COMMUNICATION AND LANGUAGE OF CHILDREN WITH LEARNING DIFFICULTIES AND DISABILITIES

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Abstract

Nowadays, the issue of communication and the language of children with learning difficulties and disabilities is very important, which is why, in this study we approach the relationship between communication and language in the established context; the rules of this type of communication, the specificity of language in the general context of disabilities and the learning difficulties.

Key words: *Disabilities; Learning difficulties; Language therapy and diagnostic criteria.*

Communication is definided in psychological terms as: "...communication is a relationship between individuals: communication is primarily a perception. It involves transmitting, whether intentional or not, information intended to clarify or influence an individual or a group of receptors" (Norbert Sillamy, 1996, p. 53).

The notion of *communication* is presented as a "conceptual agglomeration" (Pânişoară, 2006, our translation), and its understanding and explanation has undergone interesting changes, ranging from the "telegraph" model (Shannon, 1949 quoted by Pânişoară, 2006) and reaching to the "orchestra" (Watzlavick, 1967; 2000): each theory contributes to creating "a huge amount of messages" (Watzlavick, 1967; 2000) and ideas.

Verbal language is not the only way of expression in communication, nonverbal language such as mimic, gestures, voice tone, body language, etc. playing also an important role. Communication is considered to be a human activity, but it cannot be limited to human beings' practices because animals communicate, too (Chavin - 1982/1999, quoted by Pânişoară, 2006).

The whole process of communication is the fundamental way of interaction at the psycho-educational level, achieved through a wide variety of messages in order to achieve inter-relationships. Communication provides for the exchange of messages, information, and information meanings, interests, etc., in order to create a favourable climate for interpersonal relations.

The multiple meanings of the notions of *communication, language, language* are the object of investigation of several scientific disciplines such as linguistics,

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psychology, sociology, semiotics, which bring their own approaches, not always identical or, at least, complementary. *Language* is defined as the psychic activity of communication between people through the verbal code. *Communication* has been accounted for as a particular form of exchange between two or more individuals or groups.

From the communicative point of view, the following components are of paramount importance:

a) the relationship between individuals or groups;

b) exchange, transfer and reception of meanings;

c) whether or not the behaviour of those engaged in the act of communication is voluntary.

Starting from the language and communication approach outlined in the *Sentence Trouble*, a pocket book designed by The Communication Trust, The Dyslexia SpLD Trust and the Autism Education Trust as a result of the *Action Plan on Better Communication* developed by the Department of Health and the Department of Children, Education and Family of the organization mentioned above, *speech* refers to: producing sounds that form words; fluent speech without hesitation, or prolongation / repetition of words or sounds; expressive speech with a clear voice, using tone, volume, intensity and intonation to support meaning. *Language* refers to expression and understanding: the use of words to build sentences, and sentences to build conversations; arranging information in the right order to obtain meaning and meaning; understanding and capturing the meaning of others' conversations. *Communication* relates to how we interact with others: the use of language to represent concepts and thoughts; using language in different ways: to ask, to clarify, to describe, etc.; nonverbal rules of communication; the ability to listen to others, to take and follow the turn, to keep the subject; the ability to speak to others and to speak; the ability to change the way of communication (language) to suit the situation and the person they communicate with; the ability to respect and accept the prospects of others, the intentions and the global context; some children and adults use nonverbal methods that use signs, gestures, communication cards or electronic equipment.

In persons with severe disabilities the functions on which any communicative behaviour can be built are: to draw attention; to express personal needs and to give or deny their consent. Lasswell's model has been criticized and reported to show certain disadvantages (not referring to feedback, noise, according to the linear model), however, in the context of studying communication in students with severe disabilities, I refer to this author's model for it is a simple model that also applies to communicating with people with severe communication difficulties. As far as the outcome of communication is concerned, the review of literature helped us conclude that it may be an intellectual or cognitive activity (acquiring new knowledge, learning how to analyze, synthesize or evaluate, etc.) or affective (attitudinal changes, changes in beliefs, feelings, emotions), or psychomotor (learning to coordinate body movements as well as appropriate verbal and nonverbal behaviours). Communication should be relevant to both communication partners

(transmitter and receiver) are the culture and social system in which the act of communication takes place.

