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## PSYCHOLOGICAL BARRIERS IN RECEPTIVE SKILLS ACQUISITION

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### Abstract

Listening and reading comprehension involve language specific processes as well as domain-general cognitive abilities – sensation, perception, attention, memory, and reasoning. In comprehending there is sentence processing. It takes place whenever a reader or listener processes a language utterance, either in isolation or in the context of a conversation or a text. This paper is about psychological barriers in receptive skills acquisition, namely listening comprehension and reading comprehension skills. It discussed some psychological barriers that faced by the children in comprehending a language. Those are comprehension disorder in aphasia, dyslexia, slow word level processing, insufficient experience, memory difficulties, mixed receptive-expressive language disorder, auditory processing disorder, and language anxiety. Therefore, it seems imperative for policy makers, planners, curriculum designers, pedagogues and administrators to consider learning barriers so that a proper diagnosis of the barriers, their types can be developed to minimize or remove such barriers.

**Keywords:** Psychological, Barriers, Receptive Skills, Comprehension, Language

### Abstrak

*Hambatan Psikologis dalam Keterampilan Reseptif Akuisisi. Pemahaman mendengarkan dan membaca melibatkan proses bahasa tertentu serta domain-umum kemampuan kognitif - sensasi, persepsi, perhatian, memori, dan penalaran. Dalam memahami ada pengolahan kalimat. Hal ini terjadi ketika pembaca atau pendengar memproses bahasa, baik dalam isolasi atau dalam konteks percakapan atau teks. Tulisan ini adalah tentang hambatan psikologis dalam pemerolehan keterampilan reseptif, yaitu pemahaman mendengarkan dan pemahaman membaca. Beberapa hambatan psikologis yang dihadapi oleh anak-anak dalam memahami bahasa dibahas dalam tulisan ini. Hambatan psikologis yang dihadapi oleh anak-anak dalam memperoleh bahasa yaitu gangguan afasia, disleksia, pengolahan level kata yang lambat, pengalaman yang tidak cukup, kesulitan memori, gangguan campuran bahasa reseptif-ekspresif, gangguan proses pendengaran, dan kecemasan bahasa. Oleh karena itu, penting bagi para pembuat kebijakan, perencana, desainer kurikulum, pendidik dan administrator untuk mempertimbangkan hambatan belajar sehingga diagnosa yang tepat dari hambatan dapat dikembangkan untuk meminimalkan atau menghilangkan hambatan tersebut.*

**Kata kunci:** Psikologi, Hambatan, Keterampilan Reseptif, Pemahaman, Bahasa

## INTRODUCTION

Language is as a tool for communication involves two skills; those are receptive and productive skills. Receptive skill covers listening and reading skill; while productive skill covers speaking and writing skill. Both of them are important to achieve successful communication. Comprehending and expressing the utterance show that someone has good ability in language. However, there are some people got difficulty in communication; they cannot comprehend and expressed the idea. It indicates that there are psychological barriers faced by them.

Psychological barriers are productive and receptive skills disorders in which there are difficulties in listening, speaking, reading and writing skill. In language there is we call language disorder. A language disorder is an impairment that makes it hard for someone to find the right words and form clear sentences when speaking. It can also make it difficult to understand what another person says. A child may have difficulty understanding what others say, may struggle to put thoughts into words, or both.

Comprehension like production also proceeds incrementally through multiple stages, although in the opposite direction: from sound or print into a meaning represented in the mind. The comprehension system must identify words within the perceptual input and then access syntactic, and semantic information from the lexicon in order to build a sentence frame and construct an initial interpretation. Referents are identified within a discourse model or established as new. World-knowledge (scripts and schemata) may need to be consulted to draw inferences and fill in missing information. The ultimate goal of this process is to recover the speaker's or writer's communicative intention.

