

Ewa Małgorzata Skorek¹

Quality of life in children with impaired communication skills in the 21st century – inclusion or illusion?

Abstract: People, as social entities, live with other people by establishing a number of relationships, whose quality largely depends on their communication skills. Thus, children with language disorders find themselves in a particularly vulnerable situation. External relations constitute the source of experiences which shape their development, and language communication disorders interfere not only with regulatory and cognitive, but also with the social function of speech.

Key words: quality of life, children with impaired communication skills.

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Jakość życia dzieci z zaburzeniami komunikacji językowej w XXI wieku – inkluzja czy iluzja?

Abstrakt: Człowiek jako istota społeczna przebywa wśród innych ludzi nawiązując różnego rodzaju relacje, których jakość zależy w dużej mierze od jego zdolności komunikacyjnych. W szczególnie trudnej sytuacji są dzieci z zaburzeniami komunikacji językowej. Relacje z innymi to źródło doświadczeń kształtujących ich rozwój, a zaburzenia komunikacji językowej zakłócają nie tylko regulacyjną i poznawczą, także społeczną funkcję mowy.

Słowa kluczowe: jakość życia, dzieci z zaburzeniami komunikacji językowej.

Introduction

Communication skills impairment² in humans is a distorted ability to use language consciously and according to orthophonic norms as a system of signs and symbols in all its complexity (phonetic-phonological, lexical-semantic, morphological-syntagmatic, pragmatic planes, among others) and in all its available forms (spoken, graphical, non-verbal), in order to achieve a particular communication purpose (Lechta, 2011). People, as

¹ Ewa Małgorzata Skorek, PhD – Faculty of Education, Sociology and Health Sciences, University of Zielona Góra (Poland).

² In this chapter, the terms “communication skills impairment”, “language communication disorders” and “speech and language disorders” are used interchangeably.

social entities (Aronson, 1995), live with other people by establishing a number of relationships, whose quality largely depends on their communication skills. Thus, children with language disorders find themselves in a particularly vulnerable situation. External relations constitute the source of experiences which shape their development, and language communication disorders interfere not only with regulatory and cognitive, but also with the social function of speech.

Inclusive society (which incorporates inclusive education) provides an opportunity for children with language disorders to function among their peers in the same classroom, as well as among adults from close and distant environment. Among them, rather than next to them. Full acceptance and understanding of the problems of children with speech and language disorders (e.g. expressed in patience when interacting with a stuttering child) are symptomatic of an *ideal society*, i.e. a society which treats all equally and provides all with equal opportunities in all spheres of life, such as education, access to vocational training, career choices, social life (see: *European...*, 1996). Is the 21st century society prepared to provide effective inclusion to children with language disorders and accordingly, has inclusion become a fait accompli more than two decades after the publication of the *Charter of Luxembourg (European...*, 1996)?

1. Psycho-social situation of pupils with language communication disorders in the 20th and 21st century

Children with speech and language difficulties do not only display problems of communication with their environment, but also within the area of their cognitive, educational, emotional and social development (Bashir, Scavuzzo, 1992; Beitchman, et al., 1994; Ohlson 2008). Research conducted in the 20th and 21st century provides a great deal of evidence attesting to comparable circumstances of today's children with language disorders to that described throughout the 20th century, and if there have been any positive changes, then only to a very limited degree.

School environment, in addition to the family, constitutes children's fundamental environment, and yet despite the long-lasting promotion of integration and inclusion slogans, pupils with language disorders are still exposed to a number of factors hindering their roles of pupils and classmates.

Both in the old and in the modern school, pupils with speech and language were and still are characterised by lower achievements in comparison to their peers who are devoid of these disorders. The literature indicates at difficulties these children display first when learning to read and

write (e.g. Aram, Nation, 1980; Kania, 1982; King, et al., 1982; Aram, et al., 1984; Stark, et al., 1984; Spionek, 1985; Sawa, 1990, 1994; Stecko, 2002; Pętlewska, 2003; Leonard, 2006; Botting, et al., 2006) and within subsequent educational levels also in learning other subjects (Padget, 1988; Borkowska, Tarkowski, 1990; Kulas, 1990; Demel, 1994; Fazio, 1994, 1996; Hortis-Dzierzbicka, Tarnowski, 2005; Tarkowski 2008a).

Another problem surfaces in disorders within the sphere of emotional, social and personality development in children with speech disorders.

Studies reveal that children with language communication disorders more often than their peers suffer from depression, dissuasion or low self-esteem in the wake of their inability to maintain contact with the environment, sensitivity to external evaluation, shyness, self-underestimation, uncertainty, reticence, inhibition of movement, avoiding contact with the environment and inclination to crying, on the one hand, and nervousness, internally hostile attitude, excessive irritability, tantrums and aggression towards younger and weaker children, on the other hand (Styczek, 1981; Gałkowski, Fersten, 1982; Byrne, 1989; Parol, 1989; Tarkowski, 1992; Błachnio, 2001; Leonard, 2006). They rarely initiate verbal contact and typically give up attempts to communicate if they are not understood the first time round (Byrne, 1989).