The effective teaching rules are:

- to listen, i.e. to take into account the opinions and interests of others;
- to observe that you are interested in what is happening in the communication situation and to understand the status of the participants;
- to analyze and to know the situation of the participants;
- to express yourself, ie to expose your views and feelings to the subject of communication;
- to control the pursuit of quality and efficiency of communication.

From the point of view of the individualization of the communication taking into account the types of disability, we present a number of their characteristics, so people with mild mental deficiency (first degree mental deficiency) can rely on school purchases corresponding to their mental age and can reach a degree of social autonomy, but without the possibility of fully assuming the responsibility of their own conduct, being incapable of anticipating their consequences and implications.

An analysis based on psycho-pedagogical criteria highlights the following defining features for this category:

- language generally develops late in all its aspects (the first words are uttered, on average, at the age of 2, and the first sentences only at 3 years old). Speech is constituted by the repetition of certain phrases, grammatical disagreement, low speech activism, superficial accounts, the vocabulary is poor in words-notions, the frequency of language disorders is higher than in normal children, with a specific resistance to the action of correcting disorders language and with significant difficulty in acquiring written language (dyslexia, disgraphies, disortages specific to the child with mild mental deficiency);
- low organizational and coordination capacity according to a verbal command, due to troubles in the control function of the second system signaling in the formation of links in the first signaling system, which explains a low degree of awareness of the actions taken.

Moderate mental deficiency - IQ = 35 / 40-50 / 55 - In this category we have the following characteristics:

- they can develop certain communication skills during childhood and can achieve a degree of personal autonomy;
- through systematic educational interventions they can develop a range of social and occupational skills, but they can not go beyond the first two years of schooling;
- they succeed in having a high degree of social autonomy in familiar areas, and during adulthood they can carry out unskilled or qualified work under supervision.

Severe mental deficiency - IQ = 20 / 25-35 / 40 - the main features for this category are:

- during the first years of their life they acquire little verbal communication skills;
- if included in educational programmes, they can acquire verbal communication skills up to a certain limit, recognize numbers and be trained in developing basic personal autonomy skills;

Third-degree mental deficiency (Mental Deficit) is the most serious form of mental deficiency and defines the person incapable of self-control, protection from potential dangers or even feeding, with a constant need for care and supervision. The psycho-pedagogical picture of this category of people has the following characteristics:

- rudimentary, undifferentiated psychomotor structure, highlighted mainly by uniform balancing, grimaces, contortions, sudden motor pulses;
- the impossibility of communicating through language with the others, the knowledge of this child does not exceed early childhood, their intellectual functions are not developed, the relation with the environmental factors and with the others is reduced only to the first signaling system (sensations, perceptions);

DCCI's mental deficiency - the type of organization with communication-cognitive dysfunctionality - is characterized by the dominant presence of factors dysfunctional at all levels. At each level, disturbing factors distort the functions until they change the normal organization type (based on organizational factors).

In the case of deafening hearing impairment, the communication process has the following features:

- a small amount of vocabulary is learned;
- existence of numerous verbal clichés;
- visible gap between the active and the passive vocabulary.

Among the types of errors that occur in verbal communication of persons with hearing impairment, we enumerate:

- avoiding expression in sentences;
- incomplete use of sentences;
- incorrect word order;
- frequent disagreement;
- predisposition to simple phrases and sentences.

The hearing-impaired child will learn how to speak in an organized way, both during pre-school and primary school classes. For this, several strategies to tackle dementia have been recommended: some have suggested the initial use of words with concrete and slightly pronounced content, others recommend observing the principle of accessibility of articulation. The main problem is the methodology of presenting these words so that they become integrative and useful notions in the perspective of systematization and continuity in the development of the deafened child's vocabulary. The decision on how to approach the de-mutic recuperatory instructive educational process belongs to the specialist who will try to identify the most effective intervention programme by analyzing the psycho-intellectual and

child's personality peculiarities, his/her own style and the available resources, including at the family level, who can constantly support learning.

The main educational goal is to create an effective communication way that allows for a very good adaptation to the life of the community and the provision of actional and social independence.

The communication modalities used in the educational process with hearing-impaired children are a particularly complex issue, which has given rise to many controversies in the literature.

The ways of classroom communication used with hearing-impaired children are aimed to ensure safe language for every child, whether by words or signs, to foster effective and adaptive communication with the environment in which s/he lives. The ways of communication used by teachers with hearing-impaired children can be divided as follows:

• verbal communication, reading, reproduction and abstraction;

• mimic-gesture communication activities, using sign language.