In comprehending there is sentence processing. It takes place whenever a reader or listener processes a language utterance, either in isolation or in the context of a conversation or a text. Readers construct detailed mental representations of texts with relative ease; this tends to obscure the fact that reading is a complex, intellectual skill, requiring the coordination of multiple component processes. At the word level, processes are necessary to encode the printed word, access its sound-based representation, and retrieve its meaning from memory. At the sentence level, processes are devoted to the formation of structures that specify the syntactic and conceptual relation within and across phrases; these processes are involved in understanding "who did what to whom" in a sentence. At the discourse level, the explicit ideas in a text are integrated across sentences and with contextually relevant semantic and pragmatic knowledge. This results in a mental representation that researchers call a discourse or situation model. It reflects features of the real or imaginary world that the text describes. In order to construct a discourse model, readers must engage in active inferential processing to interpret and restructure text information in light of their prior understanding of the relevant knowledge domain.

Listening and reading comprehension involve language specific processes as well as domain-general cognitive abilities –sensation, perception, attention, memory, and reasoning. Variation in any of these abilities potentially underlies individual differences in comprehension performance. Thus, one important question concerns the extent to which variation in some ability is central to individual differences in comprehension performance and the extent to which variation in the ability is derivative.

In this case, there are some barriers faced by the learners in acquiring and learning the language. Wao et al (2009) identified the barriers in comprehending the empirical article because of lack of time, psychological-physical factors, lack of relevancy, lack of statistical background, language style, accessibility.

## **DISCUSSION**

### **Repetitive Skill**

Receptive language issues involve difficulty understanding what others are saying. Students with a receptive language disorder have problems understanding oral language or in listening. They may have difficulties processing and retaining auditory information, and in following instructions and directions. Difficulties understanding what is said may be exacerbated in group discussions. Difficulties in answering questions may be related to a limited understanding of question forms. Students may have difficulties filtering out background noise and have difficulties with verbal reasoning. Difficulties remembering strings of words and difficulties with sound discrimination may also be evidenced. Language limitations may also interfere with topic maintenance. As a result of comprehension difficulties, students may experience difficulty with turn taking in conversation. There may be pragmatic difficulties such as poor understanding, poor use of tone, facial gesture and body language, and poor eye contact. Difficulties may occur in establishing and maintaining peer relationships. Poor reading comprehension is frequently associated with a systematic failure to make appropriate inferences during reading. Poor comprehenders have difficulty making inferences to integrate ideas in a text, to answer questions, and to identify main ideas and themes.

#### **1) Listening Skill**

Listening is the ability to accurately receive and interpret messages in the communication process. Listening is key to all effective communication, without the ability to listen effectively messages are easily misunderstood – communication breaks down and the sender of the message can easily become frustrated or irritated. If there is one communication skill you should aim to master, then listening is it. Listening is so important that many top employers provide listening skills training for their employees. This is not surprising when you consider that good listening skills can lead to: better customer satisfaction, greater productivity with fewer mistakes, increased sharing of information that in turn can lead to more creative and innovative work.

A good listener will listen not only to what is being said, but also to what is left unsaid or only partially said. Effective listening involves observing body language and noticing inconsistencies between verbal and non-verbal messages. For example, if someone tells you that they are happy with their life but through gritted teeth or with tears filling their eyes, you should consider that the verbal and non-verbal messages are in conflict, they maybe don't mean what they say.

#### **2) Reading Skill**

Reading is a complex cognitive process of decoding symbols in order to construct or derive meaning (reading comprehension). It is a means of language acquisition, of communication, and of sharing information and ideas. Like all languages, it is a complex interaction between the text and the reader which is shaped by the reader's prior knowledge, experiences, attitude, and language community which is culturally and socially situated. The reading process requires continuous

practice, development, and refinement. In addition, reading requires creativity and critical analysis. Consumers of literature make ventures with each piece, innately deviating from literal words to create images that make sense to them in the unfamiliar places the texts describe. Because reading is such a complex process, it cannot be controlled or restricted to one or two interpretations. There are no concrete laws in reading, but rather allows readers an escape to produce their own products introspectively. This promotes deep exploration of texts during interpretation. [1] Readers use a variety of reading strategies to assist with decoding (to translate symbols into sounds or visual representations of speech) and comprehension. Readers may use context clues to identify the meaning of unknown words. Readers integrate the words they have read into their existing framework of knowledge or schema (schemata theory).

