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SPECIFIC FEATURES OF SPEECH DEVELOPMENT OF YOUNG CHILDREN OF DIFFERENT NOSOLOGICAL GROUPS

Abstract. The article describes modern approaches to the assessment of early speech development of children of the first years of life. It is based on systemic complex analysis of the basic "lines of development". It is stressed that logopedic examination of children at an early age should be carried out as a complex of diagnostic measures taking into account other "lines of development": cognitive, social, motor, etc. The article makes reference to the points of view of various researchers according to which all psychological processes of the child develop exclusively through speech; and speech acquisition reorganizes the processes of perception and thinking, develops all kinds of activity and forwards the child's socialization. Clinical manifestations of pre-speech development disorders (impairment, and sometimes inability to produce even primitive voice responses) are described in detail. Special attention is paid to the characteristic of speech pathology of young children which is manifested in the form of absence or delay of formation of verbal means of communication. The article interprets the notions of "speech underdevelopment" and "delay in psycho-linguistic development". Based on a complex longitudinal observation of children of the first years of life carried out over several years, the author singles out five groups of children with different variants of speech underdevelopment depending on variability of correlation between speech, cognitive, motor and social development. The article materials have theoretical and practical significance for logopedists, defectologists, and pedagogues-psychologists realizing rehabilitation-educational work with children of the first years of life.

Keywords: early age; junior preschoolers; speech development; children's speech; logopedics examination; systemic approach; complex approach; preschool logopedics; speech disorders; children with speech disorders; speech underdevelopment; delay in psycho-linguistic development; epicrisis period.

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Speech manifestations of children at an early age attract more and more attention of home specialists in the field of children's speech. A great contribution to the study of the process of speech formation in children at an early age was made by N. M. Aksarina, A. N. Gvozdev, V. V. Gerbova, N. S. Zhukova, E. K. Kaverina, M. Yu. Kistyakovskaya, M. M. Kol'tsova, I. M. Kononova, A. I. Lavrent'yeva, N. I. Lepskaya, M. I. Lisina, G. F. Loza, R. M. Lyamina, A. I. Maksakov, L. N. Pavlova, V. A. Petrova, A. D. Salakhova, L. S. Slavina, E. I. Tikheyeva, N. Kh. Shvachkin, S. N. Tseytlin, and many others. Investigation of the speech of children at an early age is based on the studies of speech manifestations in infants (up to 1 year of age). A considerable contribution to these studies was made by V. I. Bel'tyukov, E. N. Vinarka, E. I. Isenina, T. N. Ushakova, and others.

At an early age, speech – as a most important component of the child's successful socialization – develops more intensively than other lines of development. Speech emergence reorganizes the whole psyche of the child: their cognitive and affective spheres; speech has a serious impact on the regulation of behavior, psychomotor development, etc. Speech influences the process of growing and functional organization of many structures of the brain. Alongside intellect, speech is an important indicator of the child's development, and its disorders testify to possible problems in the psychological sphere. Speech reflects successful (or unsuccessful) acquisition of the native language – the main social achievement of the child at this age [9].

Speech manifestations of the child at an early age reflect their cognitive-communicative activity in the process of which the foundations for the future higher psychological functions – perception, thinking, attention, and memory – are laid. The idea that as a higher psychological function, speech emerges, develops and is realized in the process of communication on the basis of certain preconditions which prepare its emergence is essential for preventive logopedics. Certain biological conditions are necessary for typical speech development. They include, first of all, normal maturation and functioning of the central nervous system and

speech mechanisms of the brain. Apart from this, speech development also needs social conditions – the child's communication with adults. The communication between the infant and its mother – the emotionally closest adult person – is a decisive factor [9].

The formation of speech in early childhood is associated with the development of new kinds of activity and new forms of communication with adults. D. B. El'konin stresses that the emergence of new kinds of activity of the child and their new relations with adults and same-age peers leads to further differentiation of the forms and functions of their speech. Object-oriented (instrumental) activity is the leading kind during this period [13]. The studies by L. S. Vygotskiy [2], A. M. Arkin [1], A. N. Gvozdev [3] argue that new demands for activity and communication intensify language acquisition, its vocabulary and grammatical structure. As a result, the child's speech becomes more and more correct and finally turns into a most important means of translation of social experience to them and of control of their activity on the part of the adults.

Formation of psychological functions is closely associated with the development of speech and linguistic capacity. The psychological activity of children grows along with the increase of speech activity. The outstanding Russian psychologists L. S. Vygotskiy, A. V. Zaporozhets, A. N. Leont'yev and some others have convincingly proved that all psychological processes in the child develop exclusively through speech. Speech acquisition reorganizes the processes of perception, thinking and memory, develops all kinds of activity and forwards the child's socialization, and specifically, their relations with other children and surrounding adults. And, on the contrary, the process of speech acquisition, in its turn, depends on the development of various kinds of activity of the child, on their perception and thinking. Well-developed speech is an indicator of the child's general psychological development and normal communication with adults and peers [9].

