



ORIGIN OF DYSLALIA AND WAYS OF ITS ELIMINATION

Kabirova Zarnigor Rakhmonjonovna

Teacher of the Department of Special Pedagogy of Kokan DPI

Havodullayev Murodjon

Teacher of the Department of Special Pedagogy of Kokan DPI

Ibrokhimova Sarvinoz Anvarjonovna

1st year Student of Special Pedagogy (Speech Therapy)

A B S T R A C T	K E Y W O R D S
<p>This article describes the causes of dyslalia, diagnosis of dyslalia and step-by-step treatment methods, methods of eliminating dyslalia, and conclusions and suggestions on the topic. Dyslalia is a violation of sound pronunciation during the preserved innervation of the normal auditory and speech apparatus.</p>	<p>Chuchukli, rotatism, lambdatism, sigmatism, surgery, differential, mechanism, functional, prognathia, pricus, articulation, kinesthetic analysis, realization, imitation, Yugancha,</p>

Introduction

At a time when science and technology is developing at a high pace in our country, the responsibility of the young generation is also increasing. The volume of knowledge that should be given to them is increasing year by year. There are a number of works on reforming the education system in our republic, which will help the young generation contribute to the development of society. Providing proper education to the young generation from an early age will lead to the prosperity of our country. Today, some speech defects are observed in children of preschool age, and logopedic work is organized to eliminate them. The issue of education of children with special needs is becoming one of the most urgent issues today. Special education has developed as an educational system for children with disabilities.

The importance of using convenient and effective methods to eliminate speech defects plays a big role. One of the most important characteristics of a person is his ability to speak. Thought expressed through fluent speech is clear and pleasant. Speech is one of the complex higher mental functions of a person. Speech acts are carried out through a complex system of organs, in which the activity of the brain plays a key role, speech is a special and high-level form of communication unique to humans, in the process of speech communication, people exchange ideas and influence each other. .

Dyslalia is the most common deficit among speech disorders. According to Ye.F. Rau, 15-20% of pre-school children and 5-7% of children of primary school age have defects in the pronunciation of sounds. M.N. According to Aleksandrova, 5-6-year-old children in Russia have sliding sounds (s, z) 23%, noisy sounds (sh, j) 24%, affricate sound (ch) 13%, "r" sound 26%, "L" sound 10%, consonants 4.5%, "Y" sound 1.5%, tongue back sounds 1% are shown to be mispronounced. According to R. Becker, dyslalia occurs in 34% of 5-6-year-old children in Germany. According to M. Ayupova in Uzbekistan, in 5-year-old children, 32.1% of glides (s, z), 38.4% of noises (sh, j), 60.7% of "r" pronunciation, tongue back sounds 25%, deep tongue back sounds (q, g') 7.1%, "l" sound 5.4%. The first attempts at the scientific classification of pronunciation defects in speech began at the beginning of the 19th century. The term dyslalia was first used in Europe by Professor I. Frank, a doctor of Vilnius University.

Sigmatism (lisp) is a distorted pronunciation of whistling, as well as hissing sounds. Disturbance is typical for mechanical and functional dyslalia, various forms of dysarthria, open rhinolalia. With sigmatism, interdental, near-tooth, labio-dental, lateral, nasal pronunciation of phonemes can occur. Voice pronunciation and its form defect are diagnosed as part of oral speech examination. The main areas of intervention of corrective speech therapy include the preparation of the articulatory apparatus, the development of phonation breathing, the automation of the skills of sound production and correct pronunciation of sounds.

Sigmatism is a defect in the pronunciation of hissing ([J], [III], [Ч], [III]) and whistling ([C-C'], [Z-Z'], [Ts]) phonemes. Both groups belong to sounds of late ontogenesis, and grunts are more complex articulatory than whistles. Among the defects in the sound design of speech, various variants of sigmatism are more common than other disorders. In older preschool children with dyslalia, wheezing sigmatism is detected in 22% of cases, wheezing sigmatism - in 24%, in children with muted dysarthria in 95% and 82%, respectively. Most of the time, defective sound pronunciation in adults is preserved. Whistle [S], [Z] and hiss [III], [III], [III] - consonants, oral, front tongue, fricative. Of them, [Z] and [J] are voiced (during phonation, the vocal folds vibrate, make a sound), the rest are deaf. Whistle [C] and whistling [Ch] differ only in formation - they have an occlusive notch. [H] and [III] are always soft, [S], [Z] have soft pairs [S'] and [Z']. An important difference between whistling and hissing group is the basic articulation pattern, which includes:

- the position of the lips: when pronouncing whistling lips, they are stretched with a smile, when whispering, they are rounded and slightly stretched forward;
- the position and shape of the tongue: when articulating whistling tongues, the tongue is located "on a hill" behind the lower incisors, when articulating whispers, it is located next to the alveoli in the form of a "cup";
- characteristics of air flow: it is narrow, cold in whistles; it is wide and warm in the snarls.

The child must follow the training rules, learn to follow the instructions given by the speech therapist, and actively engage in communication. During the training, the speech therapist checks whether the child is in the right position to pronounce the desired sound. For this, the speech therapist will check whether the child has received the correct situation or not. For this, the speech therapist asks the child to exhale (blow hard) while taking the right position. As a result of strong exhalation, intensive noise is created. If the noise corresponds to the acoustic effect of the desired sound, the situation is chosen correctly. If this is not the case, then the speech therapist asks the child to change the position of the

articulatory organ (slightly raise, lower, move the tongue) and blow again. It will be executed until a successful result is obtained.

During the preliminary logopedic examination, it is determined that there are defects in the structure of the members of the articulatory apparatus. In such cases, articulation gymnastics (preparatory exercises) are conducted in parallel with the development of phonemic perception. The goal of articulatory gymnastics is to fully and accurately bring the organs of articulation necessary for the correct pronunciation of sounds and to combine simple movements into complex movements - the order of articulation of various phonemes. All articulation exercise systems can be divided into two types: static and dynamic. In static exercises, the joints of articulation are brought to different positions, but there is no movement. In dynamic exercises, the articulation organs are moved to different positions and at the same time.

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