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Article



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EARLY SYMPTOMS ON BROKEN LINGUISTIC-VERBAL DEVELOPMENT

Abstract: Early symptoms of impaired language and speech development are of particular importance for taking adequate measures and approaches to mastering problems related to language and speech in children of primary school age. The article aims to trace the peculiarities of language and speech development, identifying problems in early speech acquisition and deriving the main medical and linguistic -behavioral classification of language and speech development. In this way, the most significant dysfunctions of language and speech development are highlighted, leading to the conclusion that with adequate, timely and correct specialized intervention, one can expect an exceptional improvement of the child's personality and achievement of academic achievements related to his personal and professional development.

Key words: language disorders, speech disorders, classification, early symptoms, communication disorder.

Language: English

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Introduction

In recent years, there has been a significant amount of scientific-theoretical and scientific-empirical material focused on tracking disorders in language and speech development in children [3; 10; 1]. Linguistic competence in children progresses to the acquisition of reading and writing as natural products of the developing personality [11, p. 120], with the lag in mastering the oral language inevitably reflecting on the normal and timely acquisition of the written language.

Specific language disorders affect 7% of children worldwide [3], with disorders in the acquisition of written speech ranging in frequency from 5-12% [9]. In Bulgaria, dyslexia affects students in the primary stage of education, with 7.8% affected [12], about 7% covering childhood without any specification of the age range [11].

When implementing early intervention programs with targeted specialized intervention, it helps to overcome the identified deficits, on the one hand, and

on the other hand, the risk of concomitant deviations is also minimized [2, p. 8].

The term *early intervention* refers to the period before a child enters school, and it has been found that it creates conditions for a long-lasting positive effect on students' academic performance, their adaptation, socialization, and performance in a school environment [15]. When early and timely efforts are made, it is found that almost 75% of children are able to demonstrate standard skills in their age group, which leads to the conclusion that the more timely and adequate support a child receives [7, pp. 889-899], the more capable he is of developing his abilities and skills related to his overall functioning as a person at a normal pace.

The problem of early symptomatology in speech and language disorders. Classification

Language and speech disorders do not arise independently, are not in themselves, but imply the presence of mental states of personal development. It is possible that this type of problem is related to the

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psychodynamics of the personality. Prelock et al. [8, p. 1] derive the term communicative disorder, through which they derive the impaired ability of the personality to exchange a specific meaning when sending and receiving information. The following problems are fixed, which are indicators of disorders in the child's language and speech:

- ⇒ hissing and rustling;
- ⇒ replacing or omitting sounds in words;
- ⇒ numerous pronunciation errors;
- ⇒ unintelligible speech;
- ⇒ omitting word endings;
- ⇒ incorrect use of a pronoun;
- ⇒ limited vocabulary;
- ⇒ inability to understand;
- ⇒ inability to understand and follow oral instructions;
- ⇒ speaking in a very inaccurate sequence of words;
- ⇒ hoarse or raspy voice (changing voice) or lack of voice;
- ⇒ interruptions in speech fluency, etc.

It is clarified that the term communication disorder is used for a small percentage of affected children, as it is inappropriate to typify it as a disability. It is appropriate to use it as a synonym to denote a type of communication disorder, which in no way means that the child's daily activities that contribute to his speech development are hindered [6, pp. 4-7].

According to the medical model, disorders are classified into two large groups – acquired and

developmental disorders, with the important clarification that the classification is based on the etiological aspects of the pathology [14, pp. 34-40]. Acquired disorders appear after the development of speech, when the child experiences diseases associated with damage to the brain and cerebral cortex. They are associated with loss of speech and language abilities, for example, dysarthria. Developmental disorders occur before the presence of language and speech, for example, cerebral palsy, underdevelopment.

In the first group of disorders, a basic disorder in the child's medical condition is observed: Down syndrome, cerebral palsy, hearing impairment. In the second group, communication disorders are observed due to hearing loss. In addition to organic disorders, functional ones are also considered - such as specific language disorder.

