CHARACTERISTICS OF SPEECH OF CHILDREN WITH SPEECH DEFICIENCY

Sobirova Zebo Ilkhamjanovna
Tashkent State Pedagogical University
Teacher of speech therapy department
Tashkent, Uzbekistan

Abstract. This article presents an analysis of pedagogical and psychological literature on the problem of speech characteristics of children with dysarthria speech deficiency.

Key words: dysarthria, speech, differential diagnosis, pronunciation disorders, kinetic, kinesthetic.

Throughout the history of special psychology and special pedagogy, issues of the theory of learning, teaching and raising children with developmental disorders have taken an important place. Children with different mental and physical disabilities in their development have their own characteristics that distinguish one category of children from another. In-depth knowledge of the characteristics of different groups of children helps to find ways of corrective work with them and ways to eliminate their developmental deficiencies and compensate for them.

Dysarthria speech deficiency as a complex problem has been intensively studied and covered in local and world scientific literature in theoretical and practical aspects. All modern authors expressed the opinion that the study of the problem of dysarthria should be combined with its neurological, logopedic and psychological aspects.

The organic connection between speech development and the child's psyche has been proven by many scientists. According to the works of L.S. Vygotsky, A.N. Leontev, A.R. Luria and other authors, all mental processes in a child: perception, memory, attention, imagination, thinking - develop with the direct participation of the speech process. With the help of speech, the child not only receives new information, but also has the opportunity to interpret it in a new way [1, 3, 6].

Injuries in different parts of the central nervous system are observed with dysarthric speech disorders.

However, since the problem is understudied, it is always relevant to follow the neuroanatomical principle in the classification of dysarthria.

Difficulties in the differential diagnosis of dysarthria in children have led to the study of dysarthria (E.F. Arkhipova, G.V. Babina, G.V. Gurovets, R.I. Martinova, L.V. Melekhova, S.I. Maevskaya, A.V. Tokareva, N.G. Lokarkova, I.B. Karelina). Accurately identifying disorders, organizing a comprehensive approach to differential diagnosis, monitoring the dynamics of speech therapy work, etc.

In specialized literature, different terminology is used to define the mild degree of dysarthria. Thus, O.V. Pravdin and L.V. Melekhov, while studying the characteristics of sound pronunciation disorders, identified functional and mechanical dyslalia, as well as organic cerebral dyslalia, which was later associated with mild dysarthria.

L.V. Lopatina describes such dysarthria as "disabled" dysarthria. According to this author, muted dysarthria is a speech disorder that manifests itself in the violation of phonetic and prosodic components of speech and is caused by an unexpressed microorganism damage of the brain [6].

G. V. Chirkin and I. B. Karelina use the term "mild dysarthria" for mild dysarthria. According to the position of these authors, mild dysarthria disorders are of central origin characterized by combined disorders of speech activity: articulation, voice, breathing, facial expressions and prosodic features of the speech functional system [8].

According to the position of O. G. Prikhodko, we use the concept of a mild degree of pseudobulbar dysarthria as the main term in his research. In the practice of speech therapy, a mild degree of dysarthria is one of the most common and difficult to correct disorders of the pronunciation side of speech [4, 7]. In this case, pronunciation disorders are of a different nature, but the main symptom is blurring, blurring, blurred articulation, which is especially evident in the flow of speech. In this regard, it is customary to distinguish three levels of pseudobulbar dysarthria in children: mild, moderate, severe.

Dysarthria in children occurs due to the pathology of the prenatal, birth and early postnatal period of development. Among the causes of the prenatal period

of central nervous system pathology: toxicosis of pregnancy, acute and chronic infections, intoxication, chronic intrauterine hypoxia of the fetus, chronic chronic diseases (liver, kidney diseases, cardiovascular diseases).

The causes of the birth period are prolonged or premature labor, incompatibility of the Rhesus factor, asphyxia, birth trauma. In children, in the postnatal period of development, mild dysarthria, sleep disorders, anxiety, weak crying, increased fatigue, reduced chewing movements, perinatal encephalopathy, frequent colds, severe forms of gastrointestinal diseases are detected. Diseases such as meningitis, meningoencephalitis, traumatic disorders, injuries, brain tumors, development of nervous system defects, encephalopathy in young children [2, 5].

According to I.A. Filatova, in children with a mild degree of dysarthria, there is a violation of reverse kinesthetic afferents, which leads to a local deficiency of hearing, vision, and motor-kinesthetic functional systems. The author identified the following typological groups of children with mild pseudobulbar dysarthria:

1) kinetic and kinesthetic bases of movements are disturbed;
2) with underdeveloped spatial perception;
3) with underdeveloped visual perception;
4) with underdeveloped auditory perception;
5) with the underdevelopment of the emotional-volitional sphere;
6) with a violation of the motivational field.

All these groups are characterized by the uniqueness of the personal, emotional and motivational sphere, which have a significant impact on the communication process and social behavior in general. The most common mistakes are the understanding of logical and grammatical structures, which are evident in the violation of constructive and graphic activities.

These features are associated with the insufficient maturation of parts of the brain, kinesthetic perception disorders, cognitive and perceptual activity delays, and the presence of features in speech development (lack of predicative function of speech, deficits of functions). words), gender characteristics of children (boys are more prone to this defect).

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