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## Research Article

### FEATURES OF THE PROSODIC SIDE OF THE SPEECH OF STUTTERERS

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#### ABSTRACT

The article deals with the problems of the features of the prosodic side of the speech of stutterers. The main attention in the work the author focuses on the characteristics of the voice, tempo-rhythm of the speech of children of this category. Work on prosody is described.

#### KEYWORDS

Stuttering, speech, voice, tempo-rhythm, prosodic, sound phobia, articulation.

#### INTRODUCTION

Recently, more and more attention has been paid to the study of the prosodic side of the speech of people suffering from stuttering. M. Wingate directly speaks of stuttering as a “prosodic defect”, which manifests itself in intermittent stress disorders. G. Bergman also reduces stuttering to a violation of prosody. According to him, episodes of stuttering occur mainly on stressed syllables, the intervals between which in the speech of stutterers are very variable even in the absence of speech spasms. He also notes that they have

difficulties with the placement of stress. Another prosodic feature of the speech of stutterers is expressed in the limitation of the ability to modulate the voice. The fact of monotony of speech in stuttering is widely known. O. Von Essen and H. Fernau Horn even singled out the monotony of a speech melody as the main symptom of stuttering.

#### THE MAIN RESULTS AND FINDINGS

Stuttering primarily affects the tempo-rhythmic pattern of the phrase. The pace of speech, as a rule, is accelerated, due to the desire to provide the necessary information in the interval between convulsions, rather to “dissuade”, finish the hard work that speech is under these conditions. Stutterers are driven by anxiety, excitement associated with the act of speech. The tempo is uneven and can change significantly even in one phrase. Speech convulsions also disorganize the rhythmic side of speech. The speech flow can be interrupted unexpectedly, which in turn leads to a violation of syntagmatic and psychological pausing. Disappears orderliness, harmony of the speech flow, its sonority. Chaos reigns in the speech of stutterers, which is especially noticeable when they are faced with the need for a detailed statement. Fear of fatal confusion becomes a significant part of the neurotic component of stuttering. Due to the desire to hide the defect from others, fuzzy articulation occurs, and the consonants become heavier, and the vowels, as it were, “tease” through the teeth. The dome practically ceases to be used as a resonator cavity, and in general, speech gives the impression of “porridge in the mouth”.

In the speech of stutterers, as a rule, a low voice with a chest sound is underrepresented, as well as a middle voice with a well-developed head and chest sound. The diaphragmatic support and lower resonators are used extremely inefficiently, which increases the load on the vocal cords. In most cases, such speech is a “rustling on the cords”, in which the air jet is used extremely uneconomically. Even in the absence of obvious inspiration, stutterers usually feel a constant lack of air during speech. An additional breath before the syntagma can hardly significantly alleviate their suffering, which is explained not so much by the lack of air as by its wasteful use, by jerky exhalation. The state

of speech is aggravated by the fixation of patients on individual sounds.

Sound phobia is one of the reasons contributing to the formation of a “hard attack” of sounds. Speech loses sonority, ceases to be “concentrated singing”, as in well-speaking people. Thus, the essential side of the defect under consideration is the deformation of the tempo and rhythm of speech (speech fluency), which, against the background of constant emotional stress, anxiety, fear, leads to a violation of many aspects of intonation: pausing, melody, dynamic harmony, etc.

In stutterers, in essence, all the characteristics of the musicality of speech are violated. They lose the ability for the emotional coloring of the latter and express themselves with the help of memorized, frozen intonation schemes and patterns. Stutterers have impaired live communication with interlocutors. During speech, their faces are amimic, the gesture is absent or inaccurate, their eyes avoid the interlocutor, they are not animated by the transmitted thought, they do not “speak”. Extremely dependent on external evaluation, stutterers are afraid to express themselves, their speech does not show personality, there is no relation to what is being said.

Normally speaking people have a great variability in the intonation pattern, which depends on the specific situation of communication, emotional state, interests, abilities, character, type of higher nervous activity, etc. In stutterers, despite significant personality differences, this variability is extremely small. Their speech has a very limited subtext. Fuzzy articulation, on the one hand, anxiety and fear inherent in stutterers, on the other hand, entail chronic vocal chops, as a result of which the sound is translated mainly into the upper voice register.

Work on the correction of intonation should begin with the development of speech hearing, which, as a rule, suffers from stuttering. The ability to distinguish between the advantages and disadvantages of the voice in oneself, as well as in other people, is a prerequisite for successful correction of intonation. We immediately draw the attention of stutterers to the sound of their own speech, we ask them to pronounce the sounds as quietly as possible and strive for this ourselves.

In an atmosphere of quiet singing, quiet expressive speech, patients all the time should, as it were, listen. Hearing in this case is aggravated, works more actively. Distracting light stimuli are best avoided, and we sometimes suggest that stutterers listen to themselves with their eyes closed or during autogenic training. For the same purpose, we recommend that you observe the speech of the people around you, which allows you to compare the intonation-colored and monotonous sound. In addition, we try to enrich their passive intonation vocabulary by offering to listen to tape-recorded samples of the speech of readers and actors. It is at this time that it is appropriate to start a conversation that the real rhythm is not a tongue twister, but vice versa, “the higher the rhythm, the slower we speak.” As K.S. Stanislavsky pointed out, “haste, nervousness, dangling words, spitting out whole phrases not only obscure the meaning, but completely destroy it”, and “the speaker’s nervousness only irritates the listeners, unclear pronunciation angers, as it makes them tense up and guess about what they did not understand, fussiness makes speech difficult, only calmness and restraint make it easier.

## CONCLUSION

When working on the voice, it is necessary to remember the close relationship between the speech

and singing functions. Using singing in correctional work, you can achieve ease and ease of sound production, and then transfer these skills into speech. While singing, you should constantly monitor the position of the mouth. It is important that the lips do not tighten when singing and that the mouth opens completely. It is also advisable to use the “sign choir”, when all sung vowels are associated with certain code signs, which were mentioned above. At first, the words of the song are sung, and then they are pronounced without a melody (we speak as we sing). Moreover, you can sing and pronounce not only songs, but also individual phrases, little fairy tales and stories, creating your own melody.

The work on prosody seems to be all the more important because, by correcting intonation, we indirectly correct the personality, leading those who stutter to true communication. In the process of correcting intonation, their self-esteem increases. Free voice sounding returns a person confidence, a new understanding of himself. The activity of patients is significantly increased, which ultimately guarantees success.

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