According to the classification of communication disorders that affect the linguistic-behavioral model, there is a division into speech and language disorders. The elements of speech include articulation, phonology, voice, variability of speech reproduction. The elements of language include semantics, morphology, syntax, pragmatics in its social use of language and its understanding.

Speech and language disorders in childhood

The linguistic-behavioral model divides speech disorders into several subtypes [14, pp. 34-38] (Figure 1):

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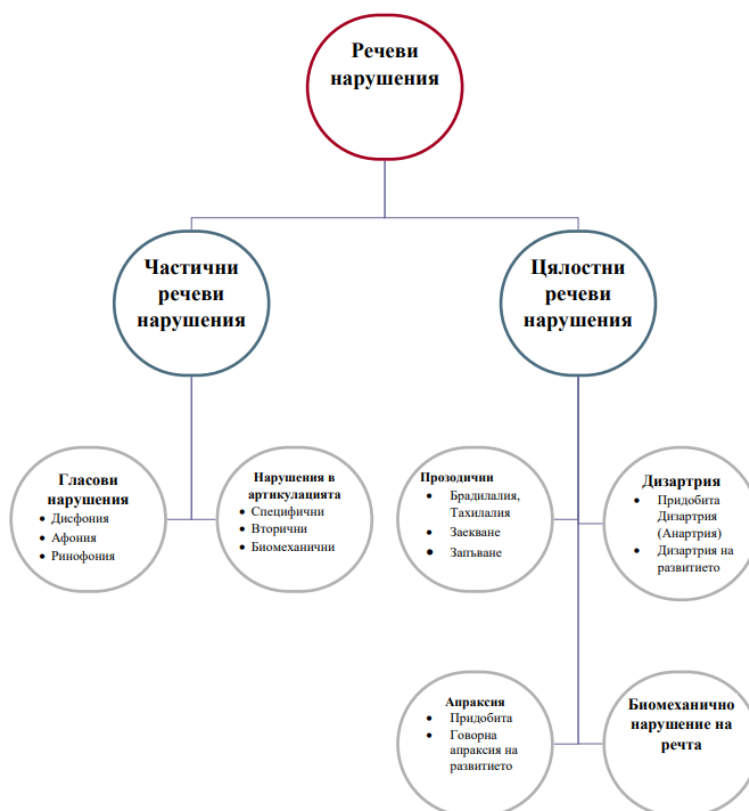


Figure 1. Speech disorders and division

Source: https://ec.europa.eu/programmes/erasmus-plus/project-result-content/1548e0ac-2544-4c26-91c8-937e02f587d1/Resource_Pack_for_Teachers_at_Initial_Education_-_BG.pdf

From the figure above, it is clear that speech disorders are divided into partial and complete. Partial speech disorders affect one of the elements of speech – phonation or articulation, which affects voice disorders and articulation disorders.

Voice disorders include dysphonia, aphonia, rhinophonia, and articulation disorders include the inability to correctly form certain sounds and complexes of sounds:

- ⇒ specific articulation disorders – incorrect articulation of speech sounds;
- ⇒ secondary articulation disorders – one of the symptoms includes intellectual or sensory impairment;
- ⇒ biomechanical articulation disorders – due to congenital malformations.

Comprehensive speech disorders affect two or more elements of speech functions and are divided into:

- ⇒ prosodic disorders: bradylalia, tachylalia, stuttering, stuttering;
- ⇒ dysarthria: acquired dysarthria (anarthria) and developmental dysarthria;
- ⇒ apraxia;
- ⇒ biomechanical speech disorders – these include breathing disorders, phonation, articulation, and prosody in malformations.

Language disorders cover the spectrum related to the encoding and decoding of linguistic messages. They are related to the production of spoken language (Figure 2).

