

REVIEW ARTICLE

CURRENT PROBLEMS IN COMMUNICATIVE DEVELOPMENT OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS: UKRAINIAN AND EUROPEAN SCIENTIFIC CONTEXTS

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ABSTRACT

The aim is to analyze the current problems in communicative development of children with special educational needs.

Materials and methods: The research used a number of scientific methods: general scientific (analysis, synthesis, generalization), historical, specific research, comparative-historical, and others, which ensured the selection and analysis of the source base, made it possible to determine the general trends in the study of the problem of the communicative development of the child, the achievements of Ukrainian and foreign scientists in the field of research on the language of children with special educational needs, to distinguish the common and the different in the scientific research of scientists.

Conclusions: Updated studies of scientists from Ukraine, Poland, Sweden, Britain and other countries testify that communication skills are key in the language development of a preschool child, they form the basis without which the child's further education, socialization, etc. are impossible. Meanwhile, there is no unity among scientists in their views on the nature of language disorders and their classification. The contribution of domestic and foreign authors to the study of the communicative development of a child with speech difficulties is singled out.

KEY WORDS: communicative development, preschool children, special educational needs, general underdevelopment of speech, inclusion, speech therapy, diagnosis, speech defects

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INTRODUCTION

Ensuring the realization of the right to education of children with special educational needs (SEN) in Ukraine is currently considered a major task of state policy not only in the field of education, but also in terms of demographic and social and economic development [1]. From this point of view, it seems appropriate to use productive experience abroad in the process of working out the methods of development of communication skills for students with peculiarities of language development.

Despite the fact that the issue of the development of communicative activity of children with SEN, in particular, the peculiarities of language development, is widely covered in numerous foreign works (F. Armstrong, D. Anderson, M. Davis, J. Bellow, K. Jenks, X. Kerbo, S. Corlett, M. Crozier, F. Crosby, D. Cooper, T. Newman, H. Silver, P. Silver, V. Schmidt, J. Shane, K. Taylor, A. Hodgkinson,

etc.) and Ukrainian scientists (N. Bazima, O. Belova, L. Vavina, I. Vdovichenko, A. Vysotska, T. Ilyashenko, I. Kolesnyk, I. Marchenko, I. Martynenko, V. Labunska, E. Sobotovych, L. Trofymenko, N. Cherednichenko, M. Sheremet, etc.), however, the problem stated in the title of the article was not deeply studied by the scientists.

THE AIM

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MATERIALS AND METHODS

The research used a number of scientific methods: general scientific (analysis, synthesis, generalization), historical, specific research, comparative-historical, and

others, which ensured the selection and analysis of the source base, made it possible to determine the general trends in the study of the problem of the communicative development of the child, the achievements of Ukrainian and foreign scientists in the field of research on the language of children with special educational needs, to distinguish the common and the different in the scientific research of scientists.

REVIEW

Communicative personality development of a pre-school child is the subject of interest of many scientific disciplines, therefore it is understood in different ways. Having carried out the interdisciplinary nature of research, Ukrainian science offers different perspectives for considering this problem [1; 2; 3; etc.]. Linguistics defines language as a natural system of sound signs subject to the rules of their combination and use [4]. Foreign scientists (linguists, psychologists, teachers) (L. Vygotsky [5], J. Wood [6], M. Grokholovska [7], I. Kurch [8], J. Piaget [9], I. Smolka [10], etc.), as well as Ukrainian scientists N. Bazim [2], I. Martynenko [11], M. Sheremet [12], etc.) single out three groups of factors that determine the communicative development of the individual. These are, for example, innate factors that are considered fundamental in the concept of N. Chomsky [13]; environmental factors, which are decisive components, for example, in the concept of B. Bernstein; factors related to the child's own language activity and activity when he learns language programs, that is, in the course of his actions, he discovers its functions [14].

A well-known British scientist J. Wood [6, pp. 1-14] once rightly emphasized that in the field of language acquisition, «the achievements of preschool children are truly impressive.» It really is. Language «arises in a person's consciousness without the participation of consciousness, functions imperceptibly», humanity uses language as a tool, and «you need to think really deeply to notice that there are mechanisms of its functioning» [15, p. 324].

