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Personality, family and social-cultural prerequisites for appearance of training difficulties

There are different reasons of training difficulties which are connected with internal and exterior factors. Some of them are caused by lower intellectual level of child or families where he or she grows up. Sometimes the main reasons are microimpairments of brain, deficits of motor or visual skills, improper level of teaching supporting etc.

We shall consider in greater details the consequences for the reading and writing, which may have:

- the motor/or visual–motor deficits;
- the support of the infantile behavior of the child on the side of the family and the problem about the rules;
- some social-cultural factors as knowing the social function of the written language and the presence of a personal project for reading.

The problems with the motor deficits

The visual-motor deficits and the disturbance of the rhythm, the succession, the cause and effect relationships and the syntax are directly connected. Especially interesting for us are the cases of prematurely born babies, overcoming a period of neonatal reanimation and the cases of incorrect bringing up of the baby in a family during the first year of life. The stay in a neonatal intensive care unit is an isolation of the baby from the mother, by means of which the early communicative interactions are blocked. The baby in neonatal intensive care unit lives all day and night under luminescent lighting because of which in it the primary sense for rhythm "light – dark " is not formed. Known psychomotor, communicative and cognitive peculiarities are observed in these children in preschool age and school age. As for the incorrect bringing up of the baby during the first months of its life, here we have in mind the fact, that the new born baby is asymmetrical and its lying position is a lateral. This means, that it "takes possession" only of the space where it is predisposed to lie/ sleep " by reflex". In order to take possession of the contralateral space, it is necessary to turn the baby on one and

the other side by the people taking care. In the period of sitting (about the 6-th month) the small child takes possession of the central space. If the psychomotor abilities don't develop in the desired order, the risks of appearance of strabismus (from where a lot of other consequences for the somathognosis, the mouth and written speech) are great. The strabismes of this kind are often observed phenomenon among some minority groups bringing up many children in the family; in children growing up without parents under board-school conditions; when mothers are young and inexperienced mothers, who don't visit regularly the consultations for children.

Reflection of the psychomotor deficits on the formation of their oral language

One of the basic consequences on the formation of the language system and the oral and verbal realization for children with psychomotor deficits is the absence or not precise use of prepositions and adverbs for place and time. Poor and inexact is the lexis, "subordinated" to the visual modality – words for magnitude, form, size, space orientation, color gamma, etc.

The abstract words for the child are a small number and unclear. Here it is necessary to note, that the use of abstract words to great extent depends on the quality of the visual representation of the images of the concrete visual sphere and the ability to use illustrative gestures. Namely, these two factors – visual representations and gestures allow adequate use of abstract words, which by analogy and by concrete gesture is associated with a concrete concept. The usual representation of the children with motor deficits are inexact and fragmentary / which is seen in their pictures/. As the normal communicator desires more his interlocutor to understand the abstract words he uses, the more illustrative gestures he uses. That's why in the correction work with similar children it is obligatory to foresee series of cognitive mimic plays and illustration of objects. Another peculiarity of the oral speech is the use of short syntactic structures in the oral realization of which are observed speech "failures", hesitations, etc. And not in the last place – one significant percentage (about 65 %) of the children with lighter or heavier motor deficits have disturbances of the fluency of the speech.

Reflections of the visual –motor deficits on the learning to read and write

In the first course in the school these children have the following characteristics of the writing:

- bad grapheme and difficulties in the disposition of the text on the sheet;
- presence of visual/deformation of the grapheme by its incorrect disposition or of

part of its elements in the directions above-below or left – right and visual-motor mistakes, in which the form of the grapheme is deformed by addition of an additional element;

- disturbance of the letter structure of the word – omission, inversion;
- contraction and separation of the words in the sentence;
- syntactic great difficulties in learning of the syntax.

In the reading, similar disturbances and inaccuracies are observed, but most brightly the problems are connected with the limited visual field – small parts of the written words are included, there are a lot of perceiverations, the rows are followed chaotically.

In the beginning of the secondary course the elementary specific errors are changed and the attention of the teachers, the parents and the logopedists is attracted by the inability to retell a heard or read text, as well as to create an own text. A reason for these difficulties is the inability to arrange the events in the course of time / disturbed successive processes /, as well as and the difficulties of the tasks of the type “ Why?”.

It is desirable to note that the child with psycho-motor deficits experiences different phases in the relations with the classmates. In the preschool age it is protected by the other children. In the initial school age is isolated from the collective plays. With the appearance of the school leader about the beginning of the third class it becomes and experiences as an outsider.

