
PECULIARITIES OF STUTTERING IN PRESCHOOL CHILDREN

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Abstract

In the article, the specific features of stuttering disorders in preschool children, emphasis in pronunciation, intonation, rhythm disorders, unfounded pauses in speech, prolongation with repetitions, sonority and rate of pronunciation, sound strength, height and Issues such as the change of fluency in connection with the speech goal and emotional state of the stutterer are covered.

The problem of stuttering can be considered one of the oldest in the history of the development of the doctrine of speech disorders. Different interpretations of its essence are related to the development of science and the degree to which the authors approached and are approaching such speech disorders.

Accent, intonation, and rhythm in pronunciation are disturbed. The speech is interrupted by unfounded pauses and repetitions, the sonority and pace of pronunciation, sound power, height and sweetness change depending on the speech goal and emotional state of the stutterer.

The study of the unstable speed of stuttering makes it possible to base the concepts about the preserved part of the correct speech, to determine the indicator of the preserved speech depending on the different levels of complexity in the speech activity and the speech situation. Determining the level of preserved speech is important for the main corrective tasks at each stage of speech therapy.

Stuttering is also characterized by various disorders of general and speech motor skills. They can be violent (convulsions, groin, neck, face) and voluntary seizures. Stutterers use such movements to mask or ease their speech difficulties.

General motor tension, stiffness of movements or restlessness in the motor force, stagnation, disorientation or laxity, variability are also often seen. Some researchers show that stuttering is related to ambidexterity.

The feeling of one's own inadequacy is one of the main factors in the development of neurotic disease. The more a patient pays attention to his symptoms, the worse they become. As a result, such a serious situation appears that the patient cannot recover from it, the symptom of the disease grabs his attention. As a result, the symptoms develop further and attract the patient's attention even more. N.I. Jinkin, looking at stuttering as a disorder of self-control of speech, emphasizes that the stronger the tendency to maintain the opposite state of speech and the more inaccurate the pronunciation is, the more self-control of speech The control of it will continue to deteriorate to such an extent. This condition turns into a pathological conditioned reflex

after several repetitions and is often manifested, this condition now occurs before the beginning of speech. This becomes a circular process.

Researchers dealing with stuttering problems give different views on the concept of attracting attention to the defect: attention is a special feature of attention (stubbornness, dullness, concentration of attention), perception of the defect, having an idea about it. , having a different emotional attitude towards him (worry, worry, fear).

Relying on the experience of working with stutterers of different ages and the general principles of the systematic approach in psychology, the mental model of the emergence and development of the phenomenon of attracting attention can be imagined in terms of the inter-integral relations of mental processes, the state, characteristics and effects of stutterers. . The difference between stutterers and fluent speakers is expressed not in the level of productivity of one or another activity, but in the nature of its progress. From the first involuntary attention to the stuttering child's disability in an exciting direction, the child's own attitude towards it is formed. This is connected with emotional concern and willpower (movements and works) in the ineffectiveness of independent vision against stuttering.

The concept of attracting attention can be defined as follows: it is a reflection of objectively existing speech defect (speech difficulty) in all mental activities of a stuttering person. This is the acquisition and processing of information about speech difficulties (or halal, hindrance) and associated unpleasantness, changing and mental processes, the state and character of the stutterer, events that occur in his interactions with the social environment. is the result of processes.

It is important to find benchmarks that represent the true complexity of the different levels that are not recorded in the defect. As such a standard, three options for the emotional attitude of the stutterer to his disability (indifferent, average-depressed, hopeless-difficult) and three options for exerting willpower against them (their absence, presence and behavior and state transitions that become embedded in the brain) can be used. In this regard, it is appropriate to introduce the term "attention to the disease" to divide people who stutter into three groups:

1. The zero level of drawing attention to the disease: children seem not to notice their defect, do not think about it and do not worry. There will be no hesitation, thinking about one's wrong speech, no attempts to eliminate the defect.
2. Moderate level of attention to the disease: high school students and teenagers worry about their disability, are ashamed of it, hide their stuttering, resort to various tricks, and seem to have less interaction with others. They are aware of their stuttering, experience a series of inconveniences as a result, and try to mask their deficiency.
3. The clearly expressed level of drawing attention to the disease: in stutterers, concern about the defect turns into a constant deep feeling of their own defect, in which every action is analyzed through the concept of speech defect. They are mostly teenagers. They focus on their speech defects, are deeply worried about stuttering, it is typical for them to pay attention to the disease, to suspect the disease, to panic before speaking, to be suspicious of people, situations and others.

In conclusion, it can be said that the achievements of modern speech therapy show that corrective work on speech should never be limited to formal exercises. It is important to talk not only about the system of speech training (correction) of a stuttering child, but also about his rehabilitation education.

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