. She stopped by the piano and ran her hands across the keys. She told the teacher she had a horn.

Interpretation:

Music may be a means of reaching Mary.

October 8.

Incident:

Mary sang again and took part in the reading and number stories.

Interpretation:

She learns quickly. Her singing voice is lovely.

October 10.

Incident:

Incontinence of feces occurred after which she sat staring straight ahead, saying nothing.

Interpretation:

She looked ill.

October 11.

Incident:

Mary was sullen and kept taking her crayolas from her desk, but she never opened them.

Interpretation:

The children were asked if they would like to change partners. The partners are seat mates and it is considered quite jolly to change seats. In the process of moving, Mary was placed with Sue. Mary fairly beamed and if Sue objected, she did not show it.

October 12. Columbus Day Vacation.

October 13.

Incident:

Mary tattled on Sue. Incontinence of feces occurred.

Interpretation:

Sue had picked on her, so Mary said. Sue apologized of her own accord and all was right again. Mary idolizes Sue.

October 14.

Incident:

Mary colored beautifully with her colors. She showed artistic ability.

Interpretation:

Her house was placed on the bulletin board at the suggestion of the other children in the room.

October 17.

Incident:

Mary read well today with the highest group.

Interpretation:

She knew as many words as those who had taken part in the class every day.

October 18.

Incident:

Mary led the rhythm band. She did not want to go to the music room but was finally persuaded.

Interpretation:

It was learned that a third grade boy had called her a "stinker" just before class.

October 19.

Incident:

A minor act of incontinence of urine occurred on the bus.

Interpretation:

She stayed away from the other children and sat with her coat on until noon.

October 20.

Incident:

Mary read, colored, sang and counted. She sat away from the group, though.

Interpretation:

She is not a part of the group yet.

October 21.

Incident:

Mary refused to play house with the girls, but did offer to arrange the library books. She talked to the teacher about going to her uncle's home and promised to tell the children about it.

Interpretation:

She displayed good command of words.

October 22.

Incident:

An act of incontinence of feces prevented participation in any activity for Mary.

Interpretation:

She simply could not face the children.

October 25.

Incident:

Monday, and Mary was withdrawn again. Incontinence of feces occurred before lunch and she refused to go to the lunchroom. Food was taken to her room, but she would eat nothing.

Interpretation:

Her embarrassment was pitiful to see.

October 26.

Incident:

Today the class skipped during the music period.

Mary was able to use but one foot. She tried again and again, never stopping until class time was up.

Interpretation:

Other children in the first grade could not skip, but she showed more determination to learn.

October 27.

Incident:

Mary painted at the easel three times.

Interpretation:

She was careful and tidy with the paint, but lavish with colors. You would never suspect it was her first attempt.

October 28.

Incident:

Mary sat with her head in her hands, saying she was feeling "too bad" to read.

Interpretation:

I think she was bored.

October 29.

Incident:

Making Hallowe'en party decorations gave Mary another chance to display her artistic ability.

Interpretation:

She smiled proudly but did not reply to the children's "Oh's" and "Ah's."

November 3.

Incident:

Mary went to the rest room alone. Incontinence of feces took place soon after she returned to her room.

Interpretation:

It seems she cannot win. She appeared very nervous, moving her body in her seat and pressing her hands on her desk.

November 4.

Incident:

A little girl's doll was the center of attraction today. Mary hovered over it, but never touched it. She finally went back to her clay and reader.

Interpretation:

She seems so conscious of others' property.

November 5.

Incident:

Mary read alone in the new reader and then told a portion of the story.

Interpretation:

She read fluently and revealed a slight speech difficulty.

November 6 and 7. State Teachers' Meeting.



November 10.

Incident:

Incontinence of both urine and feces occurred early in the morning.

Interpretation:

She really looked ill.

November 11.

Incident:

Mary came to school, but just sat and stared. She cried and said, "No, No," when asked if she were ill and would like to go home.

Interpretation:

We must have another talk with the mother.

November 12.

Incident:

Mary read a little. She did not want to go home, but complained once of being cold. She ate a little lunch and then asked to be taken home. Before she left, she put her desk in order.

Interpretation:

No doubt, Mary had the flu. Her mother had been ill for about three weeks with flu.

November 13. Mary was absent today.

November 14.

Incident:

Mary returned to school and her early pattern of incontinence came with her.

Interpretation:

She was an extremely troubled little girl. She probably came back to school too soon.

November 15.

Incident:

Mary asked permission to go to the toilet.

Interpretation:

She evidently did not know that it was not necessary to ask permission.

November 16.

Incident:

In the morning health talk, the subject of going to the toilet was discussed and it was made clear that one might go to the toilet any time it was necessary.

Interpretation:

Mary asked permission to leave the room. Perhaps she forgot.

November 17.

Incident:

Mary knew what a "Cavalry Post" is. The term was used in a story.

