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Research Article

PECULIARITIES OF SPEECH OF CHILDREN WITH DYSARTHRIA

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ABSTRACT

This article describes the characteristics of the speech of children with dysarthria, the description of the research conducted on the problem. Also, the characteristic features of the pronunciation of sounds of children with dysarthria are described.

KEYWORDS

Children with dysarthria, children's cerebral palsy, pronunciation of sounds, vocabulary, voice, motor skills, hyperkinesis.

INTRODUCTION

Speech is the main means of communication between people. A person expresses his thoughts and feelings with the help of speech, and learns the feelings of others. So, speech activity is a means of communication. The sounds of human speech are of particular importance.

Dysarthria is a pronunciation disorder due to an organic disorder of the innervation of the speech apparatus. In dysarthria, the disorder of the lexical-grammatical aspect of speech is not considered the main disorder. Distortion of speech by sound takes the leading place. Speech of children with dysarthria is slurred and unclear. Dysarthria is characterized by speech speed,

fluency, pauses, not saying sounds, words until the last sentence, and dropping words in speech. In dysarthria, the voice is low or high, monotonous, sometimes hoarse. Sometimes children with dysarthria have hearing loss, and as a result, phonemic perception decreases.

Dysarthria is a symptom of cerebral palsy in children. The team of authors, consisting of K.N. Wittorf, M.V. Ippalitova, M.V. Litvak, E.M. Mastjukova, M.B. Eydinova and E.N. Pravdina, conducted their scientific investigation. confirm that dysarthria is a symptom of cerebral palsy in children.

Russian and foreign researchers note that children with cerebral palsy not only have deficits in motor and support organs, but also often have various disorders in their speech. The authors noted their presence at the first stage of the study of speech deficits of children with cerebral palsy. Later, researchers did not only emphasize the presence of speech defects, but moved on to find out the mechanisms behind the delay in speech development.

N. Guttsman conducted tests on children's cerebral palsy and was the first to show that speech defects are related to pseudobulbar palsy. A. Oppenheim examines two children with pseudobulbar palsy and reports the presence of athetoid hyperkinesia in their speech and general motor skills. At the next stage of examination of children's cerebral palsy, they distinguish pseudobulbar symptoms and explain that their cause is various injuries in the brain. Later, as a result of many years of research on the characteristics of speech development in children with cerebral palsy, it was found that dysarthria is the main defect in their speech pathology.

As a result of observations of M.V.Ippalitova, N.N.Molofeev, E.M.Mastyukova, N.V.Simonova,

L.B.Khalilova on the comprehensive examination and education of children with movement disorders, most children with cerebral palsy (75-80%) were found to have various speech defects. In most children with dysarthria, a unique formation of vocabulary is observed, the use of the same words to express objects and actions, the absence of famous words in speech, and the lack of formation of generalized concepts can be seen. Especially in them, words expressing the sign and quality of objects, as well as various actions related to them, are limited. This peculiarity is associated with the main disease in children - movement disorders, which prevents children from moving freely and moving with objects, limiting their communication with the external environment.

Most children with dysarthria use phrased speech at the beginning of teaching. In children, inability to use verbs in the proper form, in different tenses, difficulties in using idioms are observed. The development of speech understanding in children with dysarthria is unique. This is manifested in insufficient understanding of ambiguous words, difficulties in distinguishing the meaning of synonyms, antonyms, adjectives and adverbs. Comprehensive development of oral speech of children with dysarthria is an important condition for successful mastering of program materials in basic subjects. Poor vocabulary causes difficulty in understanding specific grammatical forms and expressions, reading texts, arithmetic problems, and works of art.

Studies have shown that speech disorders are often associated with pseudobulbar dysarthria. Pseudobulbar dysarthria is caused by damage to the cortical-nuclear pathways of the movement from the cerebral cortex to the nuclei of the trunk nerves. Pseudobulbar dysarthria is characterized by increased

or decreased muscle tone in the articulatory speech apparatus. Examination of the mobility of the articulatory speech apparatus made it possible to distinguish several groups of children. In the children of the first group, there was a decrease in the flow of saliva, the speed, size and amplitude of the movements of the lips and tongue muscles, the voice strength, speech breathing and release. Decreased innervation of the cranial nerves is different, often lateral movement of the tongue, raising the tip of the tongue to the upper lip is decreased. It is difficult for children to breathe during speech, which reduces the fluency of speech breathing and causes forced pauses in speech.

Children's voice is low during speech, was with bad modulation. In the non-speech state - in affective reactions, the children's shouting was better acoustically, the voice was clear and sonorous. The traces of the speech reaction quickly faded, it was necessary to explain the material to them again and again, the vocabulary was not extensive on all topics, it was mainly limited to the domestic conditions of the drill. .