In the practice of West Europe the psychomotor specialists care: orthoptists, neuropsychologists, ergotherapeutics and logopedists. The neuropsychologists are limited mainly in diagnosis, not in therapeutical work. The psychomotoric therapeutics are small in number and from now on bases for therapy are developed. Specialists for ergotherapy are prepared now – for the first time in the country, but the orthoptist is still unknown specialist in national scale.

Family prerequisites for appearance of training difficulties

The basic problems, which we shall contemplate here, are connected with the tolerance of the infantile behavior, the absence of rules (for communicative and social behavior); the incorrect attitude to the child’s book.

What does infantile behavior mean? This is a demonstration of behavior, which dramatically is discrepant for the age. In communicative respect it means, that families exist, who tolerate types of communicative behavior of the children characteristic for the baby’s or

very early age.. What are those families? Most frequently, such families are represented by: the older parents, who waited a long time to start family; families with a sick or harmed child; families which give contradictory messages to the child ; “The one doesn’t give, the other gives“; the adoptive parents, the accepting mothers, who haven’t their own children; the single mothers, the domineering and despotic mothers, mothers, who had difficult childhood under dramatic conditions, etc

The small child passes through taking possession of several communicative strategies in their ontogenesis:

- preverbal period / until the end of the first year / - it doesn’t use verbal means – pose, look, smile, vocal sounds, touch, etc., in order to participate in direct communication;
- verbal period – since the first year approximately until three – three and a half, the verbal language is assimilated at all levels and serves for direct (oral speech) communication during the whole life;
- verbal period – written verbal communication.

The child develops metalanguage abilities at the age 4 – 6 years and prepares for a participant in the verbal remote communication after its 6-th year and during its whole life.

During logopedic consultations it’s found very often, that children at the age 3 – 4 years cope wonderfully, i.e. they satisfy their direct needs without using the oral speech. The parents from the given above group don’t always encourage the beginning of this communicative instrument by the child, because it’s so “small and sweet”, it is dependent on them, often not separated and living in symbiosis mainly with the mother. The child uses predominantly universal means (means for attracting the attention of the partner on itself) - it pulls the dress of the mother, shows by gesture a desired object, cries, keeps on by all means to be served, “wants to have its way”, because it has already realized that its parents make everything in its stead. The unassimilating of the verbal speech in this case is of clearly expressed manipulating character. In these children the appearance of “I” is late and problematic. The mothers often begin their story with the sentence: “We don’t speak...” instead of “ He/she doesn’t speak”.

The achievement of the verbal speech means autonomy. Still higher level of autonomy is required in order to learn the written verbal speech, in which one of the participants in the communicative act is absent. The understanding of a written text supposes ability to place oneself on the place of ..., requires a high level of maturity. Clinical cases exist, in which the application for work by the parents is for “help” in the learning how to read and write, but the communicative competence of the child is in the frame of the establishing speech – i.e.

neither the oral verbal speech is achieved for the needs of mature dialogue communication, nor the behavior of the child exceeds the desire to attract the attention for satisfying the needs. In this case is exceptionally difficult to work clearly by logopedic methods – total psychological help is necessary for improvement of the quality of the family communication and the construction of the autonomy of the child itself.

Another basic problem of family nature is the absence of purposeful upbringing in rules and order. The father is the figure to initiate the order and the social behavior. The traditional picture in Asia Minor and the Balkan Region shows however something else – domination of the mother/the mother in law in the upbringing of the child. That's why one of the basic characteristics of the region is the lack of respect to the rules as a whole. Another peculiarity of the attitude to the child in Bulgaria is the absence of family plays and most of all of plays with rules. The problems with the rules is reflected on each step of learning the written speech – from the simple correspondence phoneme/grapheme until the complex grammar spelling requirements for writing. In order to know and apply the rules in the writing means to acknowledge the conventional character of this code. That is why, in the frames of the logopedical therapy, we say “We don't understand you” there, where the code is disturbed, i.e. where there is a mistake. Still more complex is the problem with the teenagers, because at this age they give a new meaning and “boycott” totally the world of the adults and their norms. To work a problematic spelling for teenagers is a great challenge. Sometimes it is necessary to use negative techniques or “techniques of the signature“ (a discrediting document is proposed for signature), by means of which the danger of police punishment or prison reaches the consciousness of the disintegrated from school young person.

In the family the child sees or is deprived of the possibility to see a positive example concerning the reading and writing. There it learns the social functions of the written language and creates its own personal project for reading and writing.

Conclusion

The process of supporting children with writing and reading problems is complex and requires knowledge of different science (psychology, linguistics, logopedic, special education). One of the most important factor influences the success in overcoming of training difficulties is collaboration with family members of child (particularly with parents). We still need look for new ways of supporting and must remember about prevention. Using of foreign experiences we can enrich our knowledge and find new point of view for different topics connected with rehabilitation and learning children with learning difficulties.

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