### **Psychological Barriers in Receptive Skills**

A barrier is anything that prevents something from getting through to its destination or receiver as intended. In communication, a barrier will prevent a message from travelling in a manner that gives it proper meaning. Although invisible, psychological barriers can be just as impenetrable as more obvious barriers, such as language differences, unless you become aware of them. A barrier is something in the way. It is either known or not known. A barrier can be physical, mental/psychological, any thought that comes to mind, and a barrier is an incomplete.

Learning is a complex process. It involves many sub-processes. Learning and education are quite interrelated, and education is an interdisciplinary subject. In spite of the fact that an institution usually takes into account all the necessary parameters to make the educational process a success, there are situations in which teaching-learning fails. In this connection, we are always reminded of certain known and unknown barriers that act as hurdles or obstacles on the way to education. Such barriers to learning are also very common and we can come across to most of these in our day to day teaching activities. However, situations may vary. Barriers among students may include those factors that can easily be minimized or removed. But, in certain cases, the barriers are almost impossible for some reasons such as natural disability or limitations (Khan, Intakhab A, 2011).

Students with a receptive language disorder have problems understanding oral language or in listening. They may have difficulties processing and retaining auditory information, and in following instructions and directions. Difficulties understanding what is said may be exacerbated in group discussions. Difficulties in answering questions may be related to a limited understanding of question forms. Students may have difficulties filtering out background noise and have difficulties with verbal reasoning. Difficulties remembering strings of words and difficulties with sound discrimination may also be evidenced. Language limitations may also interfere with topic maintenance. As a result of comprehension difficulties, students may experience difficulty with turn taking in conversation. There may be pragmatic difficulties such as poor understanding, poor use of tone, facial gesture and body language, and poor eye contact. Difficulties may occur in establishing and maintaining peer relationships.

### 1) Comprehension Disorders in Aphasia

The patient who have problem understanding sentences that is disorders of syntactic comprehension. Aphasia is a neurological disorder caused by damage to the portions of the brain that are responsible for language. Primary signs of the disorder include difficulty in expressing oneself when speaking, trouble understanding speech, and difficulty with reading and writing. Aphasia is not a disease, but a symptom of brain damage. Most commonly seen in adults who have suffered a stroke, aphasia can also result from a brain tumor, infection, head injury, or dementia that damages the brain. The type and severity of language dysfunction depends on the precise location and extent of the damaged brain tissue.

Generally, aphasia can be divided into four broad categories: (1) Expressive aphasia involves difficulty in conveying thoughts through speech or writing. The patient knows what he wants to say, but cannot find the words he needs. (2) Receptive aphasia involves difficulty understanding spoken or written language. The patient hears the voice or sees the print but cannot make sense of the words. (3) Patients with anomic or amnesia aphasia, the least severe form of aphasia, have difficulty in using the correct names for particular objects, people, places, or events. (4) Global aphasia results from severe and extensive damage to the language areas of the brain. Patients lose almost all language function, both comprehension and expression. They cannot speak or understand speech, nor can they read or write.

Aphasia (or dysphasia) affects an individual's ability to use and understand language effectively, and is often a symptom of a degenerative disease. For some adults, the understanding of language will remain relatively well intact, but they may have more difficulties expressing their needs. For the individuals with these severe problems it is important to focus on a total communication environment. This means using every means possible to help with expression and understanding.

There are different types of aphasia, depending on the area of brain damage, and these aphasias' present with different symptoms. Some neurological diseases leave language abilities intact, but commonly there is a deterioration in understanding, word finding, literacy skills and/or expression.

### 2) Dyslexia

Dyslexia is primarily associated with trouble reading. Some doctors, specialists and educators may refer to it as a "reading disorder" or a "reading disability." But it can also affect writing, spelling and even speaking. People with dyslexia can still understand complex ideas. Sometimes they just need more time to work through the information. They may also need a different way to process the information, such as listening to an audio book instead of reading it.

