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The influence of emotional disorders in the appearance and development of language disorders

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Abstract: The actual study aims to establish a correlation between emotional disorders and language disorders. Firstly, the particularities of early school children (6/7- 10/11 years) are hightlighted, as well as specific features for each type of emotional and language disorder that we identified among the investigated population. The specific characteristics of each category are evaluated on the basis ofstatistical analysis applied to a sample of 70 respondents from elementary school from Constanta; therespondents are between 6 and 10 years old. The basis of etsablished hypotheses facilitated the tracking a correlation in terms of the influence of anxiety disorders in developing of language disorders such as pronunciation disorders, rhythm and fluency disorders and writing and reading disorders. Accordingly to study, we have shown that between all mentioned variables, the emotional andlanguage disorders, there is a relationship of mutual influence, that highlights significant deviations on the personality.

Key-words: emotional disorders, language disorders, elementary school, anxiety, depression, pronunciation disorders, rythm and fluence disorders, writing and reading disorders, schoolar degrees

1. Presentation of concepts

1.1 The Emotional disorder

Personality includes the set of psychic processes - cognitive, volitional, motivational and attitudinal - to which are added the affective processes, characteristic of psychic life. Emotional processes are the fundamental components of affectivity, which arise as a result of subjective reactions and tensions felt by the subject towards an object or event. Reactions take the form of emotions, projected based on mental images, which have a unique characteristic for each person and fulfill an important role in the development and support of adaptive processes in ontogenesis.

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The affectivity of the child aged between 6 and 10 years is also involved in the learning activity, in the formation of school conduct and in social integration. Therefore, at the beginning of school, the child acquires the ability to identify the emotions of those around him and verbally express emotions towards them, develops empathy and understanding of the emotions of others, emotional self-control and the ability to emotional regulation.

According to Zlate (2009), the concept of emotional disorder consists of a pathological state, evidenced by disturbances in normal rhythm functioning, intense experience of affective states, emotional lability, disorders in the regulation of emotions and the manifestation of specific behaviors. At the same time, disorders can manifest themselves at any age and affect optimal functioning in various situational contexts: school, family and society.

Among the emotional disorders with a significant prevalence among children, we mention:

- Anxiety disorders: separation anxiety disorder, selective mutism, specific phobia, social phobia (social anxiety disorder), panic disorder.

- Depressive disorders: disorder with disruptive affective disturbance, major depressive disorder;

Confronting the child with emotional disorders can be extremely overwhelming, which indicates the significant impact it has on school conduct, on interpersonal relationships in the school universe and on school performance. So here we can talk about school anxiety, a disorder that can take the following manifestations: social withdrawal; fear of negative labels and likes from peers and teachers; revulsion towards school and oral assessments; fear of receiving low grades (fear of failure, insecurity, tendency to give up); excessive concern for one's own performance; impaired abilities of concentration, memory, attention, learning, and implicitly, school progress; feelings of inferiority; lack of motivation towards school and learning; difficulty adapting to new tasks and situations; strong stress, agitation, tremor, impaired speech fluency.

1.2 The Language disorder

In speech, communication becomes a process that fulfills the following: communicative and social, cognitive function and regulating function of personality. In turn, social function ensures both the transmission and request of information in close or distant human relationships, while cognitive function is ensured when language allows information to be processed. Subsequently, it serves as feed-back, as information can be outsourced, also having the role of regulating and self-regulating emotions and attitudes. (Hațegan, 2016) Knowing that language falls within a specific given by the period of psychic development in which the child is, deviations from the development typical of chronological and psychological age may indicate disorders at the level of language and communication. In the two components the expressive component, in which language is produced, and the reflexive, or comprehensive, component, which ensures the understanding of language.

