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Differences Between Motor And Sensor Forms Of Alalia

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Abstract: This article analyzes the main differences between motor and sensor forms of alalia. The symptomatology of motor alalia is diverse and consists of non-speech and speech symptoms. Neurological symptoms include mild spasticity and paresis of muscles and muscle groups, synesthesias, hyperkinesis may occur. Sensory alalia is concerned with the reception of information from the environment and its transmission to the central nervous system. The article compares the anatomical, functional and neurophysiological characteristics of these two forms and provides information about their role and significance.

Keywords: Alalia, motor, sensor, preschool age, impressionistic speech, expressive speech, speech disorder, cognitive development, polysensory approach, communicative skills.

Introduction: Speech is the main means of human thinking, socialization and communicative activity. The formation of speech in the first years of a child's life is directly related to the maturation of the central nervous system. As a result of organic damage to the central nervous system, one of the most severe speech disorders - alalia - develops. Alalia is a disorder characterized by the underdevelopment or delay of speech as a result of organic damage to the speech zones of the cerebral cortex, while the child's speech apparatus is preserved. The symptomatology of motor alalia is diverse and consists of non-speech and speech signs. Neurological symptoms include mild spasticity, paresis of muscles and muscle groups, synesthesia, hyperkinesis may occur. Hand, mouth, articulatory apraxia is often observed. From the motor sphere, such children are characterized by a violation of posture and gait, a violation of the volume, variability and coordination of movements. Researchers distinguish

between excitable, hyperactive and inhibited, low-mobility groups of children with motor alalia.

Psychological signs of alalia include deviations in the formation, development and course of mental processes such as memory (especially auditory-speech memory), attention (auditory attention), and the peculiarity of thinking. According to A.N. Kornev, the mental development of children with alalia is not limited to the speech state.

Speech signs of alalia Although the formation of expressive speech is impaired in motor alalia, impressive speech is relatively preserved, and a large difference is observed between the impressive and expressive speech states.

Alalia varies in its manifestation, and in some cases the underdevelopment of language means, i.e., phonemic, lexical and grammatical elements, predominates, while in other cases the underdevelopment of combination processes is the main problem. There is a heterogeneity of language system disorders, with alalia of the phonemic or grammatical level of the language system being mainly unformed, and alalia of all language systems being relatively unformed to the same extent. There are also differences in the ability of children to use the language tools they have acquired in speech.

Ya.E. Kazmina emphasizes the idea of V.I. Beltyukov, “children with motor alalia are often left-handed. The electroencephalogram of children with motor alalia often reveals regional slowing and epileptiform activity. Children with sensory alalia are characterized by poor speech comprehension (despite normal hearing), which leads to secondary underdevelopment of their own speech. These children have problems analyzing sounds, including speech sounds (violation of speech gnosis)” and draws conclusions that this condition prevents the development of the connection between the sound image and the object.

Therefore, the child hears, but does not understand the speech addressed to him (auditory agnosia). Differential diagnosis of alalia is a complex task and may require several months of observation. It also involves the exclusion of hearing loss and mental disorders.

A.N. Kornev notes that “in alalia, there is an imperfection of all operations in the process of forming a speech statement, and the underdevelopment of speech has a systemic nature, but in the structure of this disorder there is a variety of manifestations of both speech and non-speech symptoms.”

In recent years, significant progress has been made in the study of alalia as a speech defect in special pedagogy. This is due to the fact that researchers have increasingly used the methodology of a complex syndromic approach to analyzing the defect in their work. In this area, the psycholinguistic aspect, reflected in the works of a number of scientists such as N.V. Babkina, L.O. Badalyan, V.A. Kovshikov, E.F. Sobotovich, S.Yu. Tansyura, occupies a leading position.

At the same time, it is worth noting that at present not all aspects of the study of alalia have been fully elucidated.

At the present stage of scientific development, there are more common views on the speech defect alalia than disagreements. The commonality is manifested precisely in the basic, principled approaches to understanding the defect and its mechanism. A more in-depth study of the symptomatology of the speech defect alalia on the basis of linguistic, psycholinguistic, psychological-pedagogical, clinical, neurolinguistic and other criteria will make it possible to clarify the issues of the etiopathogenesis of these disorders, the structure of the defect and its differential diagnosis. As a result, it will be possible to ensure the optimization of the interdisciplinary corrective effect.

Motor and sensory forms of alalia differ from each other mainly in the type of speech disorder, the affected brain area and the speech therapy approach.

Motor alalia is characterized by a violation of the child's ability to form speech, that is, he has difficulty expressing his thoughts verbally. Although such children know words, they cannot connect them grammatically correctly, they have difficulty in constructing sentences, pronouncing words completely. Despite this, they mostly understand the speech of those around them. In this form, the Broca area (frontal area) of the cerebral cortex is damaged, which leads to the slow development of speech motor skills.

In sensory alalia, the opposite is observed: the child hears, but does not understand speech. He cannot distinguish the meaning of sounds, words and sentences, as a result, his own speech is also chaotic, meaningless repetition, echolalia (mechanical repetition of what he hears). In this form, the Wernicke area (frontal area) of the cerebral cortex is damaged.

In short,

- Motor alalia is characterized by the inability to speak,
- Sensory alalia is characterized by the inability to understand speech.

In speech therapy, articulatory and grammatical exercises are of primary importance in motor alalia, and in sensory alalia, exercises for the development of auditory perception and phonemic differentiation.

The complex work system used in the case of alalia

should be aimed at creating mechanisms of speech activity, a differentiated approach to the formation of speech as a means of communication, and the development of communication skills in general.

Thus, despite the fact that motor and sensory alalia arise under the influence of the same etiological factors, their clinical manifestations and correctional approaches are completely different. Motor alalia is a disorder in the process of expressing speech, and sensory alalia is a disorder in the process of understanding speech. In both forms, the child experiences difficulties in social communication, which negatively affects their psychological and cognitive development.

Therefore, speech therapists and defectologists need to develop complex, systematic and step-by-step correctional programs based on differential diagnosis, taking into account the individual needs of each child. Only then will it be possible to restore speech activity in both forms of alalia and ensure the social adaptation of the child.

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