



## **CORRECTION-PEDAGOGICAL METHODS OF SPEECH DEVELOPMENT OF MOTOR ALALIC CHILDREN**

Akramova Khafiza Samadovna

Doctor of PhD in Pedagogical Sciences Jizzakh State Pedagogical Institute  
(ORCID 0000-0002-4629-3510) samadovna2019@gmail.com

Begimova Iroda Askarjon kizi

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### **Annotation**

Alalia is the continuous development of the cerebral cortex as a result of organic trauma of the speech circle until the formation of speech in the mother's womb or at the initial stage of development of the child. Motor alalia this is considered as a result of organic disturbances in the central harakter, an unhealthy neurological appearance leads to a serious lag behind in the development of speech. Supporters of this concession explain the lack of verbal doubt with motor failure.

**Keywords:** conseption, unhealthy neurological appearance speech development, Motor alalia, central harakter, Correctional educational work, Afferent alalia, speech disorders, kinesthetic apraxia

### **Introduction**

The work carried out in our country is a embodiment of the well-being of our cities, villages. Also, special attention is paid to the changes in the field of education, especially the upbringing of the younger generation as an excellent, mature person in all respects.

In every system of education, that is, in the system of preschool education, the great changes in the areas of general education and the next stage of education are aimed at providing the younger generation with mature, potential personnel to our country with a worthy place in our society in the future.

Therefore, one of the main tasks of each educational system should be associated with the creation of optimal conditions for the formation and development of a person on the basis of national and universal values, achievements of Science and practice. And this requires the creation of a qualitatively new system of National Education and training of the growing generation, which should include the technical and informational provision of education in accordance with the world requirements, as





well as the priority of native language and cultural values, ensuring the satisfaction of ethnic cultural needs of both the individual and society as a whole.

During such a defect, the child is completely separated from the means of communication by language: speech is independent and is not formed without the help of logoped. Alalia children belong to different groups of pedagogical gist, these groups differ from each other depending on the degree of defect and the effectiveness of corrective actions. Diagnosis of Motor alalia is complex, in most cases an approximate diagnosis is made. Motor is the actual problem of the theory and practice of Logopedics-the further study of all children and the creation of a holistic, whole system of Correctional educational work with them.

Many authors associate alalia with kinetic or kinetic apraxia and distinguish its efferent and afferent forms. Afferent alalia mechanism of speech disorders are related to kinesthetic apraxia, while efferent alaliyada-is related to kinetic apraxia. (according to analogs of aphasia) aphasia can be explained by various violations of articulation pronunciation of sounds, violations of the sound – syllable structure of the word. However, speech disorders in the leader position are not only the result of engine failure.

Also, motor failure is observed only in half of all children. According to psychological conceptions, motor allaliya mexanizmini is the interaction of mental processes of thought, memory, as well as some stages of speech activity.

It is based on the interpretation of allalia, mainly as language disorders. There is also a violation of internal programming, when the motor alaliyada is in harmony with the formation of speech movements, word combinations, the formation of word choice in the composition of phrases and texts.

Motor alalia is a complex syndrome that consists of a set of speech and non-speech signs. In the composition of the motor alaliyada speech defect, speech disorders occupy a leading place.

Motor alalia speech disorders are in the systemic character, typical for all its components: phonetic-phonematic and lexical-grammatical. In terms of the predominant symptoms, children can be divided into the predominant group of phonetics-phonematic development genicity (they are deficient) and the predominant groups of lexical-grammatical development lanmagenicity. According to estimates, the first group-the dominant hemisphere-is based on the initial injuries of the lower limbs in the central motor areas. It is here that the group of muscles, tendons, arising in the execution of articulatory movements or in the general musculature (in the performance of other movements), tendons are based on the injury of the anterior sections of the motor area of the cerebral cortex.





In alalia speech can not be a means of full communication and a means of individual development. In alalia systematic development of all aspects and functions of speech is observed. It is difficult to formulate phrases and to master the construction of syntactic structures defined.

It is observed that imitation activity is sufficiently developed, all forms of voluntary speech are incomplete. Due to the inadequacy of all operations in the process of making a statement, scientists have shown that the system of transmission and return Communications is violated in the context of speech activity, as well as a violation of internal programming and a violation of external implementation of the statement are also emphasized.

In connected speech, children face certain difficulties in connecting words, it is established that the formation of a context is a form of reading. Speech is distorted, incomprehensible, lack of time and cause-and-effect relationships.