Psycho-emotional problems are echoed in the disruption of the development of the social sphere. These disorders are a result of frustration, rejection on the part of peers and deficient trust bestowed on children with speech disorders (Redmond, Rice, 1998), and if failed to become eliminated at a younger age, they accumulate and intensify with age (Redmond, Rice, 2002). Children with language communication disorders are ignored by their peers and less likely to socially interact with them (Rice, et al., 1991; Hadley, Rice, 1991; Gertner, et al., 1994; Leonard, 2006; Skorek, 2008b, 2009, 2012), are not as popular in peer groups as children without such disorders (Gertner, et al., 1994; Skorek, 2000, 2008b, 2009, 2012; Ohlson, 2008; Tarkowski, Skorek, 2009), often face hostile behaviour on the part of their peers (Sawa, 1990; Hortis-Dzierzbicka, Tarnowski, 2005; Kerekreťiová, 2008; Skorek 2008b, 2009, 2012), and evaluate the level of satisfaction with social relations significantly lower than their peers (Fujiki, et al., 1996).

Inadequate attitudes on the part of teachers constitute another factor contributing to a disadvantaged situation of school children with speech disorders. Numerous studies have shown that adults (including teachers) consistently evaluate children with communication disorders as less intelligent and well below their social competence (Perrin, 1954; Clase, 1969; Mowren, et al., 1978; Kulas, 1990; Grzybowska, et al., 1991; Rice, et al., 1993; Fujiki, et al., 1996; Błachnio, 2001; Putkiewicz, 2002; Tarkowski,

2008b). Stereotypical approach of teachers incorporating the following equation: “bad speech = bad pupil = unintelligent pupil” results in inadequate assessment of skills and knowledge (Sawa, 1990; Jastrzębowska, 2008) and in creating unfriendly atmosphere in the classroom (Kałużynski, 1971; Byrne, 1989; Haponiuk, Witkowska, 1989; Kulas, 1990; Trzaskalik, 1991; Tarkowski, 1999; Skorek, 2008a). Teachers’ attitude to a child plays an important role in maintaining proper peer relationships and an appropriate mental balance. It often happens that children little care about the quality of their speech, and only under the influence of anxiety and in the wake of teachers’ negative emphasis do they notice their own speech patterns. The role of the teacher in nursing interpersonal relationships can only be edifying if he or she can truly accept his or her pupils. Thus, the children who are consciously or unconsciously rejected provoke others to constant criticism and frequent reprimands.

There are not many comparative studies showing the dynamics within the last several years as far as psychosocial situation of children with speech and language is concerned. In those which have insofar been published, a positive change in social relations between children with speech and language disorders and their peers is presented (Skorek, 2012). However, these changes are not sufficiently significant to refer to school as a friendly environment, and thus to speak of total inclusion.

Pupils’ problems, such as learning disabilities, emotional or personality disorders, abnormal social behaviour, unstable peer relationships, inadequate attitudes of teachers and other children were (20th century), and still are (21st century) either primordial in relation to speech disorders, or generated as a result thereof and as such, they may have a common ground, as well as are able to condition each other. A pathogenic factor, be it psychosocial or biological, may be responsible for a primary disorder (such as: an emotional disorder) which may, but does not have to, lead to the formation of secondary disorders (such as stuttering). An opposite scenario is also possible, i.e. a primary disorder, such as stuttering may lead to the formation of emotional distress, being a secondary disorder.

2. A profile of a subjective sense of life quality in children with language disorders in the 21st century

On the basis of the effects of inclusion, assessment of a subjective sense of quality of life may be performed. The higher its values, the more effective the environmental influence (Fig. 1).

There is little research on the quality of life in children with speech and language disorders in holistic contexts, as researchers’ attention is often

drawn to its particular aspects, such as social relationships with peers or learning difficulties (see: Chapter 1) or assumptions about the quality of life in children are drawn based on the opinions of parents and guardians (Markham, Dean, 2006; Damiano, et al., 2007), or on the assumption that the HRQOL of the mother affects her child’s welfare, mothers’ well-being was scrutinised (Rudolph, et al., 2005).

