

Ministry of Education of the Republic Belarus

Educational institution
«Belarusian State Pedagogical University named after Maxim Tank»

Institute of inclusive education

Lecture

Definition of alalia, terminology, distribution.

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Theme: Definition of alalia, terminology, distribution.

Tasks of the lecture are form students knowledge about the essence of alalia, the causes, the mechanism, aspects of studying alalia, different points of view on the classification of alalia.

Plan of the lecture:

1. definition and prevalence of alalia
2. causes of alalia
3. the mechanism of alalia
4. aspects of studying alalia
5. classification of alalia

1. Definition and prevalence of alalia

Alalia - absence or underdevelopment of speech due to organic damage to the speech areas of the cerebral cortex in the intrauterine or early developmental period of the child. (See: Speech Therapy: A Textbook for Students of Defect Factors of Pedagogical Education, Edited by L.S. Volkova, S.N. Shakhovskaya, Moscow, 1998, p. 331).

Alalia - absence of speech or systemic underdevelopment of speech due to organic damage to the speech areas of the cerebral cortex in the intrauterine or early developmental period of the child (before the formation of speech). (See Filicheva T.B. et al. Fundamentals of speech therapy: A manual for students of peds in the specialty "Pedagogy and psychology (doshk.)" / T.B. Filicheva, NA Cheveleva, G Chirkina M., 1989. P. 115).

- Alalia is the complete or partial absence of speech in the presence of intellectual opportunities sufficient for the development of speech, acuity of hearing and speech organs. (See M.E. Khvatsev Speech Therapy: work with preschoolers: A manual for speech therapists and parents. M., St. Petersburg, 1996. P. 314.)

- Alalia is the central origin of the dumbness of children, who never spoke clearly, provided they have sufficient intelligence, elementary auditory analysis and synthesis, and a peripheral speech device. (See M.E. Khvatsev Logopedia, M., 1965. S. 355-358.)

Disadvantages: inaccurately determined by the symptomatology, the mechanisms are not precise enough.

- Alalia - a deep systemic underdevelopment of speech on an organic basis. (See Pravdina O.V., Speech Therapy: A Textbook for Students in the Defectology of Factories in Pedagogical Institutes, 2nd ed., Extension and Rev. M., 1973. pp. 178-179).

- Alalia - a severe speech disorder due to the underdevelopment or lesion of speech areas in the left dominant hemisphere of the brain, which occurred before the formation of speech, ie. up to one year or two years of the child's life.

This violation is characterized by a complete or partial lack of speech, despite the safety of peripheral hearing, as well as intelligence. (See O.V.Pravdina Logopedics: A Textbook for Students of the Defect Factor of Factories of Pedagogical Institutes - 2nd edition, additional and revised M., 1973, p. 179).

Disadvantages: under this definition, you can also sum up the dysarthria.

- Alalia - systemic underdevelopment of speech activity, disorder of speech functional system due to disturbance of functions of speech and speech receptors. (S.N. Shakhovskaya).

- Alalia is a developmental disorder of language ability in children that manifests itself in the structure of neuro-somatic and neuropsychic diseases, which is characterized by the impossibility or disruption of linguistic operations in the generation of speech utterance with the preservation of semantic and motor operations, and manifests itself in phonemic, lexical, morphological, syntactic violations. (See V.A.Kovshikov, Expressive Alalia, L., 1994).

Levels of speech: semantic, linguistic, sensorimotor.

When alalia is broken the language level: the child does not absorb and does not use the laws of language.

Disadvantages: does not allow to distinguish between alalia and aphasia.

- Alalia - the general name of total absence of speech in children or deep retention of speech development of various etiologies. Definition of "alalia" refers to a number of signs that are manifested in the fact that a hearing child with normal intelligence or does not begin speaking at all, or speaks very little, not in accordance with the age norm. (See K.P. Becker, M. Sovakov Speech Therapy, Translated from German, M., 1981. S. 100).

- Alalia is a deep delay in the child's speech development, which can manifest itself in the form of a complete absence of speech or a significant disruption of its development. (See V.A.Sinyak Speech Therapy: A Textbook for Part-Time Students of Defectology Faculties in Pedagogy, M., 1985. P. 53).

- It is common to call Alalia a complete or partial absence of speech in children (up to three or five years old with good physical hearing) due to the underdevelopment or lesion of the speech zones of the cerebral cortex that occurred before the speech was formed. (See M.F. Fomicheva, Education in Children of the Right Pronunciation: A Handbook for the Speech Therapist and the Teacher of the Children's Garden, 4th ed., Moscow, 1997, p. 48.)