Children with alalia suffer from contexts of connected independent speech, even when they have sufficiently mastered the dialogical form of communication. In relation to the dialogical form of speech, monological speech is an initiative that requires a certain level of mental activity, which is important for the correct choice of language tools and thoughts from the child.

In order to master connected speech, the inner speech of the child is sufficiently developed, the choice of words requires identifying them in a certain system, drawing up a plan of speech communication.

Contextual speech requires the child to develop not only internal, but also external speech (the formation of a statement begins with motivation, and then is strengthened by thought as a reserve of motivational activity, an external statement is made through internal speech).

The obvious differences in the manifestations of speech development are seen by some authors as the degree of different manifestations of exactly the same distortion. They differentiate alalia by their level of speech development, and the child goes through a number of stages in the process of his development, and for each of these, they consider that the picture of his disorder is characteristic. Among the common defects for the Motor alalia are the appearance of a characteristic for its specific forms. The same shortcomings make up the core of the distortion, and these can not always be identified in the early stages of speech development, since they are masked by additional defects. In alalia at all stages of speech development, there are shortcomings in the development of all aspects of speech.





The main sign of Motor alalia is associated with the injury of the upper left half circle of the head brain, which is the result of the work of a speech-hearing analyzer, which is a deficiency in speech perception.

This leads to the analysis and structural distortion of speech pathogens, the formation of a link between the predicate and the vowel image. The child hears a self-directed speech, but does not understand. Excitation, which occurs under the influence of a slang word, does not spread to other analyzers due to the development of brain tissue and does not provoke a complex dynamic structure associated with the whole word. Heavy analytical-synthetic disturbances of the activity of the root of the speech auditory analyzer (Geshel ring), which carry out the Motor alalia primary speech sound analysis, are observed. In such children, phonetic perception does not form, phonemes do not differ and the word holistic perception is not heard, acoustic, Gnostic processes do not develop, and the ability to perceive speech sounds is reduced. Motor alalia motor is less studied than alalia. This situation is associated with very little study of motor allele in practice in a certain sense.

About the appearance of Motor alalia as an independent speech disorder, even now some authors can not give an unambiguous opinion. In the event that the speech lacks understanding or is absent, the question arises, first of all, about the state of the person's hearing. According to special scientists, conducted in several in many cases there is an inconspicuous decrease in tonal (physical) hearing in children with motor alalia, but it is not so serious as to brake the development of speech comprehension. According to N.N. Traugot, certain children 6 m. at a distance (this is the memory level of perception of speech at an average height in normal hearing) they understand the speech directed at them, but do not understand the meaning of what they hear, these children do not observe signs of mental retardation.

In the organization of role-playing, their possibilities in the organization of games are limited, often it is observed together with the non-coherent speech of the undifferentiated voweleks and the non-coherent speech of the improperly applied word and word combinations.

Children can not listen for a long time when any topic is told or read in a narrative. As a result of the fact that they do not understand the content of what they hear, children lose interest and do not hear the statement. New words are slowly mastered by the child. Speech is not critical, behavior acts irregularly, impulsive. Less than three without motor alalia net.

In practice, a more pronounced speech defect is observed in children who do not develop motor-acoustic speech in the composition, secondary defect. For example, in dislalia, rinolalia and disarthria, violations in the pronunciation of sounds are a





primary defect, and a result of the primary defect, there is a decrease in speech comprehension, acoustic attention, perception in Express speech. This is due to the work: the motor interferes with the normal occurrence of the desired level of speech differentials. I.P. Pavlov believes that these are the basal component of the second signal system (speech), because they provide for the transfer of all incomprehensible actions to the account of those who are perceived. This leads to the development of a dynamic articulatory stereotype, the development of correct speech skills.

In conclusion, we can say that the main sign of Motor alalia is associated with the injury of the upper left half circle of the head brain, which is the result of the work of a speech-hearing Analyzer, is the shortcomings in speech perception. This leads to the analysis and structural distortion of speech pathogens, the formation of a link between the predicate and the vowel image. The child hears a self-directed speech, but does not understand. Excitation, which occurs under the influence of a slang word, does not spread to other analyzers due to the development of brain tissue and does not provoke a complex dynamic structure associated with the whole word. Heavy analytical-synthetic disturbances of the activity of the root of the speech hearing analyzer (Geshel ring), which increases the Motor alalia primary speech sound analysis to observed.

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