Interpretation:

She seemed happy to answer, but was not impressed by her "superior" knowledge.

November 18.

Incident:

Mary fitted into the schedule today. She was hardly noticed. She helped three children work their puzzles at recess. She did not want to play outside.

Interpretation:

The day was a joy indeed.

November 19.

Incident:

Mary's auntie went home today, according to Mary.

Interpretation:

It is unusual for Mary to offer any news of her family.

November 20.

Incident:

Before school today, Mary told the teacher of a trip to town with her daddy to buy "something." It was the child's first trip to town since school started.

Interpretation:

She seemed greatly impressed.

November 27.

Incident:

At play time the children played bean bag. Mary asked if she could keep score instead of throwing the bag. She did remarkably well at scoring.

Interpretation:

Did she want to be score keeper or did she remember that she is always chosen last?

November 28 and 29. Vacation.

December 2.

Incident:

Incontinence of feces occurred twice today, but Mary carried on with her school work anyway. She ate only a little and refused to drink her milk.

Interpretation:

She seemed determined and a little sullen.

December 3.

Incident:

Mary wrote to 100. Her paper was so neat it was placed on the bulletin board. She fairly swaggered to her desk and then sat on her feet.

Interpretation:

She did not ask to take her paper home as the others did.

December 4.

Incident:

Mary repeated the alphabet today.

Interpretation:

She did not seem interested when the others tried.

December 5.

Incident:

Mary is progressing faster than most of those in the class in all subjects.

Interpretation:

She must have more attention.

December 6.

Incident:

She tattled on two boys for writing on a book.

Interpretation:

She never wastes nor mutilates any school property and seems disturbed when others do.

December 9.

Incident:

Mary reported on a new pair of jeans.

Interpretation:

She did not seem to notice the children's indifference.

December 10.

Incident:

Mary helped two children with their work. They had been absent. She was patient and thorough. She went to the toilet and returned soiled and wet.

Interpretation:

It was one of Mary's worst days. She was so depressed.

December 11.

Incident:

Mary drew the most popular boy's name for the Christmas Gift Exchange. She folded the small slip of paper on which the name was written, and put it in her pocket. She refused to tell anyone whose name she had.

Interpretation:

She seemed to revel in her secret and played at recess for a while.

December 12.

Incident:

For the first time, Mary was chosen voluntarily by a child as his partner in a singing game.

Interpretation:

She seemed startled but delighted.

December 13.

Incident:

Mary asked to be excused from penmanship. Because her work is above the average, the request was granted. She worked the difficult puzzles.

Interpretation:

She was relaxed and contented all day.

December 16.

Incident:

Incontinence of feces occurred at 1:00 p.m. She

helped decorate for Christmas and used very good judgment in her suggestions.

Interpretation:

It may have been the fun, excitement of the occasion that caused her trouble. Also it was Monday.

December 17.

Incident:

There was no act of incontinence today. Mary made her Christmas star and then helped others not so able as she. She took time to learn her part in the program without being told.

Interpretation:

She still is unable to talk to the children to any degree.

December 18.

Incident:

Mary continued to help make decorations. When not busy, she sat on her feet watching.

Interpretation:

She seemed intensely interested.

December 19.

Incident:

Mary was an expert with tree ornaments. She was careful not to break any and cautioned the others about them. She never once peeked at the packages under the tree.

**Interpretation:**

She seemed almost angry with the ones who did look over the wrapped packages.

December 20.

**Incident:**

Incontinence of feces occurred just prior to the beginning of the Christmas program. Mary was able to take part regardless of her condition. Her gift was a child's vanity set, which she showed to everyone in the room.

**Interpretation:**

Evidently the happy occasion was sufficient to overcome her embarrassment.

December 20 to 29. Vacation.

December 30.

**Incident:**

Mary brought her doll to school and gave a report after hearing the other first grade children report about their toys.

**Interpretation:**

Her sentences were complete and descriptive.

December 31.

**Incident:**

Mary sat on her desk when she finished her milk.

**Interpretation:**

That was unusual for Mary, although some of the others do it occasionally.



January 1. Vacation.

January 2.

Incident:

Mary had incontinence of feces today. She completed her work quickly and then asked if she might help others who were having trouble.

Interpretation:

She never becomes impatient with a slow child.

January 3.

Incident:

Mary put her arm about a little girl.

Interpretation:

She chose a very young child who is retarded.

January 6.

Incident:

Mary smiled and talked to a number of children this morning. She told of a plastic tea set she had received for Christmas.

Interpretation:

Her attitude was a far cry from that of August 31, but there was much room for further improvement.

## RELATED RESEARCH

Literature on the needs of the gifted child is lengthy and numerous, but articles pertaining to this particular study are difficult to find.