The process of learning a language is quite complex. Many researchers, creating new theories of language acquisition, base them on the data of psychological science, primarily N. Chomsky's theory of innate linguistic abilities [13]. Foreign scientists [5; 6; 7; 8; 9; 10; 13; 14; 15; and others], presenting the achievements and perspectives of the psychology of children's language, emphasize that a communicative approach prevails in a child's acquisition of language, according to which language learning is considered through the prism of the individual's presence in society, communication with others. This process occurs in the process of com-

munication with the environment (L. Vygotsky [5]). According to J. Bruner (2006) [16], under such conditions, the language development of a child is socially dynamic: language develops under the conditions of an environment where there is «a lot of language and communication», the child learns and discovers generally accepted ways of using language in the context of interaction with other people, «who in the field of language are more mature than her» [16]. The scientist notes, that to learn a language means to learn how «our compatriots do it and learn to do it yourself» [16]. The author considers «compatriots» primarily parents, who are the first to provide a child with natural support for learning. Another social group is educators, teachers who, together with other children, create a new social context for language development.

We completely agree with the opinion of some researchers (for example, G.-R. Shaffer, the author of books devoted to child psychology and child development) that «the main necessary element of language acquisition is initially the interaction of the mother with the child» [17, p. 319-329], with other adults. The language environment of the kindergarten is important, where there is a specific language used by educators, this is a kind of «child-directed speech», which is significantly different from the language of adults. Environment adapted to the child's cognitive abilities will help him improve his language skills [17, p. 1-17]. Mothers have a natural tendency to monitor the child's attention in their speech, demonstrating patterns during speech, monitoring the child's ability to perform specific communication roles. To establish communication, they respond to a nonverbal communication code, signals that mothers interpret as sufficiently communicative expressions of their children. Studies have shown that a child learns language through participation in certain specific interactions [18].

There is a lot of literature, the authors of which trace the stages of development of a child's communication skills. Let us mention, among other sources, the psycholinguistic study of the communicative competence of preschool children, but «with a distinct linguistic bias», the author of which is a well-known Polish scientist, the author of numerous works on speech therapy, J. Porayski-Pomsta (1994) [19], and a thorough monographic the research of the authoritative scientist L. Smolka (2004) [10], who presented the properties and conditions of the formation of this competence with a special emphasis on 6-7-year-old children.

DISCUSSION

The concept of «a child with special educational needs» is quite complex, Ukrainian and foreign scientists under-

stand it differently. The study of the sources in the field of inclusive education, speech therapy gave grounds for the conclusion that there is still no unanimity in the views of scientists regarding the conceptual and terminological apparatus in relation to the term system in the area of inclusive education. With proper educational documents of Ukraine, persons with special needs are those people who need «additional permanent or temporary support in the educational process» in order to ensure their rights to education [20]. In the National Strategy for the Development of Inclusive Education for 2020-2030 [21] the circle of persons to whom the provisions on inclusive education apply is outlined: disabled children, other persons who are not recognized as disabled children in the established order, but have temporary or permanent health limitations and require the creation of special conditions for education (upbringing), disabled persons and other persons with limited health opportunities over the age of 18 who are studying under basic professional educational programs of primary professional, secondary professional and higher professional education.

It should be noted that in the foreign theory and practice of inclusive education, children with special educational needs and those who have difficulties in fulfilling the standards of program educational requirements are usually included as children with SEN, which is a consequence of the specificity of their cognitive and perceptual functioning (such children have lower than average intellectual abilities, as well as dyslexia, dysgraphia, dysorthography, dyscalculia), health (chronically ill children) and environment limits (children of immigrants, children from educationally ineffective families). This understanding of special educational needs is aimed at the implementation and implementation of the idea of equalizing educational opportunities for all students [1].

Both Ukrainian and foreign experts claim that the basis for making decisions about the place in the education system of a child with a certain type of disability should be a reliable and comprehensive diagnosis, carried out as early as possible and repeated at different periods of its development [3; 4; 5; 7; 8; 9; 19 and others]. It is also important to provide each child with multidisciplinary and competent counseling, as well as psychological and pedagogical assistance (taking into account his needs). The education of a child with special needs (with a disability) should be possible both in a mass school and in an integrated school and a special school. The education system should be accessible and flexible, i.e. provide the possibility of a child's transition from a general institution to a special institution and vice versa. The main criteria for determining the optimal

form of education at a certain educational stage should be: the current level of development and the result of the realization of the child's educational needs, the opportunities determined by his intellectual level and the functioning of the senses, sight and hearing, as well as the didactic progress of the student up to this time [2; 4; 11; 12].

In the situation where the child's capabilities are limited, the educator/teacher has a particularly important task. All forms of individualization for children with special needs, including children with specific learning disabilities (in our case - speech difficulties, in particular, its underdevelopment) should be based on recognition and use of the child's potential to overcome shortcomings. A thorough acquaintance with the child will make it possible to determine his real needs and capabilities, and then to formulate requirements that meet them, at the same time, are consistent with the current basic curriculum [11; 12].