Thus, from the emergence of difficulties in the development of these sides of the language, derive the following categories of disorders, also identified among the sample, as specialist Emil Verza (2003) describes:

1. Pronunciation and articulation disorders:

-*Dislalia,* evidenced by difficulties in pronunciation and articulation of at least one sound or several groups of sounds;

2. Rhythm and speech fluency disorders:

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- *Stuttering*, characterized by repetitive pronunciation of sounds and syllables in communication;
- *Logoneurosis,* like stuttering, is a speech disorder, neurotic in nature, conscious and with effects on emotional experiences, manifested by repetitions or omissions of syllables);
- *Tahilalia*, characterized by a fast and jerky rhythm of speech, often difficult to intelligible of the person;
- *Bradilalia*, characterized by a slow and monotonous rhythm of articulation of words, often lacking expressiveness.

3. Writing-reading language disorders:
- *Dyslexia*, a disorder that affects the acquisition and achievement of reading and is highlighted by reading mistakes and difficulty correctly identifying graphemes;
- *Dysgraphia,* characterized by writing difficulties and the presence of grammatical, spelling and calligraphic errors

4. Language development disorders:
- *Psychogenic-elective mutism*, which is manifested by partial or total voluntary avoidance of the speech therapist to actively participate in speech; occurs as a result of unmanageable emotional traumas, the subject possesses language skills, but the lack of social contact becomes a form of emotional security in his perception;
- *Delay in language development*, characterized primarily by delayed reflexive language acquisition in terms of chronological age compared to developmental normality, and characterized by significant differences between the chronological and psychological age of speech therapists.

2. Research objectives and hypotheses

Objective 1. Identification of emotional disorders in students aged 6 to 10 years.

Hypothesis 1: It is assumed that at least 25% of children between the ages of 6 and 10 have emotional disorders such as anxiety and depression.

Hypothesis 2: It is assumed that anxiety is a more common emotional disorder than depression in young school children.

Objective 2. Establishing the relationship between anxiety disorders and school outcomes in the case of

Hypothesis 3: We assume that young schoolchildren with language disorders achieve lower academic results in the Language and Communication curricular area than their peers of the same age, without language disorders.

Hypothesis 4: We assume that language disorders lead to anxiety disorders in young schoolchildren.

Hypothesis 5: We assume that anxiety disorders in young schoolchildren with language disorders negatively influence school outcomes.

3. Research participants and tools

3.1 Research participants

The population proposed for the research study consists of children aged between 6 and 10 years, students of two educational institutions in Constanta: general schools in urban areas. The

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population consists of 70 primary school students, starting with the Preparatory grade and up to the fourth grade.

3.2 Presentation of research methods and tests used

The present study includes systematic observation of students' behaviors in class in student-teacher, student-student relationships, and student behaviors during tests, anamnesis, application of tests and tests for detecting emotional disorders (BASC-2: Behavioral Evaluation System for Children tests, second ed.) and language tests (Samples for identifying the psychological age of language and complex speech therapy assessment,).

BASC-2 tests evaluate a wide range of human personality dimensions, grouped into adaptive and clinical scales, aimed at identifying problems of adaptation and internalization. The targeted scales are: *Adaptability, Functional Communication, Social Skills, Leadership, Attention Problems, Somatization, Withdrawal, Learning Skills, Aggression, Hyperactivity, Depression, Atypicality, Conduct Problems, Learning Problems, Anxiety.*

In interpretation, for the clinical scale, scores between 60-69 points suggest the risk of developing and deepening emotional disorder, while scores above 70 points indicate a clinically significant risk. For adaptive scales, scores between 31 and 40 show a high predisposition for adaptation problems, while a score below 30 points is considered significant for diagnosing an emotional or behavioral disorder. From the multidimensional system of evaluating behavior and self-perception, we will turn our attention in particular to the composite scale Internalization Problems which includes the primary scales: *Depression and Anxiety.*

In order to identify and detect language disorders, we will apply the set of samples that are part of the Complex Speech Therapy Assessment and the Sample Set of the Psychological Age of Language Assessment, following the directions in the ontogenesis of students' language at young school age. The test will only be applied to students in the 6-8 age group to determine if there are delays in language development.

The tool for determining the psychological age of language consists in applying seven tests such as those for verifying the understanding of the meaning of words, flexibility in expression, tests for filling in gaps, tests of thinking, memory and comparing notions and opposites with objects and images or in their absence. The results obtained by students fall within a level of language development and relate to the established standard; We consider the values for the group of students aged 6-8:

- Level 1 - very good level of development (24-36 points);
- Level 2 - good level of development (18-27 points);
- Level 3 - medium level of development (12-26 points);
- Level 4 - low level of development (6-17 points);
- Level 5 – very low level of development (0-8 points).