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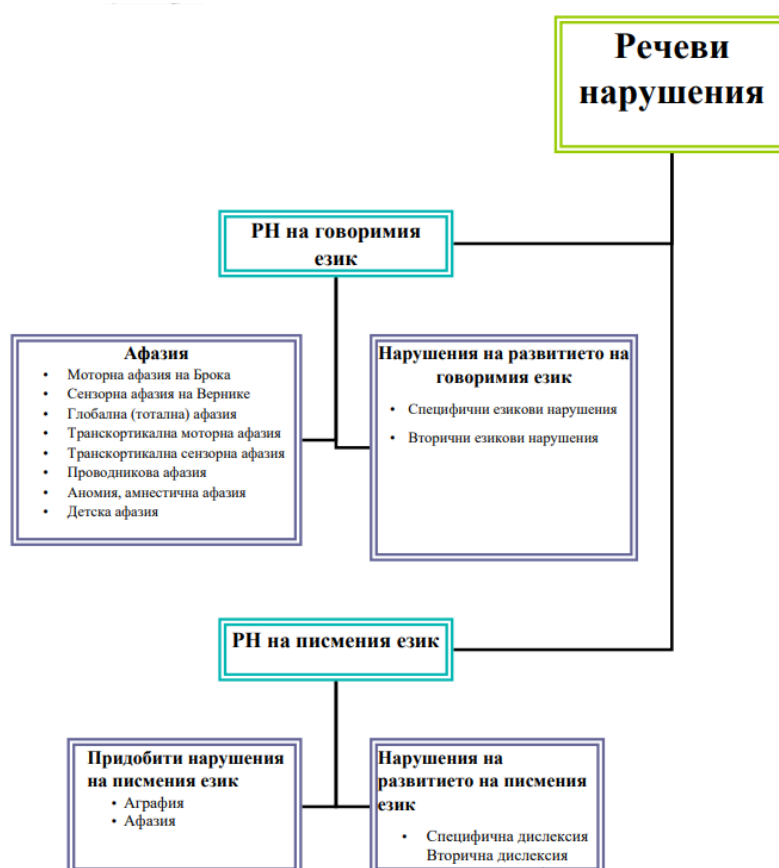


Figure 2. Language disorders and division

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It is clear from the figure that language disorders are mainly divided into acquired disorders of spoken language and disorders of spoken language development.

Acquired disorders of spoken language, or aphasia, occur when there is a breakdown of language in cases where there is damage to the functions of the brain. The manifestations are Broca's motor aphasia, with sensory aphasia on Wernicke, total aphasia, transcortical motor aphasia, transcortical sensory aphasia, conductive aphasia, a nomia, amnesic aphasia, childhood aphasia.

Disorders of the development of spoken language are divided into specific disorders, in which a significant deficit in speech abilities is noted, manifested in phonological, grammatical, semantic-pragmatic disorders; and secondary disorders, which reflect intellectual and sensory disorders, autism spectrum disorders, hyperactivity and attention deficit.

Language disorders of written language are divided into:

- ⇒ acquired disorders of written language – agraphia (impairment of any of the cognitive, linguistic or sensorimotor processes) and alexia (reading disorders);

- ⇒ disorders in the development of written language – this includes congenital or early acquired disorders in mastering the specifics of reading literacy as a result of organic brain damage (dyslexia).

Severe language and speech disorders result in the overall background of literacy when the acquisition and assimilation of oral vocabulary meets resistance in the visualization of symbols (letters) and their linguistic correspondences (words) [5].

Conclusion

Speech and language skills are the gateway to developing reading and writing skills – basic communication skills that indicate the level of literacy and social development of the individual. In this regard, disorders of speech and language development can lead to cognitive and socio-emotional developmental deficits, which can mark the child for life and create a vacuum in the assimilation and mastery of the processes of learning and development. Correct and timely specialized support helps to diagnose the problem and work purposefully to achieve remarkable positive results in the child's language and speech development.

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