



## Speech Development of Preschool Children Who Stutter as A Pedagogical Problem

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**Abstract:** This article discusses the problem of stuttering in preschool children. The author considers this problem as an aspect that slows down the process of the overall development of the child's personality and his social adaptation. Describes the causes of stuttering in children and effective methods for eliminating it.

**Key words:** preschool age, stuttering, problem, speech formation, approach, social adaptation.

## Развитие Речи Заикающихся Детей Дошкольного Возраста Как Педагогическая Проблема

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**Аннотация:** В данной статье рассматривается проблема заикания у детей дошкольного возраста. Автор рассматривает данную проблему, как аспект, замедляющий процесс общего развития личности ребёнка и его



социальной адаптации. Описывает причины возникновения заикания у детей и эффективные методы его устранения.

*Ключевые слова:* дошкольный возраст, заикание, проблема, формирование речи, подход, социальная адаптация.

Currently, stuttering is one of the most pressing problems in speech therapy. It is recognized throughout the world that stuttering is a complex problem in both theoretical and practical aspects. Since 1994, International symposiums dedicated exclusively to the problem of stuttering have been regularly held. These scientific congresses bring together more than a thousand scientists from countries around the world. The enormous interest of scientists in the problem of stuttering indicates its relevance.

Stuttering occurs in children of early preschool age during the period of the most active formation of their speech and personality as a whole, and in the future it hinders the development of a large number of qualities of the child and complicates the formation of his social adaptation. Since stuttering is closely related to the developing personality, it should be considered in the structure of the characteristics of the individual and his activities.

It occurs during a period of intensive speech development, most often at the age of 2-5 years, when the child begins to speak in phrases. Moreover, stuttering occurs 4 times more often in boys than in girls. If even a slight stuttering appears, which after some time goes away on its own, subsequent relapses are possible, especially pronounced during critical periods of development (at 6-7 years and puberty). Stuttering is a violation of the rhythm, tempo and fluency of speech associated with spasms of the muscles involved in the speech act. Stuttering is one of the most common childhood disorders.

Despite the centuries-long history of its study, to this day the problem of stuttering continues to remain one of the most difficult. Stuttering is a pathology of the central nervous system that causes disruption of the smooth flow of speech, free easy speech breathing, and spasms of the muscles of the larynx of the speech apparatus. But the main obstacle to the development of a child's personality when stuttering is a violation of the ability to communicate with people, a change in his character, a feeling of almost constant fear of speech, and a desire to escape from speech contacts. Gradually, children develop a unique attitude towards their speech and this defect. They acutely feel a speech deficiency, especially due to adverse environmental influences. This behavior of



a person reduces his opportunity to demonstrate his abilities and this begins to influence the nature of children's sociability and their development in general. Psycholinguistic studies of children who stutter are reflected mainly in oral contextual speech. This is explained by the fact that convulsive speech hesitations are most pronounced in their monologue statements, compared to other types of oral speech. Monologue speech occupies a large place in the practice of communication, manifesting itself in a wide variety of forms.

A common and characteristic feature of monologue speech is the consistent, coherent, purposeful presentation of thoughts by one person. Thanks to internal speech planning, a monologue is characterized as a coherent, logically and syntactically connected organized structure. This occurs due to an adequate set of lexical expressions, syntactic structures and grammatically correct construction of statements in the form of sentences, which constitutes the speaker's intention. Research in recent years shows that the speaker's intention is reflected not only in the choice of appropriate lexical-grammatical and syntactic structures, but it is a fundamental factor in intonation division. Intonation division is closely related to the rhythm of the motor implementation of the utterance.

Among children who stutter, there are different levels of their speech development, both high and low. For example, in children with a neurotic form of stuttering, a certain discrepancy is found between the level of development of linguistic means and the ability to use them in different communication situations. It is assumed that the mechanism of difficulties in using adequate vocabulary by children with a neurotic form of stuttering is associated with the fact that their speech activity always occurs against the background of a special emotional state.

With a neurosis-like form of stuttering, programming a coherent message and creating a semantic program using language are equally difficult. Children in this group cannot fully and consistently convey the semantic program of the text. There are limitations in the volume of vocabulary, and children find it difficult to actively use it in independent coherent statements. The sentences are structurally incomplete, and the way the sentences are connected with each other is of the same type. In addition to these indicators, with a neurosis-like



form of stuttering, there are disturbances in the phonemic perception of the sound-pronunciation side of speech.