4. Presentation, analysis and interpretation of results

Hypothesis 1

In the first stage, we analyzed the proportions of the two categories of emotional disorders detected among the population aged 6-10 years: the scales "T_Anxiety" and "T_Depression"; They indicate the frequency of manifestation of symptoms specific to the two disorders.

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Table 1: Table of frequencies for anxiety disorder

T_Anxiety

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Without disorder (0)	14	27,0	20,0	20,0
	Medium (41-59)	16	29,9	**21,9**	42,9
	Risk (60-69)	36	41,4	**48,4**	94,3
	Clinically significant (>70)	4	5,7	**5,7**	100,0
	Total	70	100,0	100,0	

From *Table 1*, it appears that around 21.9% of respondents are at a "medium" threshold of evolution towards anxiety affective disorders, while 48.4% of low-school respondents are at a risk threshold suggested by the "risky" scale of anxiety disorder. From here, we can highlight that there are indications of specific anxious manifestations and a significant predisposition towards a clinical diagnosis of one of the forms of anxiety. Moreover, only 5.7% of respondents show symptoms specific to anxiety, suggested by poor functioning in school and familiar contexts.

Table 2: Table of frequencies for depressive disorder

T_Depression

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Without disorder (0)	18	25,7	**25,7**	25,7
	Medium (41-59)	37	52,9	**52,9**	78,6
	High (60-69)	8	11,4	11,4	90,0
	Very High (>70)	7	10,0	10,0	100,0
	Total	70	100,0	100,0	

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Meanwhile, in Table 2 information is highlighted on the "T_Depression" scale, included in the adaptive composite scale, which shows that 52.9% of small school students have developed their adaptive skills at an average level, while 25.7% of students do not have difficulty adapting to new tasks, or deep and prolonged sadness, associated with depressive disorders.

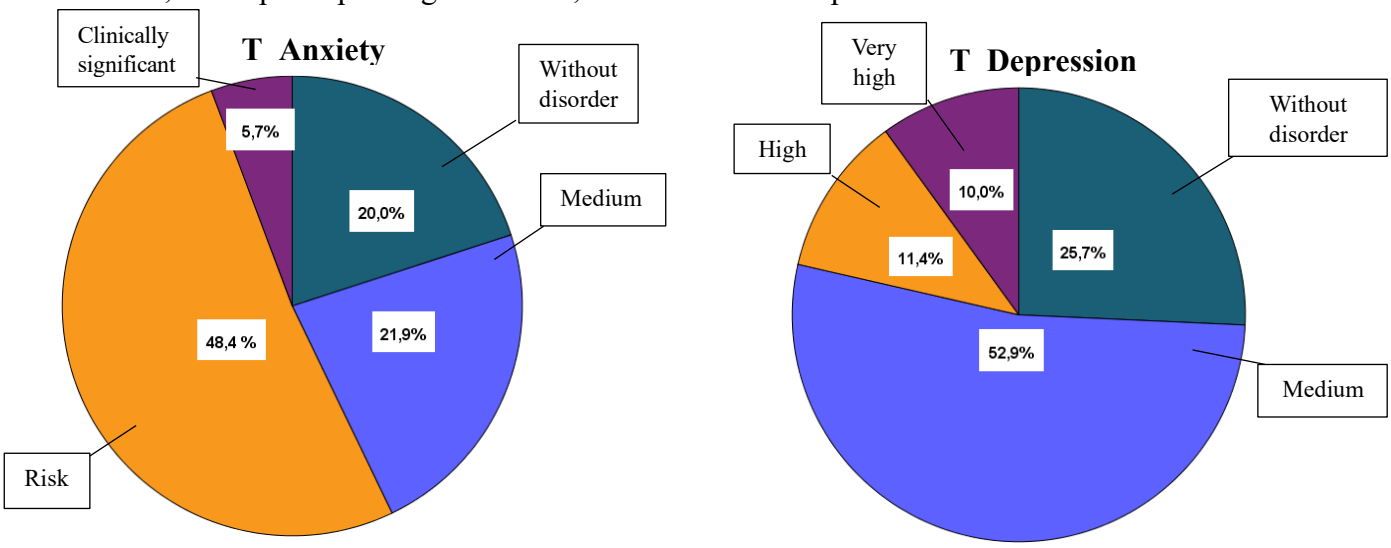

Figure 1: Graphical representation of the proportions of emotional disorders: anxiety and depression