### 3) Slow Word level processing /word identification skill

The most straightforward explanation of poor comprehender's failure to construct coherence discourse model is that they result from deficits in basic linguistic abilities- in particular, word identification skill. In the beginning readers, word identification skill is strongly related to measure of phonological awareness- explicitly knowledge about phonological structure of language. The comprehender

have to integrate the information from different part to elaborate their representation with topic related information. One explanation for why poor comprehenders fail to integrate information from different part of a text is that they fail to activate prior text idea when they read new incoming information. It means that, the poor comprehender have word-level and sentence-level processes that are accurate enough to encode structural relations among concepts in a sentence, to use content in selecting the appropriate sense of an ambiguous word, and to support the reactivation of prior text information. Slow word-level processing can consume resources that would otherwise be devoted to higher-level interpretative ones. Slow and inaccurate word-level ability is associated with reading comprehension in adult readers as it is in children.

#### 4) Insufficient Experience

A connection-based account proposes and long-term working memory model emphasize the importance of skill and experience in the relation between capacity and comprehension performance. Good comprehenders, who read often, encounter irregular words more frequently than do poor comprehenders, who read less. Thus, good comprehenders have broad frequency range of irregular words for which they quickly compute the appropriate pronunciation of high-frequency irregular words. Thus, they show irregularity effects at all other word frequencies.

#### 5) Memory difficulties

Memory difficulties sometimes occur following the onset of some neurological diseases. Memory works in several stages and difficulties may occur at some, or all of these points:

- An individual may have difficulty holding information as they hear it because they have difficulties concentrating or attending.
- Difficulties may occur when the individual is processing information. The information needs to be held, processed, and then stored.
- The individual may be able to hold and store information, but then not be able to access it.

#### 6) Mixed-receptive –expressive language disorder

Mixed receptive is diagnosed when a child has problems expressing him-or herself using spoken language, and also has problems understanding what people say to him or her. Mixed receptive-expressive language disorder is generally a disorder of childhood. There are two types of mixed receptive-expressive language disorder: developmental and acquired. Developmental mixed receptive-expressive language disorder does not have a known cause and normally appears at the time that a child is learning to talk. Acquired mixed receptive-expressive language disorder is caused by direct damage to the brain. It occurs suddenly after such events as a stroke or traumatic head injury. The acquired type can occur at any age

There is no known cause of developmental mixed receptive-expressive language disorder. Researchers are conducting ongoing studies to determine whether biological or environmental factors may be involved. The acquired form of the disorder results from direct damage to the brain. Damage can be sustained during a stroke, or as the result of traumatic head injury, seizures, or other medical conditions.

The specific symptoms of the acquired form of the disorder generally depend on the parts of the patient's brain that have been injured and the severity of the damage.

The signs and symptoms of mixed receptive-expressive language disorder are for the most part the same as the symptoms of expressive language disorder. The disorder has signs and symptoms that vary considerably from child to child. In general, mixed receptive-expressive language disorder is characterized by a child's difficulty with spoken communication. The child does not have problems with the pronunciation of words, which is found in phonological disorder. The child does, however, have problems constructing coherent sentences, using proper grammar, recalling words, or similar communication problems. A child with mixed receptive-expressive language disorder is not able to communicate thoughts, needs, or wants at the same level or with the same complexity as his or her peers. In addition, the child often has a smaller vocabulary than his or her peers.

Children with mixed receptive-expressive language disorder also have significant problems understanding what other people are saying to them. This lack of comprehension may result in inappropriate responses or failure to follow directions. Some people think these children are being deliberately stubborn or obnoxious, but this is not the case. They simply do not understand what is being said. Some children with this disorder have problems understanding such specific types of terms as abstract nouns, complex sentences, or spatial terms.

#### 7) Auditory Processing Disorder (Phonetics)

In recent years, there has been a dramatic upsurge in professional and public awareness of Auditory Processing Disorders (APD), also referred to as Central Auditory Processing Disorders (CAPD). Unfortunately, this increase in awareness has resulted in a plethora of misconceptions and misinformation, as well as confusion regarding just what is (and isn't) an APD, how APD is diagnosed, and methods of managing and treating the disorder. The term auditory processing often is used loosely by individuals in many different settings to mean many different things, and the label APD has been applied (often incorrectly) to a wide variety of difficulties and disorders. As a result, there are some who question the existence of APD as a distinct diagnostic entity and others who assume that the term APD is applicable to any child or adult who has difficulty listening or understanding spoken language. The purpose of this article is to clarify some of these key issues so that readers are better able to navigate the jungle of information available on the subject in professional and popular literature today.