"General underdevelopment of speech" is a term denoting various complex speech disorders in which the formation of all components of the speech system related to the sound and sense, in normal hearing and intellect, is disrupted.

This is a symptomological term. General underdevelopment of speech can be observed in the most complex forms of child speech pathology: alalias, aphasia (systemic or polymorphic speech disorders), as well as rhinolalia, dysarthria (violations of the pronouncing side of speech) in those cases when the lack of

vocabulary, grammatical structure and gaps in phonetic-phonemic development are simultaneously revealed.

The structure of the speech defect (a set of speech and non-speech symptoms and the nature of their connections) can be different for general underdevelopment of speech. In alalia, the leading (prevailing) are linguistic (speech) disorders. Non-adrenal disorders act as secondary phenomena.

Prevalence of alalia

There is no scientifically substantiated statistical information about the prevalence of alalia. On average, we can assume that alalia occurs in 0.1% of the population. There is evidence that among pre-school children alalia occurs in about 1%, and among school-age children it is 0.6-0.2%. The authors emphasize that in boys this disruption of speech occurs in twice times more often than in girls.

2. Causes of alalia

The causes of alalia are associated with organic lesions of the central nervous system. These lesions can occur in prenatal (intrauterine), natal (nature), early postnatal (postpartum) period.

Prenatal (prenatal) causes can be biological, chemical, physical:

- inflammatory or traumatic brain lesions;
- alimentary-trophic metabolic pathological processes;
- mother's diseases during pregnancy: viral infections (rubella, cytomegalia, toxoplasmosis, etc.), venereal diseases; endocrine diseases; somatic diseases; tumor diseases;
- oxygen starvation of the fetus;
- smoking;
- alcoholism;
- drug addiction;
- toxicosis of pregnancy;
- medications;
- radiation;
- vibration
- physical trauma during pregnancy;
- mental trauma during pregnancy;
- decreased emotional tone, constant experiences;
- immunological incompatibility of blood of the mother and fetus (Rh-factor, ABO system and other erythrocyte antigens).

Natal (during childbirth) causes:

- craniocerebral trauma during childbirth;
- small-point hemorrhages in the brain due to heavy and rapid delivery, stimulation during childbirth;
- gingival birth, obstetrical manipulation, which can damage the fetal nervous system;
- asphyxia of newborns.

- pathological birth (rapid, prolonged, dry)

Early life (postnatal) causes:

- early (up to three years) intravital brain injury (early traumatic brain injury),
 - early childhood illnesses with complications on the brain, inflammatory brain lesions as complications after meningitis, encephalitis, meningoencephalitis, rubella; neuroinfectious diseases;
 - tumors in the Broca area or in the Wernicke zone;
 - somatic diseases that cause central nervous system exhaustion: hypotrophy, rickets, rickets like diseases of eating and sleeping disorders in early childhood.
- The view that alalia can be a consequence of a physical illness is not shared by all authors. Apparently, somatic diseases only exacerbate the impact of neurological pathological causes that are leading.

3. The mechanism of alalia

The question of the mechanisms of alalia at the present time is the most complex and controversial. The existing concepts of explaining the mechanism of alalia are conditionally divided into: sensorimotor; psychological; language.

Supporters of sensorimotor concepts (K.P. Becker, M. Sowak, M. Critchley): speech underdevelopment in alalia: pathology of sensorimotor functions: auditory agnosia (violation of the process of recognition of sounds with preservation of consciousness and the function of the sense organs); apraxia (violation of purposeful action with the preservation of its elementary movements).

Supporters of psycholinguistic concepts (R.E. Levina, V.K. Orfinskaya): speech underdevelopment in alalia: pathology of some aspects of mental activity (disturbances of mental activity, visual perception, etc.)

Supporters of language concepts (V.A. Kovshikov): speech underdevelopment in alalia: the unformatted language operations of the perception process and the generation of speech utterances.

4. Aspects of studying alalia

Psychophysiological aspect of studying alalia.

The study of the psycho-physiological mechanism of alalia reveals a wide irradiation of the processes of excitation and inhibition, inertness of the nervous processes, increased exhaustion of the cells of the cerebral cortex. In alalia there are not clearly expressed, but multiple damage to the cerebral cortex of both hemispheres, i.e. bilateral injuries. At the present stage of development of speech therapy, the point of view on the narrow-local character of damage to the speech zones of the brain is not confirmed.