One aspect to consider would be the variety of psychosocial factors that support the manifestation of affective disorders, from which we identify the importance of the quality of social relationships with others, both within the family of origin and in school. In the context of the family, the physical absence of one of the parents or the lack of stimulation from the parents in the development of children's social skills predisposes to the shaping of disorders in social adaptation (Kimberly, E. , Kamper-DeMarco et. all, 2020).

Another variability worth mentioning is the epidemiological crisis situation amid Coronavirus infection. From this point of view, a survey conducted by the United Nations International Fund for Children's Emergencies (UNICEF) in 2021, describes the adverse effects that the pandemic had on children's socio-affectivity during the period of social isolation at home and restrictions, "*revealing that at least a quarter of survey respondents faced anxiety and 15% with depression.*" whereas children from families neglectful and abusive, they had to spend most of their time with them, suffering emotional trauma. As a result, in the post-pandemic period, they became withdrawn, sad, demotivated towards school or pleasant activities, hardly managing to establish new social relationships or even restore existing ones.

In the school context, due to the cognitive and psychological peculiarities of each student in the class of students, conflicts may arise between group members, which in the absence of efficient management and quick resolution by the teacher-manager lead to imbalances in the cohesion of the student collective in the long run. These aspects emphasize the diminished desire to participate in group activities, students preferring individual activities, the appearance of self-blame and emotional self-regulation problems, and in particular, the impairment of overall self-esteem.

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Hypothesis 2

Starting from the premise that both emotional disorders can be present among children between the ages of 6 and 10, we will turn our attention to the comparison between anxiety and depression.

Table 3: Nonparametric statistical test for comparison of the two variables: Anxiety and Depression

Test Statistics[a]

	T_Anxiety	T_Depression
Mann-Whitney U	449,500	592,500
Wilcoxon W	1079,500	1222,500
Z	-2,084	-,257
Asymp. Sig. (2-tailed)	**,037**	**,057**

Also in the analysis we will take into account the nonparametric statistical test on table 3 which exposes the Asymp Sig. 2-tailed value of 0.037, less than p=0.05, for the T_Anxiety scale, which is why we can reject the null hypothesis and accept that there is sufficient evidence to confirm the comparison given.

In this sense, the author Racu (2020) highlights the presence of anxiety in the school context that takes the form of "phobia towards school", characterized by a constantly alert state of getting the best grades, of being validated by the teacher, but also fear manifested towards the possibilities of school failures which makes them become very stressed and excessively oriented towards conformism, perfectionism, fairness, discipline. Anxious people feel unable to solve even the simplest tasks, and over time, they may end up feeling insecure about their abilities, capabilities, and means.

For an in-depth analysis, from figure number 2 we can see that N = 70 students indicate an average score of 62.21 points on the "T_Anxiety" scale of screening tests, score that falls into a significant risk of manifestation of anxious states in various social contexts, especially in school. At the same time, at the level of the same sample we observe an average score of 54.97 points for the depression scale, which falls at an average level of development for the adaptability side, fundamental in the school and social field in general.

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Table 4: Statistical test of mean, median and standard deviation for variables Anxiety and Depression

Statistics

		T_Anxiety	T_Depression
N	Valid	70	70
	Missing	0	0
Mean		**62,21**	**54,97**
Median		61,00	55,00
Mode		61	55
Std. Deviation		3,579	4,987
Percentiles	0	.	.

In this sense, the average value of the scores for "T_Anxiety" is higher than that of the variable "T_Depression", which confirms the given hypothesis and agrees that the symptomatology of anxiety is more common among children aged 6-10 years than that of the depressive picture.