Today, the number of children with a history of delayed language development is noticeably increasing. Usually, motor and psychomotor development disorders are added to the structure of the ontogenesis of such children. Historically, the term «developmental delay» was used to single out a special group of children in terms of their assessment of readiness for schooling. Today, this term is more often used to describe the state of higher mental functions in children with various organic, genetic and psychological developmental pathologies [3; 4; 12]. In our opinion, the term «delayed language development» is not completely a diagnosis but a fact of ascertaining the need for medical and pedagogical intervention in the child's development. In most cases, a pronounced delay in language development is accompanied by a violation of visual-spatial skills and/or motor discomfort. Language development usually improves as a child grows up, but a mild lack of language development often remains throughout life.

Scientists note that delay in language development is several times more common for boys than for girls [4]. Developmental delay is characterized by a hereditary burden of similar or related disorders, which implies an important role of genetic factors in the etiology of many (but not all) cases. Environmental factors often cause developmental delay, but most often they are not of primary importance. Most often, the etiology of developmental delay is unknown, therefore, without constant dynamic monitoring, it is impossible to predict the possibilities of its further development. Two types of developmental delay are usually distinguished. First, these are disorders where there was an undeniable phase of previous normal development, such as childhood disintegrative disorder, Landau-Kleffner

syndrome, and some cases of autism. These conditions are assigned to the 1st type, because although their onset and course are different, the characteristic features are preserved and are similar in many respects to the group of disorders of language development; moreover, they may have a similar etiology. Secondly, there are disorders primarily caused as a deviation or as a delay in the development of functions; this especially applies to autism. Although autistic disorders are defined as deviations, developmental delay to a certain extent is almost always found out, therefore language development in autism has its own characteristics [3; 4; 7; 11; 12].

Delay in language development is one of the types of delay of psycholinguistic development. When it comes to the «normal course of development», it is necessary to specify whether a stage was formed when the language function of the child carried a social load. If the child simply repeated individual syllables or even phrases and sentences, but did not fill them with social content i.e. did not address the addressee of the speech, did not use speech in relation to some specific life situation, we cannot talk about a delay in language development. Rather, it is possible to state here a deviant way of formation of higher mental functions, since the main function of speech is symbolic support of mental processes and its social implementation [11].

Scientists distinguish the delay of psycholinguistic development as primary and secondary. Primary delay is formed in the case of structural damage to the brain or disruption of its function for various reasons. Secondary delay occurs against the background of a primarily intact brain in chronic somatic diseases (heart disease, etc.) accompanied by cerebral insufficiency [11]. Usually, such a delay has a systemic nature and is distinguished by an algorithm: the norm minus 1 or in minor cases minus 2 - epicrisis terms, while the primary delay is characterized by irregular development [12].

There are terms like general and systemic underdevelopment of language. Under the general underdevelopment of the language, scientists mean a delay in speech development in a child with normal intelligence. Systemic underdevelopment of language is a language disorder against the background of underdevelopment of other higher mental functions. In the first years of life, due to the immaturity of the nervous system in children, the peculiarities of the maturation of motor and psycholinguistic functions are more often traced. Therefore, usually in early childhood it is possible to talk about a general delay in psychomotor development with greater severity of psychoemotional or psycholinguistic retardation [4; 12]. In children older than 3 years, the clinical picture becomes more obvious. The

main clinical signs of mental retardation are delayed development of basic psychophysical functions (motor skills, speech, social behavior); emotional immaturity; uneven development of individual mental functions; functional, reversible nature of violations [3; 4; 12]. If intellectual disability in preschool age is masked by language disorders, then at school age it manifests itself clearly and shows itself up in a poor supply of information about the world, slow formation of concepts about the shape and size of objects, difficulties in calculations, retelling what is read, in misunderstanding of what is read, difficulties in coherent speech etc. Concrete-figurative type of thinking prevails among such children. Mental processes are inert. It is observed pronounced exhaustion. The behavior is immature. The level of visual and figurative thinking is quite high, and abstract-logical thinking, inextricably linked with inner language, is insufficient [11].

Speech delay is formed in a neurologically healthy child with a normal perinatal history. The child has no hearing or vision defects. He is brought up in a normal environment. A child may be able to communicate in certain, well-known situations, perceive and understand everything, but the language is impaired. As with other developmental disorders, the first difficulty in diagnosis lies in differentiating general language delay from normal developmental variants. The rate of development and the pace of solid assimilation of speech skills is a very broad concept (from 1 year to 3 years). Such variations in the timing of language acquisition are of little or no clinical significance, as most children are «late talkers» but continue to develop quite normally. Unlike them, children with specific disorders of speech development retain the features of the original language personality in adulthood: delay in speech development is often accompanied by difficulties in reading and writing, violations of interpersonal relationships, emotional and behavioral disorders [3]. Therefore, early and thorough diagnosis of specific disorders in language development is very important.

