

SOME PSYCHOLOGICAL FACTORS IN ALALIA
PROLONGATA

by

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The cardinal principal in speech acquisition is the desire to express thought or reaction motivated when pantomime or allied grunts and groans are to the child no longer an adequate medium.

For so long as a child has no need or reason to implement gestures and sounds with properly constructed words, there is no incentive to acquire normal and progressive speech, and thus the lack of such incentive may well develop into a case of delayed speech.

In addition to the psychological causes of Alalia Prolongata there are numerous other causes which either alone or together with a disturbed psychological history must be considered. Illnesses affecting the brain, injuries to the speech centre, and/or speech organs or to the nerves innervating them, congenital factors and mental deficiency are examples by no means comprehensive. To be considered also is the effect of total or severe hearing loss.

Alalia may be a resultant of severe shock - a functional hysterical reaction.

An imagined or real inability to obtain satisfaction through oral expression may cause the subject to sever contact with his environment and to lapse into silent despair or sullen resentment. Generally the natural inability of an infant to express emotional disturbances may give rise to a reluctance to develop speech with a refuge being later taken in planned silence.

A neglected child will often persist in baby speech, a common condition where the adults do not trouble to conduct normal speech with the child. Similarly with a spoilt child whose defective speech is considered quaint and amusing, or one to whom things are given or help rendered at a mere gesture or sound. Twins, as between themselves, may establish a rudimentary vocabulary of their own invention, sufficient for their purposes.

These illustrations serve to demonstrate the effect of a lack of incentive leading to articulative laziness and maladjustment.

Where there is delayed speech in a subject of under 6 years, the speech correctionist will as a prime cause look for lack

of motivation. In the absence of necessity and without realising the utility of speech, a child will frequently not learn to talk. The general principal here is the same as that of any function which is lost or undeveloped by want of practise.

Consideration must be given to over-protection and solicitude which in many cases can not only delay, but often prevent speech acquisition entirely.

Lack of motivation is closely linked with poor speech standards in the home.

Emotional conflict often causes delayed speech or speech loss. This conflict varies from an unhappy home life to too high a standard set for the child. The wide practise of compelling a child to recite or otherwise perform against his will, the insistence on a confession, and other persistent demands on the child may result in a refusal to talk which becomes chronic.

The therapist is well aware of the numerous factors to be considered. What may effect one child, in a similar situation may well have no reaction on another. The wide range of emotions and degrees of frustration tolerance level in each child present vast fields of study.