Hypothesis 3

Following the application of the toolkit for detecting language disorders at the level of the sample of 70 subjects, we identified 25 respondents showing signs of the following language disorders: simple and polymorphic dyslalia (14.3%), rhythm and fluency disorders (5%), including stuttering and stuttering associated with other language disorders, and writing-reading disorders (12.9%).

Table 5: Table of frequencies for identified types of language disorder

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Without language disorders	45	62,9	62,9	62,9
	Simple Dislalia	7	8,6	8,6	71,4
	Polymorph Dislalia	4	5,7	5,7	77,1
	Dyslexia, Dysgraphia	9	12,9	12,9	90,0
	Rhythm and fluency disorders	5	5,0	5,0	100,0
	Total	70	100,0	100,0	

Language_disorders

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In order to strengthen the quality of the results obtained, in the case of the age category 6-8 years, students in the Preparatory grades, first grade and second grade, we also used the set of tests to identify the psychological age of the language to describe the level of development achieved.

Table 6: Table of averages of sample responses for the age group 6-8 years

Statistics

	TOTAL	Opposites with object/ images	Filling gaps	Repeat numbers	Knowledge of materials	Opposites without objects, images	Knowledge of colors	Verbs
6-8 years N	35	35	35	35	35	35	35	35
Missing	0	0	0	0	0	0	0	0
Mean	**17,89**	**7,39**	**5,83**	**5,91**	**5,77**	**5,83**	**5,77**	**7,23**
Median	17,00	7,00	8,00	5,00	6,00	7,00	6,00	8,00
Mode	15	6	8	5	6	7	6	8
Std. Deviation	6,197	2,361	1,543	,284	,426	1,382	1,516	1,880

As shown in table 6 for each test conducted, we identify the average psychological age for a population N=35. Some of the students between the chronological ages of 6 and 8 years have encountered difficulties in solving the requirements of the *Filling gaps*, *Knowledge of materials*, *Knowledge of colors, Repeat numbers* scales, recording an average psychological age of about 6 years, which signals delays in language development and an insufficiently developed auditory memory. Auditory memory plays an important role in the development of writing and reading processes, but a non-compliant development predisposes to the appearance of writing-reading difficulties in the future.

In the research we will also take into account the school situation of the N=70 group, described by the grades obtained in the discipline Language and Literature Romanian ("Grades_Rom_Language"), from Insufficient (grades 5-6) to Very Good (grades 9-10). In the case of research, the grades were converted into figures on a scale of 5 to 10 to obtain numerical values, so that the mean of the variable "Grades_Rom_Language approaches the average 8 (Mean = 7.99).

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Table 7: Statistical test for the mean, median and standard deviation of the marks obtained in the discipline Language and Literature Romanian

Statistics

Grades_Rom_Language

N	Valid	70
	Missing	0
Mean		7,99
Median		8,00
Mode		10
Std. Deviation		1,740

From the desire to determine to what extent language disorders affect the school conduct of speech therapists reflected in school results, we will apply a variable comparison test to establish possible differences between the grades of students without language disorders and those with identified language disorders.

Table number 8: Statistical test for comparing the variable of language disorders with grades in Romanian

Test Statistics[a,b]

	Grades_Rom_Language
Chi-Square	49,533
df	4
Asymp. Sig.	**,000**

a. Kruskal Wallis Test
b. Grouping Variable:Language_disorders
c.

Table 8 of the statistical test yields an asymptotic Sig. value equal to 0.00, lower than the standard value of 0.05, which demonstrates that there is sufficient evidence to support the comparison that students with language disorders will get lower grades than those without such disorders. The decrease in grades is a valid index for the presence of learning difficulties, showing that at least one of the mental processes involved in learning suffers. For example, a hallmark of dyslexia refers to low mnesic abilities and concentration, which over time favors lagging behind and difficulties in writing after dictation, as a result of low auditory memory. Most of the times, writing-reading disorders manifest simultaneously with a pronunciation and articulation disorder, which denotes that the phonematic hearing disturbance is also reflected in writing, reflexive and even expressive language, being affected alike.