Both with the neurotic form and with the neurosis-like form of stuttering, children do not notice and do not correct their mistakes, which indicates a decrease in control over the semantic side of the statement. At school age, among those who stutter there are also children with high and low levels of speech development. However, in general, among stuttering schoolchildren with both neurotic and neurosis-like forms of speech pathology, the vocabulary of oral statements is characterized by poverty, inaccuracy of lexical meanings, and repetition of the same words and expressions. There is a lack of logical stress and intonation inexpressiveness of speech. However, with the neurotic form of stuttering in children, the semantic organization of contextual speech does not suffer. These children master the school curriculum quite well, being successful in all subjects. With a neurosis-like form of stuttering, phenomena of speech underdevelopment, expressed to varying degrees, are observed. These students, as a rule, have difficulty mastering the general education curriculum. In addition to the peculiarities of the content side of the utterance, people who stutter have a unique pausing process. Firstly, both children and adults showed a significantly smaller number of pauses in speech compared to the norm. Secondly, the localization of pauses in people who stutter is different. Most of their pauses are located inside words. On the contrary, there are often no pauses between words and even at the boundaries of semantically complete phrases, i.e. there is a pronounced deficiency of pauses necessary for the normal speech process. It is these pauses that are often interrupted by non-phonological vocal formations, false starts and repetitions. The main symptom of stuttering is muscle spasms of the speech apparatus in the form of involuntary muscle contractions during speech or when trying to start speaking. There are tonic and clonic muscle spasms of the speech apparatus. Tonic speech cramps are characterized by a sharp increase in muscle tone in several groups, which is acoustically manifested by a long pause in speech or prolonged vocalization. Clonic speech convulsions are manifested by repeated rhythmic contractions of the muscles of the speech apparatus, which is accompanied by the repetition of individual sounds, syllables or words. Clonic and tonic speech convulsions can be observed in the same person who stutters and manifest themselves in all parts of the speech apparatus: respiratory, vocal and articulatory. In the clinical



picture of stuttering, especially when the speech defect is chronic, mixed convulsions are more common: respiratory-articulatory, respiratory-vocal, articulatory-vocal, etc.

The formation of a modern integrated approach to the correction of stuttering was preceded by the development of various methods and ways to overcome this disease. Despite the centuries-long history of studying and treating speech disorders, stuttering is one of the diseases whose mechanisms have not yet been fully studied and explained. It should be noted that the mechanisms of stuttering are heterogeneous.

At present, there is no doubt about the advisability of a differentiated and individual approach to stutterers of different age categories, taking into account the complex structure and etiopathogenesis of speech disorders. Most researchers and practitioners working on this problem are still of the opinion that it is necessary to comprehensively study and treat this speech disorder, and to select certain methods of complex therapy. In these conditions, there is a need to search for common conceptual foundations for the interaction of specialists and coordinate their activities. The speech aspect of speech therapy classes for speech correction includes the regulation and coordination of respiratory, vocal and articulatory functions, and the formation of correct pronunciation skills. A leisurely pace of speech is cultivated and, as a result, all speech components are normalized, including breathing. Breathing is practiced during speech: by pronouncing, on one exhalation, first short sentences, then sentences with a gradual increase in the number of words. The ability to pronounce a long phrase in parts with a logical pause, marked or not marked with a punctuation mark, is developed. Then they move on to reading poetic and prose texts. Next, the soft, smooth, continuous sound of the voice is practiced on combinations of vowel sounds, then on syllabic combinations of sonorant sounds with vowels, in sentences, and so on.

Thus, it is necessary to carry out consultative and methodological work with parents and teachers aimed at providing favorable conditions for influencing a stuttering child; creating the right attitude towards him at home and in a child care institution; organization of his necessary independent activities outside of speech therapy classes.

Impaired speech breathing is one of the constant signs of stuttering. The physiological capabilities of the respiratory apparatus in this pathology are very low, breathing is shallow, the volume of air entering the lungs is less than



normal. Speech breathing has its own characteristics: there is no rapid and sufficient volume of speech inhalation, exhalation is used irrationally, voice guidance is impaired. Almost all complex systems of speech therapy work with children with stuttering problems include the development of speech breathing. The experimental study we conducted made it possible to objectively assess the functional capabilities of the respiratory system of stuttering preschoolers and has prospects for development in terms of further study of the characteristics of speech breathing in children, the mechanisms of its impairment and correction.

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