THE ARTICULATION DISORDERS IN MENTALLY RETARDED CHILDREN

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The paper discusses the frequency of occurrence, etiology and character of the articulation disorders in mentally retarded children and presents the specific character of the job of speech pathologist in special school.

1. The frequency of articulation disorders.

The mental retardation is most frequently accompanied by the speech disorders /1, 2, 3, 11/. Among these disorders the articulation disorders constitute the majority /above 85%/. The frequency depends on the degree of mental retardation, its etiology, the child's age and the educational background. It has been assumed /3, 4, 12/ that the deeper the mental retardation, the more retarded and disordered the development of articulation. It has been also estimated /8/ that the articulation disorders appear more frequently in the case of Down's syndrome /98%, less often in the organic syndrome /84% and in the fealty mental retardation. It has been observed /5,10, 12/ that the number of disorders decreases with the age of the children.

The articulation disorders seem to appear more frequently in children living in special care institution in comparison with the children living in their families.

2. The etiology of the articulation disorders.

In the case of the mentally retarded children one has to deal with the articulation disorders of the organic origin caused by the occlusion and dental defects, cleft palate, lips and tongue, dysarthric, aphasia, dyspraxia, impaired hearing, as well as with articulation disorders of functional origin caused by the lowered phonemic audition, accepting the incorrect pronunciation, emotional disorders. The articulation disorders of organic origin are assumed to occur more often in mentally retarded children than in children normally developed. Dealing with the pathogenesis of mental retardation and the articulation disorders, it is possible to distinguish the following relationships between them:

common etiology, e.g. infantile cerebral palsy

b/ different etiology, e.g. mental retardation and dysphasia
c/ some of the features of mental retardation /e.g. lower concentration of attention and low learnability/ constitute the cause of the delayed development of articulation.

3. The character of articulation disorders.

A unified view on the character of development and disorders of articulation does not exist. On one hand, it has been noticed /4/ that the general pattern of articulation in underdeveloped reminds the articulation pattern in mentally retarded. It has been also assumed that this pattern is analogical in both pupils living in the special education institutions and pupils living with their families.

On this basis the development of articulation in children retarded and in children normally developed is considered to proceed according to the identical phases and rules, with the only difference that in the case of mentally retarded it proceeds slower and with greater number of errors.

As far as the kind of errors is concerned, the children do not differ /1, 6/.

On the other hand, it is claimed that the distinctive features of the mentally retarded are constituted by the phonetic deficiencies indicating the possibilities of appearance of the structural defects.

In our opinion, the characteristic pheno-
the realization of realistic goals. The
goals are determined in an educational in-
stitution by the Individual Revalidation
Tests, which members are, among others,
the speech pathologists as well.
They are responsible for designing and pu-
tting into practice the programmes of the
therapy including:
a/ the preliminary diagnosis
b/ the individual programme of elimi-
nating the speech disorders /includ-
ing the articulation disorders/
c/ diagnosis in the course of the the-
rapy and the final diagnosis

The programme provides space for the co-
operation between the speech pathologist,
the psychologist, the teacher and the cor-
rective physical exercises instructor.
So, for example, the therapy of a mental-
ly retarded child with dysalia, stut-
tering and low motor activity efficiency con-
stitutes in the speech pathologist talking
care of improving the articulation and
the fluency of speaking, the psychologist
reducing the muscular tone and the emo-
tional tension by means of relaxation,
the corrective physical exercises instruc-
tor stimulating the development of the
motoric skills and finally the teacher
fulfilling the prescriptions of the above
to the best of his abilities.

The effects of the complex therapy de-
pend on the accuracy of the diagnosis and
the accepted programmes of the therapy,
the degree of complexity of the speech dis-
sorders the pace and motivation of learn-
ning, the depth of mental retardation,
the co-operation of the speech therapist
with the remaining members of the team, the
involvement of parents.

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