Finally, language disorders significantly diminish school progress both in the subject Language and Literature Romanian, where the functions of reading, writing and expression are fundamental to this field, and in other subjects, the learning capacity of students being profoundly affected, which results especially from low learning results.

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Hypothesis 4

Next, we will start from the premise that language disorders influence the speech therapist from the point of view of communication quality, since pronunciation and speech fluency disorders are reflected in speech intelligibility. In this context, we tried to demonstrate a correlation between anxiety disorder commonly encountered among young school children and the presence of language and communication disorders, as shown in table 9:

Table 9: Table of correlation between Anxiety and Language Disorders variables

Correlations

			T_Anxiety	Language_ disorders
Spearman's rho	T_Anxiety	Correlation Coefficient	1,000	,527*
		Sig. (2-tailed)	.	**,023**
		N	70	70
	Language_ disorders	Correlation Coefficient	,527*	1,000
		Sig. (2-tailed)	**,023**	.
		N	70	70

*. Correlation is significant at the 0.05 level (2-tailed).

Thus, in the Correlations table in table number 9 we observe a moderate positive correlation coefficient equal to 0.5, and a threshold value Sig. 2-tailed = 0.023, less than 0.05, which confirms the current hypothesis at a confidence coefficient of 95%. In this situation, we notice the influences that language disorders can have on the person's affectivity, encountered in the form of fear of expressing themselves in public, amid language disorder, embarrassment, avoidant behavior and culpability towards their own shortcomings, compared to others.

In another way, the difficulties of children with language disorders can become a target of collective teasing, a phenomenon known as "bullying" in school, which favors the experience of embarrassing situations, difficult to manage for the child with disorders. Consequently, the likelihood of problems of emotional self-regulation, therefore adaptation to the contexts one lives, increases. Speech therapists are very sensitive to social labels, and young schoolchildren are not emotionally mature enough to handle these situations on their own. In the long run, all this intense activity leads to mental fatigue, and the more the language disorder intensifies, the more dramatically the speech therapist will live this situation.

Hypothesis 5

In this sense, using the variable "Grades _Rom_Language", we obtained the following values: for the correlation between the variables *T_Anxiety and Grades _Rom_Language* we have a sig. value = 0.034, ($p<0.05$), so we confirm all possibilities to support a correlation at a materiality threshold equal to 95%. In this regard, we mention the existence of school difficulties reflected in

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the low grades obtained in the discipline Language and Literature Romanian, amid disturbances in students' affectivity.

Knowing that in the school environment, adaptive processes play an important role in ensuring learning and educational progress, school results are evidence of the evolution or involution of the student up to a certain point. School learning as a whole, and school outcomes by default, take into account a number of internal and external factors, such as the physiological and psychological state of the student, the quality and quantity of previous experience, capabilities, learning styles and readiness for learning. Thus, we identify a major importance of school motivation as a main component in school success. (Stanculescu, 2013)

Table 10: Table of correlation between the variables Anxiety, Language disorders and grades in Romanian

Correlations

			Language_disorders	Grades_Rom_Language	T_Anxiety
Spearman's rho	Language_disorders	Correlation Coefficient	1,000	,816**	,527*
		Sig. (2-tailed)	.	,000	,023
		N	70	70	70
	Grades _Rom_ Language	Correlation Coefficient	,816**	1,000	,511*
		Sig. (2-tailed)	,000	.	,034
		N	70	70	70
	T_Anxiety	Correlation Coefficient	,527*	,511*	1,000
		Sig. (2-tailed)	,023	,034	.
		N	70	70	70

Low grades will affect the student in terms of self-esteem, distrust in their own abilities favoring the appearance of pessimism and opposition to teachers and school, but also isolation or avoidance of communication; In the absence of language use, its development and expansion is impaired, which can favor disorders of comprehensive language and learning in leaps and bounds , resulting in decreased school performance. (Rosan, 2015).

Therefore, with the help of arguments we can confirm the given hypothesis, due to the interdependence between the study variables: affective disorders, language disorders and school results, claiming that the impairment of the student's mental conduct is reflected in the grades obtained at school, and the grades in turn influence the self-esteem of students, with a direct impact on their affective state.

