

CAUSES OF SPEECH DISORDERS OF CHILDREN

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Annotation Speech is a complex functional process. The speech system is based on the activity of brain organs. Different parts of the cerebral cortex are involved in the speech process differently. Injury to any part of the cerebral cortex leads to specific symptoms of speech dysfunction.

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Knowledge of the anatomical-physiological mechanisms of speech, ie the structure and functioning of speech activity, firstly, to imagine the complex mechanism of speech in the norm, secondly, a differential approach to the analysis of speech pathology (disorder); third, it allows the correctness of the corrective action paths.

Speech is one of the most complex mental functions of man. Speech movements are carried out through a complex system in which brain activity plays a key role. Speech is a separate and high-level form of communication unique to man. In the process of verbal communication, people exchange ideas and interact with each other. Speech communication is done through language.

Speech is a system of phonetic, lexical and grammatical means. The speaker selects the words needed to express the little thought, connects them based on the rules of linguistic grammar, and pronounces them through the articulation of the speech organs.

For human speech to be clear and meaningful, the actions of the members of the speech must be clear and accurate. However, these actions must be automatic, which can be performed without the use of special voluntary force. In fact, the same thing happens. Usually, the speaker only controls his mind, does not even think about

what position his tongue will be in his mouth when he breathes, and so on. This occurs as a result of the operation of the speech pronunciation mechanism. To understand the movement of the speech pronunciation mechanism, it is necessary to know well the structure of the speech apparatus.

The speech apparatus consists of two closely interconnected parts: the central (or control), and the peripheral (executive) part.

The central speech apparatus is located in the brain. It consists of pathways from the cerebral cortex to the subcortical nodes, the nucleus (primarily in the elongated brain), the nuclei, and the nerves leading to the vocal, respiratory, and articulatory muscles.

Peripheral speech apparatus includes: nose, mouth, throat, larynx, trachea, bronchi, lungs, thoracic diaphragm. The function of the central speech department is that speech, like other manifestations of higher nervous activity, is formed on the basis of reflexes. Speech reflexes are related to the activity of different parts of the brain. However, certain parts of the cerebral cortex play a key role in the formation of speech. These are the forehead, temples, and neck of the left hemisphere.

In these parts of the cerebral cortex are located the following, which are actively involved in speech activity:

- Speech motion analyzer.
- Speech vision analyzer.
- Speech Hearing Analyzer.

The speech motion analyzer is located in the left forehead of the cerebral cortex and is called the Broca Center. This part is involved in the emergence of oral speech.

The speech auditory analyzer is located in the left temporal lobe of the cerebral cortex and is called the Vernike center. In this part, the process of accepting foreign speech takes place. The back of the cerebral cortex plays a major role in speech comprehension. It is the visual center of the brain and serves to master written speech. The subcortical nuclei control the image and expressiveness of speech. All members of the peripheral speech apparatus are supplied with cerebral nerves. The

main ones are: trigeminal, facial, pharyngeal, planetary, appendix and sublingual nerves.

The trigeminal nerve innervates the muscles that move the lower jaw; the facial nerve is the muscle that swells and pulls in the facial muscles and the cheeks that move the lips; the tongue innervates the laryngeal nerve and the sciatic nerve, the laryngeal and vocal cords, and the laryngeal and soft palate muscles. In addition, the laryngeal nerve is the sensory nerve of the tongue. The mobile nerve innervates the muscles of the respiratory and cardiac organs. The extra nerve supplies the neck muscles with motor nerves. Through this system, nerve impulses are sent through the cerebral nerves from the central speech apparatus to the peripheral speech apparatus and supply nerve impulses to the motor nerves.

Speech consists of complex mental activities of various forms and types. It is divided into expressive and impressive speech. Speech activity is divided into four general types of independent, of which expressive speech includes oral and written speech (like letters), and impressive speech includes oral speech comprehension and written speech comprehension (reading).

Oral speech involves a complex, multifaceted process: the phonetic side of speech (the manoli separation of sound from speech); lexical-grammatical (words, phrases, information); melody-intonation (intonation, sound, coloring); temp-rhythmic (speech tempo and rhythm). It can be oral dialogue and monologue.

Written speech is constructed and developed on the basis of oral or written, which can be written independently and orally. Depending on the components of speech, it is divided into the following linguistic disorders:

1. Phonetic disorders Mispronunciation of one or more groups of sounds (whistling, whistling, middle and back tongue sounds; violation of the softness of consonant sounds, deafness-resonance).

2. Lexical-grammatical disorders. These disturbances are distinguished: limited vocabulary reserve; impoverished expression; incorrectly formed words in the phrase; misused agreements and appendices; half-spoken, alternating words.

3. Kui-intonation disorders: incorrect use of stress (so-called grammatical, logical in expression); disturbances related to the timbre, pitch, power of the sound (quiet, hoarse, representative, constricted, meaningless, humming, low voice, unmodulated).

4. Rhythmic rhythm disorders: the dependence of the accelerated tempo on the predominance of excitatory processes in the brain postlog (tachylalia); slowed tempo, predominance of braking processes (bradylalia); intermittent tempo (unreasonable pauses, eclipses, without clear flow of the accented syllable in words and sounds, without seizures (physiological iteration, poltern) and stuttering in the form of seizures).

Disorders of written speech: letters: incorrect encryption of a phoneme into a grapheme; incomplete writing; dropping and confusing letters in a word; repositioning and disagreeing words in a sentence; out of line and so on. reading: switching and mixing sounds; spelling; breaking syllables in words; impaired comprehension of what is read; agrammatisms.

The peculiarity of speech disorders in childhood is that they have the ability to repeat, because it is associated with a high degree of plasticity of the child's brain.

Speech disorders observed in childhood can be physiological (depending on the maturity of the upper (peripheral) 7central structures of the brain) and pathological (diseased).

Referens:

1. M.Y. Ayupova. Logopediya-O'zbekiston faylasuflari milliy jamiyat nashriyoti, 2007, p. 58.
2. Po'latxo'jayeva M.R. Defektologiyaning klinik asoslari. O'quv darslik. T., TDPU – 2013, p.83
3. Madazizova D. R. Bolalar rivojlanishidagi nuqsonlarning klinik asoslari. O'quv qo'llanma. T:TDPU – 2017, p. 92.
4. Mo'minova L.R., Amirsaidova SH.M., Hamidova M.U. Maxsus psixologiya. - T.: —O'zbekiston faylasuflari milliy jamiyati, 2013. pp.54-63.
5. Po'latova P.M. va boshqalar. Maxsus pedagogika. T.: «Fan va texnologiyalar», 2014 y. p.73.