The prevailing communication method handled by the hearing-impaired child was oral communication, considered to be the most adapted means of achieving human interrelation. Hearing-impaired children are thus subjected to the process of de-mutisation, whereby the deficiency of mutilation, as a state of deafness, is to be eliminated by the acquisition of oral communication and the perception of language through lipreading.

In the literature, three general methods are introduced to increase the education of hearing communication: oral, bilingual and total communication. Many factors have to be considered in choosing the most appropriate method of communication: the degree and type of hearing, the child's abilities to acquire oral language, the community support, the educational offer of the society.

Educational programmes by oral method focus on oral language and listening, perception of language through labiolecture, mimic-gestural language (LMG) is not used. As ancillary methods in oral communication education, hearing aids, phoniatric training, specialized prosthesis and listening skills can be used.

Bilingual / Bicultural Philosophy (Dbi / Bl) recognizes LMG as the main language of hearing impaired people and uses LMG as a method of educating and educating hearing impaired. In addition, the language of the respective country is taught as a second language, used only for writing and reading. The child is considered bilingual when s/he masters both languages. Within deaf culture, children are taught to be proud of their inheritance; they are also offered many models to follow from the deaf community.

The philosophy of total communication involves the use of numerous and varied methods of classroom communication:

• language therapy, learning of bioluminescence, use of LMG, and dactylos. It also presupposes the use of all possible means of communication: LMG, oral, lipreading, obedience, dactilems, mimics.

Hearing modes of communication are referred to in the literature as "oral method" or "oralism". Traditional oralism as a method of communication with

hearing-impaired children has its roots in history and has been used long before the emergence of the idea that amplification of sound is possible and beneficial.

The method attaches great importance to biology and the development of the visual channel to interpret the verbal information. The role of the eye is determinant, subordinating to that of hearing. The language is taught in a logical, systematic way, being dissected into basic elements and then presented to the child in a logical order.

Writing has a major role because it can provide a clear picture of the language that was taught.

In a broad sense, *demutism* is the activity by which the deaf people can dominate the sound and written language to such an extent that it can be used in its social relations as a means of communication. It is therefore a form of continuing education, as it is not limited to learning the strictly phonetic structures of the language, but involves the learning of linguistic structures, the appropriation of correct grammatical structures.

Learning difficulties are the main diagnostic category we face in the reality of the school. According to DSM-5, learning difficulties are a diagnostic category included in the biology development superclass of developmental disorders. This superclass defines those categories of disorders and disabilities in which the deficit arises as a result of a malfunction, the result of the interaction of some organic, biological factors, multifunctional, heterogeneous, genetic, hereditary, environmental causes. These malfunctions lead to impairments in the brain structures, with an impact on the processing of information in a fluid and timely manner.

The DSM-5 establishes four diagnostic panels for circumscribing the learning difficulties table.

In order to diagnose specific learning difficulties, disruption of school abilities must take place for at least 6 months, despite the fact that specialized intervention is provided. Starting from this point, the DSM-5 proposes the following diagnostic criteria for delineating the pathological category of specific learning difficulties:

- Reading is done with difficulty, it is significantly disfluent (the person reads with difficulty even isolated words, the fluency in reading is very low, rather guesses the words when reading, deciphers the letters);
- The level of comprehension of the reading material is very low (even if it reads the text correctly, fails to understand the sequencing of the text, the relations, the inferences from the text, and cannot penetrate the depths of the text);
- Writing presents a number of problems (the child may omit, substitute or add vocal and consonant phoneme);
- Difficulties in writing (the child makes a series of grammatical and punctuation errors when formulating sentences and texts, organizes deficiently sentences at the level of the paragraphs and the text, the written sentences are characterized by a lack of clarity);
- Difficulty in using numbers (s/he names them poorly, counts wrongly, encounters difficulties in solving mathematical calculus, s/he prefers to calculate using his/her fingers);

- Difficulties in materializing mathematical thinking (s/he uses the data and procedures necessary to solve problems).

The second diagnostic criterion points out that specific learning difficulties, skills disorders, school abilities have a significant impact on the child's school performance, with low school performance, well below the level of the chronological age. Also, deficient schooling skills also interfere with assuming social roles in everyday life. These data are evidenced by standardized clinical assessments for people under the age of 17. Those who have specific learning difficulties and who are over the age of 17 can be evaluated at this diagnostic level through questionnaires or the autobiographical method, ways of collecting data that substitutes standardized assessment.