The speech of children at an early age develops constantly and intensively, which represents a non-finished process. At the early stages of development, the child acquires a certain arsenal of linguistic units and masters the rules of their usage in speech in the process of communication with adults. "Language acquisition may be described as the acquisition of the rules of transition from the core of the system to speech, the acquisition of the sphere of the rules of application taking into account various filters and limitations" [12]. In cases of speech underdevelopment, we come across "not so much a delay of the tempo

of linguistic units' acquisition … and the rules of their functioning as a pathological type of formation of the linguistic mechanism" [6].

The early forms of the child's communication with the adult are characterized by prevalence of non-verbal means of expression of communicative intentions. It is only in the process of perfection of communicative behavior and complication and expansion of communicative situations that the need to extent speech acts appears [4]. The studies of L. S. Vygotskiy, A. V. Zaporozhets, E. I. Isenina, N. I. Lepskaya, M. I. Lisina, A. M. Shakhnarovich, S. N. Tseytlin and others show the significance of not only imitating (mimetic) but also creative nature of language acquisition.

The successful acquisition of speech to a great extent depends on the volume of the passive and active vocabulary of the child and on the right choice of the words needed for communication. The verbal means adequate to the early age make up the foundation for the development of the nominative function of speech and are meant to meet various communicative needs of the child [5].

According to the majority of researchers, speech is a "live" process of generation of utterances, and language embodies a relatively fixed outcome of the child's cognitive activity (I. A. Zimnyaya, A. N. Leont'yev, S. L. Rubinshteyn, N. Lass, etc.). D. Slobin notes that cognitive development takes place irrespective of language acquisition. And, according to the author, the main task of the child consists in learning to express verbally what they already know from their non-verbal experience [15]. L. Blum believes that language (specifically, syntax) acquisition peculiarities are associated with the level of cognitive development. The author argues that the child should understand non-linguistically that there exists a subject and an object of an action before they can understand the difference between the noun and the verb [14].

Pre-verbal meanings represent the core of the functional speech basis and are the main speech "precursors" the acquisition of which "unlocks" the child's psyche to meet social reality as early as at the end of the first year of life ensuring the correspondence between the individual and social experience, as well as the possibility of further acquisition of language by the child [11]. Many cognitive abilities emerge at the early stages of development of the child; and the tempo of the development of thinking at an early age outpaces the development of speech. The cognitive development has a decisive influence upon the character and order of acquisition of speech forms by the child.

Speech development is not an isolated process but one of the as-

pects of the general development of the child closely associated with the cognitive, social and motor development.

The modern logopedics pays much attention to the issue of speech disorders of children of the first years of life (Yu. F. Garkusha, Yu. V. Gerasimenko, O. E. Gromova, Yu. A. Lisichkina, O. G. Prikhod'ko, E. V. Sheremet'yeva, etc.). In their scientific-practical research, modern scholars draw on the fundamental works of R. E. Levina, N. S. Zhukova, E. M. Mastyukova, S. A. Mironova, T. N. Ushakova, T. B. Filicheva, M. E. Khvattsev, S. N. Tseytlin, G. V. Chirkina, and other scholars who made a considerable contribution to the study of speech and language disorders of children.

The modern approach to the assessment of early speech development of children is based on systemic complex analysis of the child's basic "lines of development". The diagnostics of children at an early age should involve a complex of pathological deviations quite often constituting an intricate multi-component and multi-level system. The logopedic examination of the child at an early age should be carried out in the context with other "lines of development": cognitive, social, and motor development [10].

The terms *speech delay (SD)* and *delay of psycho-linguistic development (DPsLD)* are more or less widely used in logopedic and medical practice with reference to children at an early age. *Speech delay* indicates a late beginning of speech formation and/or low tempo and quality of its formation. *Delay of psycho-linguistic development* is marked by deviations both in the cognitive and speech development. In their essence, these conclusions (SD and DPsLD) are diagnostic features reflecting the level of speech or cognitive and speech development; therefore they make the specialists look at the speech or general psychological development with more attention. Disorders of communication and speech development may be manifested in an isolated form, but more often than not they combine with other deviations in early ontogenesis, which makes early diagnostics difficult [7; 8].

Speech delay (or speech underdevelopment) is one of the most widely spread problems associated with the development of the child. The majority of children with disabilities demonstrate problems with speech development. Not more than 15% of children in the population have a normal course of speech development both in time and in the quality of formation of developmental speech skills.

Disorders of pre-verbal development in children of the first year of life are manifested in the fact that various pathological conditions

(usually as a result of perinatal lesion of the CNS) may cause impairment, and sometimes inability to produce even primitive voice responses. Disorders of the articulation and breathing muscles tone make the child's screaming weak, short, monotonous, and high frequency. Screaming can be shrill and sharp or very soft and subdued, in the form of separate outcries. Many children may have underdevelopment of arbitrary voice response; cooing and especially babbling emerge later than they should. Qualitative insufficiency of voice response is manifested by low prosodic expressiveness of cooing and oversimplicity of sound complexes. In cases of severe disorders, spontaneous babbling may be absent altogether. In most cases, babbling is not active enough, monotonous, fragmentary, prosodically inexpressive, and happens rather rarely (only after recurrent stimulation). And the mimetic sound-syllabic activity is utterly low.