The term 'adjustment' suggests an element of harmony with the world....It is continuous and the individual may derive some satisfaction from the struggle toward, rather than the attainment of this adjustment. Where formerly guidance concerned itself in helping the child to adjust in any environment he found himself, guidance has now added the philosophy that the environment itself must be modified or changed so the child will find adjustment facilitated.<sup>1</sup>

Maladjusted cases seem to fall into two general types:

1. The withdrawn, displaying anxiety feeling and uncertainty about the future.
2. The indifferent, socially inadequate, bored dillenti who understand life's issues, but refuse to participate in them.<sup>2</sup>

In any case, the maladjusted child presents a problem to be solved.

"A problem is truly a problem when a basic need has been satisfied by an undesirable mechanism of behavior."<sup>3</sup>

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<sup>1</sup>Roy DeVerl Willey, Guidance in Elementary Education (New York: Harper and Brothers, 1952), p. 155.

<sup>2</sup>Paul A. Witty, Charles E. Skinner and others, Mental Hygiene in Modern Education (New York: Farrar and Rinehart, Inc., 1939), p. 365.

<sup>3</sup>Willey, op. cit., p. 155.

These personality needs, according to Willey,<sup>1</sup> are physiological, social or ego.

A number of instances are cited by Hollingsworth<sup>2</sup> where decidedly gifted individuals were not able to adjust to the "irksome" exact schools of their time. Edison's mother, a former teacher, instructed her so-called "addled" son in the home. Cardinal Wiseman was thought to be a dull, stupid, boy. Hume seemed simple minded. Galton, whose intelligence quotient approximated 200, termed his boyhood school "hateful."

The traditional school has not regarded problems of health and emotional development as its...responsibilities.<sup>3</sup> More and more schools are becoming aware of the fact that in a democracy such as ours, all children must be motivated toward greatest possible achievement, regardless of the difficulties it may represent.

Terman<sup>4</sup> says that making proper social adjustments is probably the most difficult problem for gifted children. Their intellectual superiority tends to set them apart from children of their own age while they are prevented from equal association with older children, both by their lack of physical

<sup>1</sup>Ibid., p. 156.

<sup>2</sup>Leta S. Hollingsworth, Gifted Children, Their Nature and Nurture (New York: The Macmillan Company, 1926), p. 267.

<sup>3</sup>Pressey and Robinson, op. cit., p. 542.

<sup>4</sup>Lewis M. Terman, The Intelligence of School Children (Boston: Houghton Mifflin Co., 1919), p. 263.

strength and by the relative immaturity of their play instincts.

Monroe,<sup>1</sup> on the other hand, asserts that "Research of gifted children has shown good social adjustment to be associated with high intelligence."

These two statements tend to prove the great ability the gifted child has in overcoming his maladjustment under proper guidance.

The enuritic child is one who will need to draw on all of that ability. So little is known as to the cause of individual cases. However, it is known that he is "physically sick, emotionally upset, or a victim of carelessness. Some authorities believe the condition shows evidence of neurosis."<sup>2</sup>

In June's case it was emotional instability. Among her many behavior problems was enuresis. The doctor determined the cause to be not physical, but due to habit. The mother did not tell June of the doctor's diagnosis, but gave the child a bad-tasting harmless medicine with assurance that the enuretic condition would be cured. June took the one dose of the medicine as was cured.<sup>3</sup>

Charlotte, a bright little seven-year-old girl, had never had a dry bed in her life. Two older brothers had been enuretic until fourteen or fifteen years of age. Two sisters had never

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<sup>1</sup>Monroe, op. cit., p. 782.

<sup>2</sup>Scheidemann, op. cit., p. 152.

<sup>3</sup>Ibid., p. 180.

suffered from it. The writer suggested she could help Charlotte. The mother thought not, saying the condition was an inherited family bladder weakness and that the child would outgrow it. The writer did help Charlotte's recovery by giving her gold stars, one of which was to be pasted in a calendar booklet for each dry night. A beautiful present was to be given her when she had earned fifty stars, providing she had taken complete charge of washing and changing the wet sheets and gowns. It really worked and Charlotte never had a wet night again, to the amazement of the mother.<sup>1</sup>

"Our superficial survey of the nature, causes, and treatment of enuresis may serve as a guide in directing the remedial procedure for the individual case. Although each case is unique and requires individual investigation, certain general rules, applicable to all cases may be established."<sup>2</sup>

"The cause and habit of enuresis has been compared with the causes and habit of whooping cough. Long after the infection in whooping cough has passed, the characteristic spasmodic cough frequently persists for months."<sup>3</sup>

"At present faulty training is considered the primary cause for enuresis in the majority of cases."<sup>4</sup> A relapse

<sup>1</sup>Ibid., pp. 181-82.

<sup>2</sup>Ibid., p. 170.

<sup>3</sup>Ibid., p. 173.