The third diagnosis criterion for learning difficulties highlights that not all of these are still diagnosed as early as the first cycle of schooling. Thus, it is mentioned in the DSM-5 that specific learning difficulties arise from the beginning of the schooling period, even if they are only felt when the amount of school tasks addressed to the deficient component (written, reading, mathematical calculation) exceeds the limited skill level of the person concerned.

Learning difficulties are diagnosed in the absence of:

¬ intellectual disability;

¬ sensory disabilities (hearing or visual perceptual perception);

¬ neurological disorders;

¬ problems of psychosocial nature;

¬ instructive and educational shortcomings.

In DSM-5 it is mentioned that the four diagnostic criteria are achieved through systematic evaluations, using standardized tools, to which are added data on family and personal anamnesis, as well as didactic, pedagogical reports. Dyslexia is characterized by: poor decoding of isolated words, disfluency reading, verbal comprehension difficulties.

The British Dyslexia Association (BDA) has defined *dyslexia* in 2007 as a specific learning disorder that affects the acquisition of reading and other language-related skills. Among these abilities are mentioned: phonological processing, rapid appointment, word processing speed, verbal memory, automation of reading and writing skills. According to this definition, dyslexic people present this disorder for the rest of their lives, the negative implications of the deficit can be reduced by applying specific programmes of intervention, programmes that also utilize the assistive technological means.

The intrinsic, pervasive character of learning difficulties in general and dyslexia in particular is also underlined by Reynolds, Johnson, Salzman, (2012). The European Dyslexia Association (EDA) defines *dyslexia* as a disorder with neurological etiology, with negative implications on the acquisition of reading, writing, spelling and mathematical computation. In this way, dyslexia is a concept that encompasses clinical manifestations in the sphere of disgrace and discalculia.

In fact, it should be noted that these specific learning disorders: dyslexia, disguise, discalculia are related to the etiological common basis of neurological nature. Therefore, in the same case, it is possible to identify a series of developmental

features that capture the functional and diagnostic interdependence between the three forms of specific learning difficulties.

Given this perspective, *disguise* is defined in DSM-5 as the specific learning disorder characterized by disturbances in the acquisition of writing, spelling and punctuation, as well as clear written expression at the propositional level. Discalculia is characterized by deficits in the field of numeracy acquisition, mathematically mature calculus and fluency, problem solving.

By studying the degree of severity of the deficiencies, all three forms of specific learning difficulties are delimited as having three possible degrees of severity: mild, moderate and severe. By slight impairment in DSM-5, it is emphasized that even if the education implications are identifiable, they are reduced, and through appropriate intervention and necessary accommodation disorder can be overcome.

Moderate harm implies the expansion of the education areas where the deficits occur and the need for sustained intervention over a long period of time is clearly underlined, with relevant adaptations in terms of content and methods used in teaching, learning, evaluation.

Severe affection implies the delimitation of extended education implications across multiple learning areas, which means that although the student benefits from support, curricular adaptation and individualized intervention programme, s/he fails to fully compensate for the deficit s/he is experiencing.

In terms of population incidence, Caroline Bodea-Haţegan and Dorina Talaş's (2016) note that DSM-5 emphasizes that the incidence of the three types of specific learning disorder is dependent on culture and spoken language, reporting that the percentages expressed on the incidence of these difficulties among the school population may vary between 5 % and 15 %. Concerning the incidence of learning difficulties in adults, 4 % is provided with an average value in the world population. Green, Tonnessen, Tambs, Thoresen and Bjertness (2009) indicate that the range in which the prevalence of dyslexia in the population can vary is 1.3 % -15.7 %.

The most important forms of communication remain non-verbal communication and verbal communication, but depending on the presence or absence of objectives, we also encounter incidental communication, consumer communication, instrumental communication, communion.

a) Nonverbal communication is achieved through non-verbal means, among which the most examined are the human body, the space or the territory, the image.

Communication through the body is the most complex because the body intervenes in everyday "interactions" not only as a natural object, but also as a deliberate product metamorphosed through clothing, makeup.

Communicating through space and territory – An individual is extremely concerned with the space s/he lives in. S/he delimits and arranges his/her territory according to needs and circumstances. The very way of delimiting and arranging space "communicates" a lot of information about the individual. From a sociological and anthropological perspective, three types of territory are defined: tribal, family and personal.