Children with APD may exhibit a variety of listening and related complaints. For example, they may have difficulty understanding speech in noisy environments, following directions, and discriminating (or telling the difference between) similar-sounding speech sounds. Sometimes they may behave as if a hearing loss is present, often asking for repetition or clarification. In school, children with APD may have difficulty with spelling, reading, and understanding information presented verbally in the classroom. Often their performance in classes that don't rely heavily on listening is much better, and they typically are able to complete a task independently once they

know what is expected of them. However, it is critical to understand that these same types of symptoms may be apparent in children who do not exhibit APD. Therefore, we should always keep in mind that not all language and learning problems are due to APD, and all cases of APD do not lead to language and learning problems. APD cannot be diagnosed from a symptoms checklist. No matter how many symptoms of APD a child may have, only careful and accurate diagnostics can determine the underlying cause.

A multidisciplinary team approach is critical to fully assess and understand the cluster of problems exhibited by children with APD. Thus, a teacher or educational diagnostician may shed light on academic difficulties; a psychologist may evaluate cognitive functioning in a variety of different areas; a speech-language pathologist may investigate written and oral language, speech, and related capabilities; and so forth. Some of these professionals may actually use test tools that incorporate the terms "auditory processing" or "auditory perception" in their evaluation, and may even suggest that a child exhibits an "auditory processing disorder." Yet it is important to know that, however valuable the information from the multidisciplinary team is in understanding the child's overall areas of strength and weakness, none of the test tools used by these professionals are diagnostic tools for APD, and an audiologist must make the actual diagnosis of APD.

To diagnose APD, the audiologist will administer a series of tests in a sound-treated room. These tests require listeners to attend to a variety of signals and to respond to them via repetition, pushing a button, or in some other way. Other tests that measure the auditory system's physiologic responses to sound may also be administered. Most of the tests of APD require that a child be at least 7 or 8 years of age because the variability in brain function is so marked in younger children that test interpretation may not be possible.

Once a diagnosis of APD is made, the nature of the disorder is determined. There are many types of auditory processing deficits and, because each child is an individual, APD may manifest itself in a variety of ways. Therefore, it is necessary to determine the type of auditory deficit a given child exhibits so that individualized management and treatment activities may be recommended that address his or her specific areas of difficulty.

#### 8) Language Anxiety

Foreign language anxiety (or xenoglossophobia) is the feeling of unease, worry, nervousness and apprehension experienced when learning or using a second or foreign language. These feelings may stem from any second language context whether associated with the productive skills of speaking and writing, or the receptive skills of reading and listening. Foreign language anxiety is a form of what psychologists describe as specific anxiety reaction. Some individuals are more predisposed to anxiety than others, and may feel anxious in a wide variety of situations. Foreign language anxiety, however, is situation specific and so can also affect individuals who are not characteristically anxious in other situations. Although all aspects of using and learning a foreign language can cause anxiety, listening and



speaking are regularly cited as the most anxiety provoking of foreign language activities.

The causes of foreign language anxiety have been broadly separated into three main components: communication apprehension, test anxiety and fear of negative evaluation. Communication apprehension is the anxiety experienced when speaking to or listening to other individuals. Test-anxiety is a form of performance anxiety associated with the fear of doing badly, or indeed failing altogether. Fear of negative evaluation is the anxiety associated with the learner's perception of how other onlookers (instructors, classmates or others) may negatively view their language ability.

## **CONCLUSION**

There are some psychological barriers presented in acquiring/learning language. It can be seen in various aspect such as neurological disorder, auditory processing disorders, memory capacity, and slow word level. Learning barriers is common phenomena and it is as crucial as learning or education. It is because of the fact that most individuals or institutions fail to achieve the educational targets basically due to some extraneous or intervening variables within the educational system. Learning barriers are not farfetched ideas rather these are as common as teaching learning situations in day to day educational/pedagogic activities. Therefore, it seems imperative for policy makers, planners, curriculum designers, pedagogues and administrators to take learning barriers into considerations so that a proper diagnosis of the barriers, their types can be developed to minimize or remove such barriers if possible.

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