

## **SPEECH THERAPY. SPECIAL PSYCHOLOGY**

DOI <https://doi.org/10.30525/978-9934-26-259-3-47>

### **DEVELOPMENT OF AUDITORY-VERBAL MEMORY IN PRESCHOOL CHILDREN WITH TYPICAL PSYCHOPHYSICAL DEVELOPMENT AND WITH SPEECH DISORDERS**

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Success in mastering a particular activity depends on the child's ability to use all the functions of memory, and this is the ability to memorize material (different modalities), retain in memory (at different times), reproduce it (in whole or in part). The process of memory is always included in the activity, is the most important condition for its productivity and acts in unity with the cognitive mental processes and the emotional and volitional sphere.

Kostyuk (1976) pointed out that the essence of memory as a mental process is to ensure the work of all mental processes (cognitive, emotional and volitional) and the successful operation of consciousness. Memory passes through all external information coming from the environment. Since this cognitive process is a form of organization of mental activity, it accordingly affects the orientation and concentration of the individual on objects that are of particular importance to him [5]. The verbal memory of the preschooler achieves significant success, finds its realization in descriptive and explanatory speech. The child memorizes verses, colloquialisms, proverbs, riddles that are understandable. The development of verbal memory is positively influenced by the process of listening to and translating works of fiction, communicating with adults and peers. There is another type of memory – personal, which is manifested in a new type of reproduction – memories of events in the life of the child, its success in activities,

relationships with adults and peers. The preschooler remembers for the longest time the events and moments of its life that caused a deep emotional response: the gift of a favourite toy, the appearance of a smaller child in the family. In the middle preschool age (4–5 years) arbitrary memory begins to form. Conscious, purposeful memorization and recollection appear only sporadically. They are usually included in other activities, as they are needed in the game, and when carrying out adult tasks, and during classes – preparing children for school. The most difficult material to remember a child can play while playing. For example, taking on the role of the seller, it is able to remember and recall at the right time a long list of products and other goods. If you give it a similar list of words outside the game situation, it will not be able to cope with this task. In general, the main path of its development is random memory in the following age stages (Maksimenko, Maksimenko, & Glavnik, 2003) [7].

Pavelkiv (2008) pointed out that memory in preschool children is involuntary. Memorization and recollection are not subject to volitional efforts and consciousness, but occur in the activity and are mainly determined by its nature. Therefore, the child remembers what most emotionally impressed, interested and influenced his consciousness [8].

Dutkevych (2007) Lublinska (1974) argued that memory in preschool children develops in the direction of increasing its arbitrariness and control. At the end of the preschool period of a child's life, it still has an involuntary memory. One of the conditions for its improvement is the characterization of the stored information. That is, emotionally coloured, unusual, rich, rhythmically constructed material is best remembered by the child. When perceiving such material, involuntary memory will be most activated. During this period, the child is able to remember for life his favourite toy, doll, etc [3; 6].

In the pedagogical approach, the analysis of which components of the speech system are affected is of paramount importance: the defect extends to one component – phonetic (phonetic underdevelopment of speech), which is mostly incorrect pronunciation of sounds (phonemes), or affects phonemic processes (phonetic, phonemic underdevelopment of speech): when not only oral speech is disturbed, but also writing and reading; whether there is a place of underdevelopment of the speech system (general underdevelopment of speech): pronunciation and distinction of sounds, vocabulary and grammatical structure of speech [2; 4].

Speech disorders in children with general speech underdevelopment are determined by varying degrees of complexity: complete absence of speech, or the presence of its elements: babbling dictionary, in one word denote various

concepts and objects, one-word sentences, reduction of words to syllables, most sounds are absent (general underdevelopment of speech GSU I level); speech, impoverished but sufficiently formed vocabulary, the presence of permutation of syllables in a word, a sentence of two or three words, grammar (GSU – II level); the presence of extended speech, and underdevelopment of the entire speech system: vocabulary (sufficient but without additional concepts), grammatical structure (incorrect use of endings, complex prepositions, relative adjectives, possessive adjectives, diminutive forms, verbs with prefixes, etc.), coherent speech, sound speech (difficulties in pronunciation of complex sounds, impaired sound analysis and synthesis) (GSU – III level); vaguely expressed underdevelopment of lexical-grammatical and phonetic-phonemic aspects of speech (GSU – IV level or UGSU).

During preschool, there is a gradual transition from involuntary to voluntary memory. First, the child realizes the purpose – to remember, then – to remember, learns to learn mnemonic tools and techniques (for example, the method of a logical grouping of material). It turned out that the amount of visual memory in children with speech disorders is almost no different from preschoolers with typical psychophysical development. The exception concerns the possibility of productive memorization of a series of geometric shapes by children with dysarthria [1].

The results of a study of auditory-verbal memory in preschoolers with speech disorders indicate that such children have a weakness of speech signals and accuracy of reproduction, high inhibition of auditory traces, low level of development of randomness and control of auditory memory, impaired recognition of words offered by hearing, slow orientation in the conditions of the task, etc.

Children with speech disorders have insufficient development of involuntary memory. The information that preschoolers with typical development memorize easily, children with speech disorders need some effort. One of the reasons for the lack of productivity of involuntary memory is reduced cognitive activity. The researchers have found that the performance of involuntary memorization depends on the nature of the material and the characteristics of the activity. In preschoolers with speech disorders, the features of random memorization are manifested in lower productivity, compared with typical development [4].

The study of intentional memorization in children with severe speech disorders revealed some features: preschoolers are slow to navigate the conditions of the problem, their results are lower compared to typical psychophysical development. Children with motor alleles after the first

presentation (by ears) accurately reproduce only a small part of the words, and they can repeat one word several times or name new words.

Most scientists claim that the memory of dysarthrics suffers in different ways: it is difficult for them to remember the material, their actions are slow, logically unreasonable. Children with dysarthria are not prone to paramnesia. The studies of memory show that in this category of children markedly reduced auditory-verbal memory and memory performance compared with children with normal speech. They often forget complex instructions, omit some of their elements and change the sequence of tasks. Violations of the structure of activity, inaccurate and fragmentary reproductions of instructions are associated not only with a decrease in auditory memory, but also with the peculiarities of attention. But children in this category remain relatively preserved in the possibility of semantic and logical memorization.

Preschoolers with erased dysarthria have better developed motor memory than auditory, as indicated by their uncontrollability and disorganization in action. In children with rhinolalia there was noted weakness in memory processes associated with their lack of differentiation in the environment.

Children with motor alleles after the first recognition (by ears) accurately reproduce only the length of a line of words (their number), and can repeat the same word several times or name new words (paramnesia). Verbal paramnesias reflect the internal instability of their speech and thinking system specific to this category of children.

Varkanitsa, Kasselimis, & Boulouis (2019), show all studied verbal memory and sentence comprehension in adults with aphasia, who noted that the relationship between short-term memory deficits and difficulties with sentence comprehension. Studies have shown a violation of comparable deficits in working memory and indicated a discrepancy between working memory and sentence comprehension in patients with aphasia [9].

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DOI <https://doi.org/10.30525/978-9934-26-259-3-48>

**FEATURES OF THE COMPLEX APPROACH TO  
THE CORRECTION OF THE JUNIOR SCHOOL CHILDREN'S  
SPEECH DISORDERS**

**ОСОБЛИВОСТІ КОМПЛЕКСНОГО ПІДХОДУ ДО КОРЕКЦІЇ  
ПОРУШЕНЬ МОВЛЕННЯ У ДІТЕЙ МОЛОДШОГО  
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