Children belonging to the second group of pseudobulbar dysarthria have paralysis mainly in the muscles of the articulatory apparatus. In these children, along with disorders of pre-lingual sounds, deficits are observed in lip sounds, which require sufficient force, especially lip-lip sounds (p, b, m), as well as vowel sounds, especially in sounds (i, u) that require sufficient lifting of the tongue. . Due to the paralysis of the soft palate, a sudden limitation of movements was detected, so the child pronounced all sounds in a nasal tone. Speech is slow, low, poorly formed.

In BTsF special schools for children with spastic form, a group of children with a deficiency of kinesthetic perception and articulatory speech apparatus muscle

movement is distinguished among students based on disorders in the pronunciation of sounds. The pronunciation of sounds has its own characteristics. In this case, the pronunciation of sounds that are close to the place of articulation is disturbed. One of the characteristic features of the pronunciation of sounds is the distortion and replacement of affricates. When pronouncing these sounds, children divide the sounds into parts.

Distortion and substitution of sounds is not always manifested. For example, if the child has difficulty making independent movements of the tongue and lips to pronounce given sounds, the child can correctly form these sounds based on the use of a visual analyzer. It was also found that sounds can be pronounced more correctly in words than separate meaningless syllables. Children in this group do not always have a voice when pronouncing sounds.

In the spastic form of children with cerebral palsy, deficits in the fine movements of the muscles of the articulatory apparatus, especially in the movements of the tongue, have been identified. Therefore, they have a gross violation of pre-lingual sounds. Almost all children of this group do not have l, r sounds. When children with hyperkinetic form of cerebral palsy were examined, speech disorder in the form of dysarthria was found in all of them. In disorders of the pronunciation side of speech, it was found that they mainly have hyperkinesis in the muscles of the articulatory apparatus.

Although hyperkinesis in speech motility does not always occur as intensively as in general motility, the character of hyperkinesis is the same. The degree of manifestation of hyperkinesis in the speech apparatus depends not only on the emotional load, but also on the duration of speech communication. The following types of hyperkinesis in speech muscles are

distinguished. Choreiform, athetoid choreatetod. In cases of athetoid hyperkinesis, the speech process is strongly disturbed, children's speech cannot be understood without special hearing and re-questioning. The intensity of hyperkinesis did not significantly affect the ability to perform movements. Naturally, the quality of execution was broken, but the amplitude and volume of movements were preserved to the fullest. Children with pure choreiform hyperkinesis were able to form all articulatory states and differential articulatory signs of sounds, so we did not observe cases of substitution and omission of letters in them. Athetoid hyperkinesis always occurred during bending of the head, jaw, tongue, and lip movements. Compulsive movements of the muscles under the eyebrows and eye circles were observed in the upper mimic muscles, the eyebrows were slightly raised and pushed, and surprise was observed as if feeling pain. Hyperkinesis is increased in voluntary speech manifestations, as a secondary characteristic of the movement of the muscles of the speech communication apparatus, which has the following characteristics.

1. The speed of movements depends on the character of hyperkinesis, in athetoid hyperkinesis, the latent period of entering speech increases to a certain extent, and in choreiform, it is at the normal level.
2. In athetoid hyperkinesis, it is not possible to perform a series of movements, but the student always tries to do the movements better, even if they are for a long time. There will be no movements to raise the tip of the tongue to the upper lip. Movements in choreiform hyperkinesis are somewhat difficult, but doable.
3. There is an increase in hyperkinesis when performing articulatory movements.

4. In choreiform hyperkinesis, the amplitude of movements is not constant, in athetoid hyperkinesis, the amplitude is incomplete.

5. Fixation of movements is very limited, the main reason for speech disorders in the hyperkinetic form of cerebral palsy is disorders in the tone of speech muscles.

In extrapyramidal dysarthria, the changing nature of muscle tone, its dependence on external influences, voluntary actions, the student's emotional state, body and head position, determined the characteristics of speech disorders in these children. In the quiet state of the speech muscles, difficulties in maintaining articulatory states are observed along with dystonia, and when trying to speak, an increase in the tone of the articulatory muscles is observed.

Tonic muscle disorders can spread to respiratory muscles, laryngeal muscles, which indicates the specificity of voice and breathing disorders in these children. Therefore, voluntary production of voice is always difficult.

The next feature of the pronunciation of sounds is a violation of emotional-motor innervation, which is manifested in the prosodic side of speech. In this case, not only the articulation, but the speech tempo, rhythm, ability to speak quickly or slowly, and intonation are disturbed. The emotional tone of the speech disappears, the speech becomes monotonous, monotonous, monotonous. During phraseological speech, its constant pauses occur. The development process of the lexical-grammatical side of the speech of children with dysarthria is slow compared to the normal development and requires a special logopedic approach. The lack of development of the grammatical side of the speech of children with dysarthria is determined by the complex effect of a number of

sources (anatomical-physiological, social-psychological). At the same time, the lack of development of the lexical-grammatical aspect of speech in children whose speech is not fully developed can be considered as a secondary speech defect. Such a point in speech elimination of numbers can be done only on the basis of specially organized conditions.

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