The clinical aspect of studying alalia.

In the clinical aspect, the status of the central nervous system is studied in alalia, depending on the specificity of how the brain has suffered, how to treat it. Supporters of the clinical classification of alalia (R.A. Belova-David,

N.N.Traugott, E. Freschels, M.B. Eidinova, etc.) suggest localization and the nature of the brain lesion as criteria for classification of alalia.

The authors distinguish three forms of alalia: sensory, motor, optical. This division of alalia is conditional, because the leading component is taken as the basis.

The psychological aspect of studying alalia.

According to the psychological concept put forward by R.E. Levina (1951), alalia is caused by disorders of mental processes (disturbances in mental activity, visual perception, etc.), as well as imbalance of individual stages in the development of speech. The author proposes a psychological classification of alalia.

Speech development of children of the three groups correlates with the levels of speech underdevelopment determined by R.E. Levina in the framework of psychological and pedagogical classification of speech disorders: "1. "Lack of common speech" (level 1); "Beginnings of Common Usual Speech" (Level 2); 3. "An expanded phrase speech with elements of lexico-grammatical and phonetic-phonemic underdevelopment" (3rd level).

The linguistic aspect of studying alalia.

The linguistic approach proposed by V.K. Orfinskaya (1963), allows us to classify alalia, depending on the formation of the processes of language analysis and synthesis in children. The author singled out 10 forms of alalia with a primary and secondary disturbance of the linguistic system, taking into account the patterns of manifestation of violations of linguistic systems in aphasia and alalia.

The psycholinguistic aspect of studying alalia

The psycholinguistic concept as the leading violation in motor alalia highlights the unformed linguistic operations of the production of utterances (lexical, grammatical, phonetic) with the relative preservation of the semantic and motor levels (V.A. Kovshikov, E.F. Sobotovich, V.K. Vorobyov, et al.).

E.F. Sobotovich (1985), analyzing alalia, taking into account the psycholinguistic structure and mechanisms of speech activity, singles out alalia: with predominant disturbances in the assimilation of the paradigmatic system of language; with predominant violations of the assimilation of the syntagmatic system of language.

5. Classification of alalia

Alalia is heterogeneous in its mechanisms, manifestations and degree of expression of speech (language) underdevelopment. On the basis of the chosen approach to its study and the differences observed in the picture of alalia, the researchers call several varieties of violation.

Due to the fact that there are different criteria for distinguishing forms, there are different classifications of alalia.

Clinical classification (R.A. Belova-David, NN Traugott, etc.):

Sensory alalia (pathology of the recyslochial analyzer). When the auditory zones are affected, the child does not differentiate phonemes and individual words.

At the forefront is a lack of understanding of speech; Impulsive speech is primarily violated. Speaking suffers secondarily, i.e. expressive speech.

Motor alalia (pathology of the speech motor analyzer). With motor alalia, expressive speech is primarily violated, and again - impressive speech.

Optical alalia (pathology of the visual-spatial analyzer). Impressive speech is broken due to the disorder of spatial analysis and synthesis.

Psychological classification (R.E. Levina): children with hearing impairment (phonemic) perception; children with visual impairment; children with mental disorders.

Linguistic classification (V.K. Orfinskaya):

10 forms of alalia with primary and secondary impairment of language systems: 4 forms of motor, 4 forms of sensory failure, 2 forms associated with a violation of the motor-visual analyzer

Psycholinguistic classification (V.A. Kovshikov):

- impressive (sensory)
- expressive (motor)

A.N. Kornev: In modern studies, the division of alalia is carried out in terms of expressive and receptive alalia. These terms emphasize the psychological / psycholinguistic (and not physiological) approach to the qualification of the violation.

Issues for discussion:

1. Look at table in the application and compare the definitions of alalia in the works M.E. Khvatseva, O.V. Pravdina, K.-P. Bekker and M. Sovak, V.A. Siniak, M.F. Fomicheva, V.A. Kovshikov et al. Establish their similarities and differences, advantages and disadvantages.
2. What are the causes of alalia?
3. Alalia is a congenital disorder of speech or acquired?
4. From a number of factors, highlight the one that is the cause of alalia: weakness of cortical neurodynamics; organic damage to organs of articulation; violation of cortical-subcortical interaction; organic lesion of the central nervous system.
5. Open the mechanism of alalia.
6. Uncover modern classifications of alalia, reflecting various aspects of this study.