Diagnosing general language delay in preschool children is quite difficult. When diagnosing a delay in language development, certain criteria should be followed: severity, course, type and accompanying problems. Speech delay is considered pathological when a delay of 2 standard deviations is detected. There are usually associated problems with this level of delay. However, the older the child, the less the degree of delay, as language improves with natural human development. In the case of pathological speech delay, it is useful to take into account the criterion of the course. If the current level of impairment is relatively mild, but there is a history of severe impairment, it is more likely that the current de-

velopment is the result of a major disorder rather than a variant of the norm. It is necessary to pay attention to the type of language functioning. Language can be simply delayed, as in a child of a younger age, or it can be pathologically delayed, if it is qualitatively different from normal. For example, the speech of such a child contains echolalia, perseverations or stamps. Furthermore, if a delay in some specific aspects of language development is accompanied by future school-related deficits (specific reading and writing delays), impairments in interpersonal relationships, and/or emotional or behavioral disorders, it is unlikely that this is a variant of the norm. There is another difficulty in diagnosis i.e. distinguishing delayed language development from mental retardation or delayed development of mental disorders. With mental retardation, speech is impaired in the same way as other mental functions. And with a specific developmental disorder, language and intelligence can be sufficiently developed, but behavior and communication disorders come to the fore [3; 11; 12].

Thus, under general or specific mental development delay it is not possible to diagnose language retardation F80. An appropriate diagnosis of mental retardation (F70-F79) must be made; from the diagnoses included in F80-F89, speech conditions characteristic of children with hearing impairment should be excluded, since the regularity of their language development has a specific character [12].

We agree with the opinion of scientists that it is impossible to distinguish diagnoses clearly, especially at an early age. A similar principle applies to neurological pathology and anatomical defects. Thus, articulation pathology due to palatal pathology or dysarthria due to cerebral palsy should be excluded from this section. In addition, there are numerous types of dysarthria (violation of the tone of speech and motor muscles), which are characterized by the presence of articulation disorders. For example, depending on the type of predominant muscle tone, spastic, hyperkinetic, hypotonic, etc. dysarthria are distinguished [12]. All the listed types of dysarthria are part of the symptom complex of bulbar or pseudobulbar syndrome [12]. With dysarthria, the child uses an insufficient number of sounds in speech for his age, but the level of language development (skills) corresponds to his age. Anyway, normally at the age of 4, errors in the pronunciation of speech sounds are common, but the child's speech is understandable to strangers. A child masters most speech sounds by the age of 6-7. Although difficulties with certain sound combinations may remain, they do not lead to communication problems. By the age of 11-12, almost all speech sounds should be mastered. With pathological development, the child's mastery of speech sounds is delayed and/

or deviated, and difficulties arise when communicating with people because they do not understand the child's speech. Omissions, distortions or substitutions of speech sounds are observed; the pronunciation of sounds is disturbed depending on the combination of sounds (in some words, the child can pronounce phonemes correctly, and in others – can not). In such a case, the diagnosis can be made only when the severity of the articulation disorder is beyond the normal variations corresponding to the mental age of the child, the non-verbal intellectual level is within normal limits, expressive and receptive language skills are also within normal limits, articulation pathology cannot be explained by a sensory abnormality, incorrect pronunciation is definitely abnormal, given the peculiarities of language use in the different conditions in which the child is.

Speech therapists use the classification of all types of speech disorders, taking into account the nature and peculiarities of the pathology. For the most part, specialists use the clinical-pedagogical classification of language disorders, distinguishing several types of pathology associated with impaired pronunciation or writing. There is a psychological and pedagogical classification in science [11]. According to it, scientists group disorders in language development from partial to general, at the same time taking into account a set of different psychological and linguistic criteria, under such conditions they single out manifestations of the disorder in various variations of the child's improper development. According to the psychological and pedagogical classification, any speech disorders are divided into changes in the means of communication and disorders in the use of means for communication. Factors that cause these pathologies include the following: disorders of intrauterine development due to severe toxicosis, intoxication, various diseases of a woman, Rhesus conflict of mother and fetus (the period from 4 weeks to 4 months of pregnancy is considered especially dangerous, when the speech apparatus is formed and under the influence of unfavorable factors, various pathologies may appear (split lip, cleft palate, etc.); if unfavorable factors appear in the last stages of pregnancy, there may be a delay in development, which will also negatively affect the child's language); asphyxia or other birth injuries that can cause bleeding in the brain; the transfer of certain diseases in childhood, which can provoke a slowdown in the development of the brain; heredity; under the influence of this factor is possible only in the presence of other criteria for the development of the violation; unfavorable factors of the social environment, which include an unfavorable environment, deafness or speech impairment in parents, psychotraumatic situations, etc. [11].