Communicating through images - Modern life has brought a wide range of visual means of communication (posters, photos, illustrations, cinema, television). The ubiquitous visual communication creates a paradox: though less interactive, because it is exercised in one direction, it is much more effective because it affects an extremely large number of people.

The non-verbal means of communication have the following roles:

1) to transmit ideas, information, character traits;

2) to nuance and to specify the communication that becomes approving or disapproving, receptive or non-receptive;

3) to help people express themselves and understand each other much better to achieve this latter role, the verbal means must accompany the verbal ones, under no circumstances can they act independently.

De Vito (1987) establishes six non-verbal communication functions associated with verbal communication. Thus, it emphasizes, complements, contradicts, regulates, repeats and substitutes verbal communication.

b) Verbal communication (language). Language is one of the most commonly used means in interpersonal communication. Language is the expression and realization of verbal behaviors.

We refer in this context not to the "academic" language of grammar specialists, but to the common, ordinary language used in everyday life. Language is more than its verbal forms and involves a number of other symbolic forms such as gestures, mimics, intonation, pauses, silence, etc. The meaning of messages conveyed through language is always dependent on the context in which it is used.

Lisina (2005, p. 46) highlights the following aspects of the influence of communication on the general psychic development: the first and most important aspect is the acceleration of psychic development in the communication with the adult; communication with the adult develops children's ability to overcome difficult situations, psychological barriers that hinder development; well-communicated communication with children can help them overcome some educational defects, for example ambivalent behavior.

Sources of child communication development: The adult is a rich source of physical influences, from the very beginning the adult bombards him with various stimuli for all analyzers: hearing, seeing, smelling, touching, olfactory, gustatory. Another way of influencing communication on mental development is enriching the child's experience. In communicating with the adult, the child discovers a rich array of specific human feelings and attitudes: the joy of being appreciated, compassionate, sustained, enjoyable, interacting with others, and helping them. Often, the adult advances learning tasks that are readily accepted in the context of communication, and their resolution leads them to progress in psychological development.

A way of stimulating communication is to strengthen the child's success, support and possibly channel his/her efforts. In communication, the adult presents the child with patterns of action that the child can acquire by imitation. In severely and severely disabled people, this ability to imitate is often limited or undefined (especially in people with autism where it is often lacking) but can be exercised,

stimulated, activated so that the many exercises that work in this area are very useful and are ahead of a specific programme to develop and stimulate communication. In our experimental study, we largely capitalized on this idea, trying to develop and stimulate the imitation capacity in severely and severely handicapped subjects through many activities. We can confirm that the ability to imitate can be learned and practised through many rehearsals and trials.

When discussing language disorders, we must know that language and communication are not only spoken language, but also verbal and nonverbal communication, and the spectrum of deficiencies includes aspects of oral and written comprehension, writing and reading, mimics and gestures. Through language disorders we understand all deviations from normal language. Language disorders can occur both in the context of normal intellect and mental or sensory deficiencies, with the exception that the latter are more frequent and deeper.

Language makes it possible to define man with all his attributes and contribute to the creation of a certain status within society, presenting its individual peculiarities. Through language, people have the opportunity to cooperate at work, to communicate their life experience, to establish their social-historical experience, to organize their ideas and activity, to form their personalities and develop their individual and social consciousness, language being the highest form of individual expression and manifestation of man. Language preserves the experience of previous generations, becoming a good thing of mankind and, at the same time, a way of knowing and social phenomenon, it is enriched and it constantly develops both from the point of view of expression and of the many influences that act upon it.

Correcting language is important not only to facilitate communication and integrate the instructive-educational process but also for the fact that language disorders, depending on their severity, cause negative changes in the child's personality and speech behaviour. Several studies mention that children with language disorder are low achievers due to the small possibility of integration to the activity and the refusal to participate in the communicative act. For adults, correction is also imperative in order to exert a favorable influence on the education of children, and because some professions require clear pronunciation and fluent speech.

If writing-reading disorders are less felt in communication, oral speech disorders are more disturbing and, in general, they often determine the first. As such, it is necessary to correct oral speech as soon as the first signs of disorder appear. School, family, society are also interested in correcting language disorders, which opens up the perspective of the harmonious development of the individual and avoidance of failures in activities and relationships with others.

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