



THE VALUE OF LOGARITHMICS IN WORKING WITH CHILDREN WITH PHONETIC AND PHONEMIC SPEECH DEFICITS

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Annotation

This article reflects the role and importance of logarithmics in working with children with phonetic and phonemic speech insufficiency, as well as the diagnosis and speech characteristics of children with phonetic and phonemic speech insufficiency.

Keywords : phonetic-phonemic speech defect, logarithmic, diagnostics, various speech disorders, underdevelopment, sound, speech, articulation, visual-visual, tactile-muscular, visual-auditory.

Phonetic and phonemic underdevelopment of children's speech is a violation of the processes of speech formation in combination with various speech disorders. The cause of underdevelopment is a defect in listening and repeating phonemes.

Usually, by the age of six, children have fully formed the correct motor skills of speech. That is: the child pronounces all sounds correctly; can distinguish sounds similar in sound; have developed phonetics; has a wide vocabulary. However, not all first-graders enter school with a full-fledged speech. If the pronunciation of any sound is violated, the child is diagnosed with underdevelopment of phonetic speech .

It is very important to develop phonemic hearing in children during corrective work, which allows them to better perceive word endings, suffixes, prefixes and complex syllables by ear. This is an important stage, since the formation of phonemic perception allows the formation of sound analysis.

Sound analysis is the mental division of sounds, words, and syllables into separate phonemes. The author R.E. Levina says that it is precisely incorrect phonemic perception and sound analysis that prevent children from pronouncing and perceiving different phonemes.

Underdevelopment of speech from the phonetic-phonemic side is a violation of the formation of the system of sound pronunciation of the native language in children as a result of shortcomings in the process of pronunciation and perception of sounds.

If the articulate interpretation of sound is violated, its perception also deteriorates. It is phonemic perception that plays an important role in the formation of the sound side of speech. Children with defects in pronunciation and repetition of phonemes are distinguished by subtle acoustic-articulatory symptoms.

In phonetic-phonemic speech, patients often observe the dependence of phonemic perception on the number of defective sounds. This means that the more sounds are not formed in the child's speech, the lower his phonemic perception. It should be noted that pronunciation and perception of sound do not



always coincide. For example, a patient pronounces only a few sounds with a defect, and the rest are correct, but at the same time he cannot distinguish these sounds by ear.

Children whose phonetic-phonemic speech is not developed has the following features:

In the speech of the child, the desired sound is lost or one sound is replaced by another. For example, instead of voiced sounds, the child uses deaf sounds; instead of whistling - hissing, etc. Articulation is formed in a child with confusion of sounds. Difficulties in distinguishing sounds make it difficult for children to read and write correctly.

In speech, direct sounds are replaced by diffuse articulation. Instead of repeating a pair of articulatory close phonemes, a moderately slurred sound is pronounced. Phonetic-phonemic disorders - inconsistent repetition of sounds. The child correctly names individual sounds, but makes mistakes in speech. Also, half of the sounds can be distorted in speech, and the other half can be replaced with similar ones.

Incorrect pronunciation of one or more sounds. The patient can speak flawlessly or pronounce 2-3 sounds incorrectly, but at the same time it is difficult to perceive and distinguish sounds by ear.

Logarithmic is of great importance when conducting speech therapy classes with children with phonetic-phonemic insufficiency of speech. Speech therapy rhythm is one of the unique forms of active therapy. The original concept of speech therapy rhythms is based on the combination of words, music and movement. The interaction of these components may be different with the dominance of one of them or the ratio between them. The second concept of logopedic rhythm necessitates the inclusion in its desirable rehabilitation method of teaching, teaching and treating people with various developmental anomalies and speech disorders. Rhythm, as a concept that includes many things, differs in only one, unclear feature: it is a temporal or spatial order of objects, phenomena, processes. Psychologist B. M. T. Eplov believes that rhythm is the organization of a certain process in time. Rhythm implies some division of the time series of one or another group, following each other, as a necessary condition. E. Kilinska- Evertowska characterizes logarithmics in a broad sense as a system of musical and expressive exercises for the needs of corrective speech therapy. Logarithmics, despite its organizational system, is only an addition to the system of speech therapy training, since logarithmic exercises are always subordinate to the goals of speech therapy training. A. Roz considers enthal-logarithmic as a new method of speech correction based on the harmony of musical rhythm with the help of words. Logarithmic exercises by character (exercises for morning breathing and voice exercises, relaxation exercises, singing vowels and short songs, exercises for the harmony of movement and rhythm of speech, etc.) according to a given health and fitness complex for children and adults. Under the influence of regular logarithmic exercises in the body, a positive restructuring of various systems and psychomotor activity occurs, for example, cardiovascular, respiratory, motor, speech, sensory, etc. I. V. Pavlov argued that pedagogy (i.e. speech therapy rhythm) should be considered as the basic physiological rule of gradual education and training.

Visual, oral and practical methods are widely used in remedial education and teaching in logarithmic classes. Visual methods provide clarity of sensory perception and motor sensation. Each method has a whole set of different methods that combine the generality of the problem and a single approach to its



solution. In the process of teaching active movements, methodological techniques are selected taking into account the level of assimilation of active material, the general development of children and adults, their physical condition, age and typological characteristics.

Thus, in the training of movement, different methods are used:

a) visualization - the teacher shows an example of an action or an element of action in relation to it, imitation of life examples around, visual landmarks (films, photographs, TV shows, paintings, etc. landmark);

b) tactile-muscular - the introduction of motor activity to various applications. For example, when walking on the road, an obstacle is placed to raise the leg high. The "don't hit the barrier" instruction is based on the patient's own musculoskeletal contractions when they make a mistake in their mind. If he stumbles upon an obstacle, the patient himself will determine that his actions are wrong. Tactile-muscular accuracy also comes to the surface with the direct assistance of the teacher, who determines the height in the corresponding parts of the body, for example, the teacher corrects the height with the touch of a hand;

c) clairaudience - control of movement through sounds. Instrumental music or singing has the best hearing accuracy. Folk songs, two- to four-line poems, mugs, bells, etc. to guide movement.

Verbal methods affect the trainee's mind, help to think over the task and consciously perform motor exercises. Exercises are carried out in full accordance with the stages and tasks of speech therapy. A large number of them are included in the exercises carried out at the beginning of the correction course. Breathing exercises help develop diaphragmatic breathing, exhalation duration, strength and consistency. Arms (up-down, up-sides, up-to the waist, up-to the head, etc.), body (right-left, forward bend, circular rotations), head (shoulder, chest, circular rotations)) can be combined with actions. For example, standing on tiptoe and raising your hands up - inhale, dropping on your heels, putting your hands on your waist - exhale. Turn the torso to the right, arms at shoulder level, also to the right - inhale, return to the starting position: body - straight, arms lowered - exhale. Raising the head high - inhale, slowly lowering it to the chest - exhale. Voice work begins with the pronunciation of consonants and vowels. Exercises are conducted with and without musical accompaniment. Performing rhythmic exercises based on a positive narrative impact contributes to the education of correct speech, the acceleration of children's activity in communication, games and motor improvisations. Therefore, the value of logarithmics in working with children with phonetic and phonemic speech insufficiency is incomparable. The use of the logarithmic environment in all possible combinations proceeds from the ultimate goal of the social rehabilitation of children with speech disorders.

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