There are also changes in the child's oral speech, which are manifested in such speech disorders as intonation disorders, voice formation disorders or phonemes; violation of the pace of pronunciation. Problems related to language disorders can appear individually or in combination with something else. Among the disorders of oral speech is dysphonia (a pathology where speech is completely absent or severely impaired due to irreversible changes in the structure or functioning of the vocal apparatus; the voice may be absent or its timbre changes, as well as strength, other parameters; such disorders of associated with an organic or functional lesion of the vocal apparatus); bradylalia (slowing of speech of a pathological nature, it develops in a situation when the process of inhibition is more pronounced than excitement, the child's speech becomes too slow and unclear, he stretches the words during pronunciation); tachylalia (disruption of oral speech, which is associated with pathological acceleration of speech; grammatical, phonetic, lexical aspects of speech are unchanged; if the child often pauses or stops during speech, this pathology is called poltern); from stuttering (logoneurosis) (manifested in a violation of the rhythm and tempo of speech due to convulsive contraction of the muscles of the speech apparatus; stuttering is functional and organic, most often its development is associated with critical periods in the child's development); dyslalia (this problem of oral speech is associated with the incorrect pronunciation of sounds against the background of normal hearing and innervation of the child's speech apparatus; the pathology is manifested in the distortion of sounds or a change in their sequence; the cause of development is incorrect formation of the articulation apparatus or violation of articulation positions due to a defect of the articulation apparatus; experts also single out the psycholinguistic aspect of dyslalia, which is associated with impaired perception of sounds); rhinolalia (the pathology is accompanied by a change in the tone of the voice due to anatomical damage to the child's speech apparatus, as a result of which resonance occurs, and speech becomes humming, indistinct and monotonous; this speech disorder also includes congenital cleft palate, in which this disorder is also observed); dysarthria (a disorder of the child's oral speech associated with minimal innervation of the speech apparatus or damage to the central nervous system; dysarthria usually occurs in patients with cerebral palsy); alalia (disorder of oral speech, which is associated with insufficient development or complete absence of speech; the cause is organic damage to certain areas in the brain; the pathology is formed at the stage of

intrauterine development or in childhood; this speech defect is the most complex, since the speech system is not formed at all); and phasia (these disorders are associated with the loss of the ability to use the means of speech, the cause of this critical condition may be an infectious lesion of the nervous system or a suffered craniocerebral injury) [2; 3; 11; 12; 22].

CONCLUSIONS

The problem of communicative development of preschool children with SEN is relevant, but not fully studied. Ukraine's attention to persons with disabilities is evidenced by, among other things, the European-oriented social educational policy, the dynamics of the inclusion of children with disabilities in inclusive preschools, the activities of inclusive rehabilitation centers, etc. Communicative personality development of a preschool child is the subject of interest of many scientific disciplines, whose representatives understand it in different ways. Given the interdisciplinary nature of research, Ukrainian science offers different perspectives for considering this problem. According to the results of the analysis of the basic foundations of the development of communicative skills of preschool children, which are presented in modern psychological and pedagogical literature, the contribution of Ukrainian and foreign scientists in the field of pedagogy, speech therapy, psychology, and linguistic didactics to the study of certain aspects of the child's language development has been clarified. Numerous sources have been updated, the authors of which trace the stages of development of a child's communication skills. The studies of both Ukrainian scientists and scientists from Poland, Great Britain, Switzerland, etc. seem interesting, the authors are unanimous in the opinion that communication skills are key in the language development of a preschool child, they form the basis without which further education of the child is impossible, as well as socialization, etc. A conclusion is made about the lack of unity of scientists in their views on the nature of language disorders, their classification, the conceptual and terminological apparatus of the scientific problem is clarified, the contribution of national and foreign scientists to the study of the language development of the child's personality is highlighted. The factors that cause difficulties in the language development of preschoolers with limited health opportunities are singled out. Different types of speech disorders in children are characterized.

The direction of further scientific research will be the problem of the development of communication skills of preschoolers with severe speech disorders.

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A - Work concept and design, **B** - Data collection and analysis, **C** - Responsibility for statistical analysis, **D** - Writing the article, **E** - Critical review, **F** - Final approval of the article

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