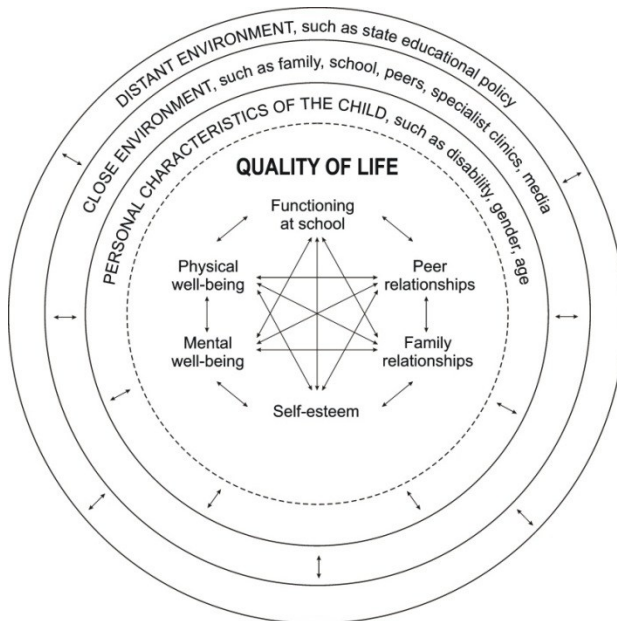


Fig. 1. The relationship between children’s quality of life and their distant and close environment (source: own)

E.M. Skorek (2009) conducted one of the first comprehensive studies in 2008. The author found that the profile of a subjective sense of quality of life in children with impaired communication skills significantly differs from the profile of their peers without such disorders in all tested indications, and consequently in all the tested ranges of the quality of life in children within this age group (Fig. 2).

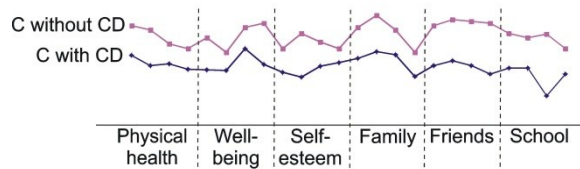


Fig. 2. Profiles of subjective sense of life quality in children with communication disorders (C with CD) and without communication disorders (C without CD), as far as the researched ranges are concerned (source: own study based on Skorek, 2009)

Children with speech and language disorders more frequently than their non-disabled peers feel ill, dizzy or experience pain in the abdomen, feel tired or exhausted, and consequently rarely display strength and energetic behaviour. They maintain that less frequently than their peers they enjoy the opportunity to laugh and play together with other children, that they are often bored, feel lonely and afraid. Children with impaired communication skills have lower self-esteem than their peers. They are not proud of themselves, do not feel good, are not complacent and believe that they do not have good ideas. Neither do they have positive relationships within their families. They have problems communicating with parents, which is reflected in frequent quarrels, do not feel well at home and feel that their freedom is restricted by their parents by means of frequent bans. These children are more likely than their peers to negatively judge their relationships with friends and believe they rarely spend time playing with them. They have a very high sense of otherness. Neither does their stay at school provide them with a sufficient degree of satisfaction. They cope worse than their able-bodied peers with school tasks and evaluate lessons lower than their peers. They are aware of current difficulties and anticipate more problems in the future, as they not only worry about bad marks, but also about their future. Among children with different types of speech disorders, children who stutter, suffer from hearing impairment or from coupled disorders are in the most unfavourable situation. Moreover, the level of a subjective sense of the quality of life in children decreases with age (the older the child, the lower the level), and depends on gender, boys being at a disadvantage. Also, subjective quality of life increases together with the increased frequency in children's participation in conversations (Skorek, 2009).

Studies have shown that children with speech disorders achieve lower scores in their subjective sense of life quality in all the tested areas, i.e.: physical health, well-being, self-esteem, relations with family members and friends, functioning at school (Skorek, 2009).

Speech disorders are a form of disability that prevents children, despite the lack of physical barriers and intellectual obstacles, from smooth functioning among their peers at school, as well as within their family environment. The difficulties are accompanied by poor physical and mental well-being and low self-esteem. Undoubtedly, these children should be covered by comprehensive assistance, whose range should exceed clinical logopaedic aid, as corrective initiative must take into account all psychosocial problems of children with language disorders.

Conclusions and a final note

The 21st century is not yet kind to children with different communication incapacities. Contemporary school is not yet friendly to them. Inclusive education does not really exist, the society still remains far from ideal, and the subjective sense of the quality of life of these children is different from evaluations provided by their peers. Despite numerous slogans calling for a life of dignity and equal opportunities regardless of the type of impairment, it seems that children with speech and language disorders are particularly vulnerable, as our educational system is not compatible with their types of disorders, teachers are guided by stereotypes and adults and peers fail to respect their rights. In this situation, inclusion appears to be not only an unreal, but also an illusory condition. In the 21st century, with regard to children with communication skills impairments, we are dealing with an “illusion of inclusion” and the whole of society must undertake a great deal of effort before the thinking about people with language disorders undergoes substantial reevaluation, which, when implemented in practice, will finally provide all with equality, a notion which contemporarily is only present in slogans.

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