Speech pathology of infants is mainly manifested in the form of absence or delay of formation of verbal means of communication. To assess the level of speech pathology manifestation, to figure out its structure and to reveal the genesis at this age stage is usually quite difficult. Specialists diagnose speech delay in the beginning of the second year of life of the child, if they have not passed from the pre-verbal stage of development to the verbal one, i.e. they have not begun to pronounce separate words and onomatopoeias consciously (with relation to persons, objects and actions).

Children with speech underdevelopment demonstrate a disproportion in understanding speech addressed to them and their own speech. Expressive speech is at a lower level of development in comparison to impressive speech. And the children show slow expansion of the active vocabulary, late emergence of phrasal speech, problems with learning grammatical categories, and agrammatisms. Children with SD fall behind others in the level of speech development; and the formation of age-related lexico-grammatical skills of expressive speech suffers in the first place.

Deviations from the normal speech ontogenesis in the children of the first years of life may be expressed in different degrees – from mild to utterly severe. In mild speech underdevelopment we can observe speech delay of 1 epicrisis (not more than 3-4 months), in moderate speech underdevelopment – of 2 epicrises (not more than 6-8 months), in severe speech underdevelopment – of 3 and more epicrises (more than 6-8 months).

Based on a complex longitudinal observation of children of the first years of life carried out over several years, we have found out that the complex of symptomatic deviations

in the development of children is represented by hierarchical manifestations of dysontogenesis of speech and cognitive activity, as well as social and motor spheres. They can be provisionally divided into five groups. The variability of correlation between speech, cognitive, social and motor development is a criterion for the allocation to a group.

Group I – children with deviations in speech development only ("pure" speech delay). There is a disproportion between the development of impressive and expressive speech. Addressed speech is formed according to the age (in due time), and own (reproduced) speech lags in its development behind (is at a lower level of development). Levels I and II of speech development are usually diagnosed in the children with speech delay. The level of cognitive development usually corresponds to the age-related norm. The children of the given group show no deviations from the normal course of social and motor development (general and articulatory motor skills, as well as functional capacity of hands and fingers are without pathology).

Group II – children with deviations in verbal and motor development. The speech delay is accompanied by motor speech (dysarthritic) disorders. The children demonstrate disorders of the tone of the articulatory muscles of the tongue, lips, and face in the form of spasticity, hypotony, dystonia and limitation of their mobility. There is also hypersalivation, disorders of the act of food intake (chewing hard food, biting off, drinking from a cup, etc.), oral synkineses, hyperactive pharyngeal reflex, and breathing and voice modulation disorders. Early manifestations of motor speech disorders in children have different degree of intensity. The level of cognitive development in group II children corresponds to the age-related norm. They are characterized by a high level of development of impressive speech, and a lower level of development of expressive speech. In addition to the motor speech disorders (manifestations of neurological symptoms in muscles and articulation motor skills), the children at an early age can demonstrate delay of formation of basic motor skills and functioning of the hands.

Group III – children with deviations in cognitive and speech development (children with delay of psycho-linguistic development). The level indicators of intellectual development and impressive speech in the children of group III do not correspond to the age. A number of children are on the preverbal stage of speech development, whereas others are able to pronounce separate words and onomatopoeias; phrasal speech has not formed in the majority of children.

Group IV – children with deviations in social and speech development. Disorders of the communicative function of speech (disorders of acquisition of communication skills) come to the foreground in such children

Group V – children with variable heterogeneous combinations of development of cognitive, speech, social and motor functions. The development of different functional systems may be both even and uneven.

Early rehabilitation-educational logopedic assistance can minimize or fully cure the disorders of speech development and reduce their negative impact on the child's acquisition of communication skills and their socialization. The deficit of stimulating intervention on the part of the parents and logopedists during infancy and early age inevitably leads to irreversible effects in the formation of the basis on which all future activity of the person, and specifically speech, will be built.

It is only in some cases that the children with simple (uncomplicated) speech delay show a tendency towards spontaneous compensation for, and even normalization of the impaired speech functions. All children with speech delay not participating in the rehabilitation-educational program, not only in their early childhood but also later, demonstrate stable speech underdevelopment, which is manifested in various forms of speech pathology. Nevertheless, it is essential to take into account the fact that by the age of 3, speech underdevelopment can be completely overcome due to a significant compensatory potential of the higher psychological activity.

Purposive work on the development of speech of children at an early age has not become part of broad logopedic practice. For specialists, the logopedic work with children of the first years of life is a new, innovative, and rather difficult area of special education. The work with children of the first years of life is a challenge for the specialists (logopedists, defectologists, psychologists, and educators). Interdisciplinary knowledge of the typical features of speech, cognitive, social, and physical development of the child and the methods of early diagnostics, technologies and procedures constitute the essential condition of the professional competence of the given specialists.

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