

**PEDAGOGICAL PSYCHOLOGICAL BASIS OF INDIVIDUAL WORK WITH CHILDREN WITH SEVERE  
SPEECH DEFECTS**

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**ABSTRACT**

This article discusses the importance of planning activities and methods for developing speech skills and identifying specific pedagogical approaches to speech development in children with severe speech impairments, as well as applying these methods to children.

**Keywords:** Speech development, pedagogical-psychological foundations, speech disorders, individual approach, severe speech defects, pedagogical correction.

**INTRODUCTION**

In our society, within the framework of inclusive education, great attention is paid to the issue of organizing and optimizing the education of children with special needs. Among children who need special education, children with speech disorders make up the majority. Because speech disorders often arise as a result of the influence of other disorders, that is, they appear in children with complex disabilities. Examples of this are dysarthria, rhinolalia, alalia, aphasia. Unfortunately, the number of such children is increasing day by day. Children with such disabilities are given individual lessons by qualified specialists and speech therapists. Speech disorders lead to long-term negative complications, uncomfortable conditions, and economic and social costs.

**MAIN PART**

In children with speech defects, the causes of this defect, methods of its elimination, the use of various pedagogical methods that develop speech, methods of reducing and eliminating speech defects have been studied by many specialists and psychopedagogues in scientific research. As an example, we can cite M.Y. Ayupova, E.F. Sabotov, V.S. Rakhmonova.

In particular, according to M.Y. Ayupova, "Severe speech disorders can affect mental development, especially the formation of higher levels of cognitive activity. Speech disorders, limited speech problems can have a negative impact on the formation of a child's personality, cause non-existent mental disorders, specific features of the emotional-volitional sphere, and pave the way for the development of negative qualities in his character." [1] Indeed, one defect causes another defect, and dysarthria is one of such defects.

Dysarthria is a speech disorder caused by an organic lesion of the innervation of the speech apparatus. This term is derived from the Greek words dys - part, arthon - connection. In dysarthria, the articulation of speech sounds is difficult due to the reduced mobility of the speech organs, including the soft palate, tongue, lips, and is accompanied by voice and breathing disorders, as well as changes in the pace, rhythm, and expressiveness of speech. Dysarthria can be caused by lesions in various parts of the brain. For example, it can be observed in the left and right hemispheres of the cerebral cortex, in the seven-

ovoid system, in the ganglion cell body, in the diencephalon, in the four pons, in the pons, in the medulla oblongata, and in the spinal cord.

According to E.F. Sabotovich, "Most often, speech disorders are systemic in nature, affecting the phonetic, phonemic, lexical, grammatical and syntactic aspects of speech. Systemic disorders of speech activity are observed in various speech pathologies; alalia, dysarthria, anarthria, general underdevelopment of speech, delayed speech development, etc." [2]

Most experts, following the principle of taking into account the focus of injury when classifying dysarthria, have divided dysarthria into the following types: bulbar, pseudobulbar, cortical dysarthria, subcortical and cerebellar dysarthria.

Bulbar dysarthria - hard sounds are impaired relatively less often and later. In cases of damage to the supralingual muscles, the pronunciation, articulation and articulation of soft sounds and the middle pronunciation of the tongue are impaired first of all. The more diffuse and the deeper the degree of impairment of the paralysis of the muscles of the speech apparatus, the more grossly the speech sounds are impaired. In severe cases of bulbar dysarthria, the ability to pronounce even the simplest nasal sounds is impaired.

According to psychological and pedagogical data, speech development has different levels of complexity. It should be noted that in all clinical forms, speech development is abnormal and can be classified as the first level. According to these ideas of R.E. Levina, it can be concluded that there are different levels and manifestations of speech development, and each of them differs from each other in symptoms. [3]

V.S. Rakhmonava states that "A speech therapist should take into account the psychological abilities of children. The ability to convince children of their own strength, to arouse their enthusiasm for classes, to fully engage their attention during the presentation of the material, to remember the material, and to use methods [such as the use of visual aids, independent work, conversation, grammatical games] further increases the effectiveness of teaching. The content of human perception is formed through thought, speech. [4] From this opinion of the scientist, it can be concluded that the child's self-confidence, his interests, attention and thinking ability are developed with speech therapy classes and exercises.

Dysarthria is a violation of articulation motor skills, which is caused by limited mobility of the articulation muscles, and this condition is aggravated by increased muscle tone, involuntary movements and discoordination disorders. As a result of insufficient mobility of the articulation muscles, defects in the pronunciation of sounds occur. As a result of damage to the lip muscles, defects are observed in the pronunciation of both vowels and consonants. In particular, violations are observed in the pronunciation of the labial consonants b, p, m, sounds. Limited mobility of the lips leads to a violation of the entire articulation. [5]

The system of speech therapy to eliminate dysarthria is carried out in a comprehensive manner, that is, massage and gymnastic exercises of the articulatory apparatus, work on voice and breathing, general treatment, therapeutic physical education, physiotherapy and drug treatment are carried out. The main attention is paid to the state of speech development in the child, the lexical-grammatical side of speech and the characteristics of the communicative function of speech. In school-age children, the state of written speech is also taken into account. Regular classes conducted over a long period of time gradually normalize the motor skills of the articulatory apparatus, develop articulatory movements and

contribute to the full development of phonemic hearing. The methods of speech therapy with dysarthric children are as follows.

1. Teaching the correct pronunciation of sounds, that is, developing articulatory motor skills, speech breathing and putting and strengthening sounds in speech.
2. Developing phonemic perception, forming sound analysis skills.
3. Elimination of deficiencies in the rhythm, melodiousness and expressiveness of speech.
4. Correction of the general underdevelopment of speech that has arisen.

In conclusion, individual work with children with speech disorders is a complex, but extremely necessary pedagogical and psychological process. In such work, it is important to take into account the age, psychological and individual characteristics of each child, and to approach him with kindness. Properly organized individual classes, along with correcting the child's speech, also develop his thinking, memory, communication and self-confidence. Thus, individual work carried out on pedagogical and psychological grounds creates a solid foundation for the formation of children with severe speech disorders as full-fledged individuals in society, their social and emotional adaptation.

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