Conclusions

In the present research, all the proposed objectives were met in order to identify an influential relationship between emotional and language disorders among young schoolchildren. In this

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regard, all five hypotheses of the research were validated, from which we identified that anxiety is more common among children aged 6 to 10 years, compared to depressive disorder, and to the same extent dislalia, as a language disorder, manifests itself at all investigated ages. Also, thanks to the obtained materiality thresholds we can confirm that there is a correlation between the given variables, in terms of the manifestation of anxiety symptoms and the characteristics of language and communication disorders. In addition, a definite effect of these disorders is the school conduct of speech therapists, represented by the grades obtained in school subjects, hence the comparison between subjects with language disorders and those without these disorders allows us to conclude that the tendency to school regress occurs among students with disorders.

Therefore, emotional disorders such as anxiety and depression are an important factor to consider when identifying the manifestations of language disorders, which is why learning appropriate mechanisms of emotional self-regulation and improving anxious and depressive symptoms constitutes a first step and a fundamental condition in drawing up a specific plan of therapeutic speech therapy intervention.

References:

Eckersleyd, J. (2006), The anxious child. The anxious teenager. Translated by Chircea, B. Prahova: Antet XX Press Publishing House

Hațegan, C. (2016) Speech therapy. Language Disorder Therapy: Open Structures. Bucharest: ed. TREI

Racu, I. (2020). Psychology of anxiety in children and adolescents. Developmental psychology and educational psychology. Summary of the habilitated doctoral thesis in psychology, Chisinau

Reynolds, C. R. & Kamphaus, R. W. (2011). The system of evaluation of children's behavior. Adapted in Romania by Nicolae Mitrofan, Andrei Ion and Dragoș Iliescu. Bucharest: Central test.

Roșan, A. (2015) Special psychopedagogy. Evaluation and intervention, Iasi: Ed. Polirom

Stănculescu, E. (2013), Psychology of education. Second edition Bucharest: University Publishing House

Verza, E. (2003). Treatise on speech therapy. vol.I. Bucharest. Ed. Signs.

Verza, E, Verza, F.E (2017). Child Psychology, Bucharest: Ed. TREI

Vrășmaș, E. (ed.), Verza, E , Oprea, V., Nițu, L.E., Chiriacescu, D., Petruța, E. L. (2003). Set of tools, tests and tests for the educational evaluation of children with disabilities. Bucharest: ed. Mar-Link

Zlate, M. (2009). Fundamentals of Psychology, Iasi: Ed. Polirom

*** (trans. 2016). DSM-5: Manual of Diagnosis and Statistical Classification of Mental Disorders. Bucharest: Callisto Medical Publishing House.

Hancock, A., Northscott, S., Hobson, H., (2022), Speech, language and communication needs and mental health: the experiences of speech and language therapists and mental health professionals. International Journal of Language & Communication Disorders, pp. 52-66

Kimberly E., Kamper-DeMarco,Shankman, J., Fearey, E., Lawrence, R.-H, Schwartz-Mette, A. (2020), Linking social skills and adjustment. Social Skills Across the Life Span, pp. 47,66

Mazzone, L., Ducci, F., Scoto, M.C, Passaniti, Dariggo, Vitiello (2007), The role of anxiety symptomps in school performance in a community sample of children and adolescents. BMC Public Health, 1471-2458-7-347

Sullivan, S., Hollen, L., Wren, Y., Thompson, A., Lewis, G., Zammit, S. (2016), A longitudinal investigation of childhood communication ability and adolescent psychotic experiences in a community sample, Schizophrenia Research, 173(1-2): 54–61.

UNICEF U-Report (2021, March 5), Dashboard on government responses to COVID-19 and the affected populations, at Oxford University, COVID-19 Government Response Tracker. Retrieved May 10, 2023, from https://www.unicef.org/romania/ro/comunicate-de-pres%C4%83/cel-pu%C8%9Bin- one-of-%C8%99apt-children-%C8%99i-youth-ex-affected-%C3%AEn-the-most-part