<sup>4</sup>Ibid., p. 174.

usually is occasioned by some illness, or some radical change in the manner of living.<sup>1</sup>

"Resorting to severe discipline...may arouse antagonism, fear, or fascination with emotional excitement."<sup>2</sup>

It must be remembered that the condition is not so much a disease as a symptom common to various disorders,<sup>3</sup> which must be removed if the condition is to be corrected.

#### ANALYSIS OF DATA

"Facts are not ends in themselves but the materials for intellectual contemplation."<sup>4</sup>

The writer hopes to use these "facts" to plan treatment toward a greater fulfillment for Mary and to create a desire within the school system to study other maladjusted children, because all human beings of all ages are impelled by the same fundamental needs...their needs determine their goals and thus their behavior.<sup>5</sup>

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<sup>1</sup>Ibid., p. 167.

<sup>2</sup>Ibid., p. 151.

<sup>3</sup>Ibid., p. 136.

<sup>4</sup>Barr, Davis and Johnson, op. cit., p. 218.

<sup>5</sup>Witty, Skinner and others, op. cit., p. 247.

The subject in this case has been tentatively identified as a gifted child as measured by only one I.Q. test and one reading readiness test; she is rated as one of the highest in her room in achievement as measured by her teacher; and she is known to have the symptoms of a maladjustment.

From the anecdotal record she shows a gradual improvement in schoolroom behavior and a tendency to regression after home contacts.

The writer sees a possible sequence of events:

A. Pertinent to Mary's problem

1. Suggested inherited nervous condition
2. Brain or other physical injury from delayed birth
3. Attack of ricketts
4. Attack of measles
5. Birth of baby brother
6. Food habits

B. Pertinent to lessening of Mary's problem

1. Entrance to school
2. Contact with children her own age and sex
3. General school environment including materials and equipment
4. Association with the teacher
5. Acceptance by her classmates
6. Opportunity to excel

## CONCLUSIONS AND RECOMMENDATIONS

### Conclusions

On the basis of the findings in this study, Mary is a child of high achievement and probable exceptional ability, with a maladjustment that society may look upon as not "good" behavior.

"From the psychological and psychiatric point of view behavior is not viewed as good or bad but as the natural result of basic underlying causes."<sup>1</sup>

As the writer sees it, the underlying causes may have been influenced by the home, the teacher, the school, and the community. As one author says..."an individual's interests, abilities, character are a product of the total environment in which he develops."<sup>2</sup>

### Recommendations

"It is for every child that we crave security....This is the right of all children....It is also the right of society, since whatever profits the children will ultimately rebound to the good of the community in which they will live and work as adults."<sup>3</sup>

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<sup>1</sup>Harry J. Baker, Introduction to Exceptional Children (New York: The Macmillan Co., 1944), p. 350.

<sup>2</sup>Pressey and Robinson, op. cit., p. xiii.

<sup>3</sup>Elsie H. Martens, "Needs of Exceptional Children" (Washington, D. C.: U. S. Office of Education, Government Printing Office, Leaflet No. 74, 1944), p. 12.



Recommendations include:

1. A complete physical check up for Mary by a competent physician.
2. A conference between the parents and teacher wherein ideas may be exchanged for the betterment of Mary's condition. "When things go wrong at home it will usually be reflected in the child's behavior at school."<sup>1</sup>
3. The teacher should study the social and emotional development of children in order to be able to cope with causes of maladjustments. When she cannot act constructively she can at least avoid any action that might aggravate the causes of the difficulty.<sup>2</sup>
4. The teacher should teach so that Mary will be challenged to do her best in school.
5. The school should see that curriculum equipment and supplies necessary to challenge Mary are available.
6. The community should provide adequate physical check ups at regular intervals; should make necessary guidance personnel available; and provide a summer recreation program for all students. "There is no one answer that can be applied uniformly in all communities...but no community can escape

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<sup>1</sup>Nina Redenhour, The Children We Teach (New York: Mental Health Materials Center, 1957), Reprints in Grade Teacher.

<sup>2</sup>Cutts and Moseley, op. cit., p. 157.

the responsibility of seeking the best solution in its power for this problem of conserving the wealth of human resources in its schools."<sup>1</sup>

7. Mary, herself, needs to be made aware of her social responsibility.<sup>2</sup>

In conclusion, the writer would like to stress the need of a follow-up of Mary's particular behavioral pattern in order to determine definitely causes for her maladjustment and methods of prescribed treatment.

It is imperative that Mary adjust to her environment, if she is to be accepted by her group and successfully develop her superior potentialities.

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<sup>1</sup>Elsie H. Martens, Curriculum Adjustment for Gifted Children (Washington, D. C.: U. S. Department of Health, Education, and Welfare, Bulletin 1946, No. 1, Reprint, 1953), p. 12.

<sup>2</sup>Monroe, op. cit., p. 962.

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