

PSYCHOLOGICAL AND PEDAGOGICAL CAUSES OF SPEECH DEFECTS

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Annotation

This article analyzes the role of psychological and pedagogical factors in the development of speech defects in children on a scientific basis. The study highlights how emotional-volitional disorders, mental trauma, incorrect upbringing methods, and the lack of a communicative environment affect speech development. It also shows ways to prevent such problems through speech therapy and pedagogical approaches.

Keywords

speech defect, psychological cause, pedagogical factor, emotional development, communicative environment, speech therapy approach.

Speech is the main tool of human social life and thinking. The formation, socialization and cognitive development of a child's personality cannot be fully realized without speech activity. Therefore, speech defects are not only a violation of the elements of the language system, but also a complex process that affects the general psychological state of the individual and the processes of social adaptation.

In recent years, the sciences of psychology and speech therapy have emphasized the need for a comprehensive study of the psychological and pedagogical causes of speech disorders. Because speech defects are inextricably linked not only with physiological or anatomical deficiencies, but also with factors in the child's psyche, family upbringing, communication environment and educational process.

The development of speech is a complex, multi-stage process of the human psyche. Its formation is closely related not only to physiological factors, but also to the emotional, volitional, motivational and social experience of the individual. Therefore, psychological factors are among the most important reasons that directly affect the quality, dynamics and speed of development of speech activity.

For the normal formation of a child's speech, he needs to feel safe, free, and emotionally supported in an environment. Any psychological discomfort, stress, or

emotional instability slows down the speech process, and in some cases leads to its disruption.

Speech disorders in young children that occur as a result of a strong psychological shock or stress often manifest themselves in the form of psychogenic stuttering (logoneurosis) or affective mutism (stopping to speak). Such conditions are usually associated with strong emotional situations experienced by the child, such as fear, domestic violence, sudden life changes, or the loss of a loved one. In such a situation, the child avoids expressing his feelings through words, hides his inner experiences. As a result, oral speech activity decreases, he stops during speech, and articulatory spasms are observed.

Another psychological cause of speech disorders in children is social anxiety and self-doubt. Constant criticism, ridicule, and interruptions by parents or teachers cause the child to be afraid to express his or her thoughts freely. Such children often experience inconsistency, lowering of voice, pauses, and “stopping” during communication. They often create a psychological barrier of “I can’t speak correctly.” The child resorts to speech only when necessary. If he or she does not have enough conversation, emotional contact, and play-based communication in the family or environment, speech activity slows down. In this case, the child does not feel an internal need to expand his or her vocabulary and master new expressions. This leads to conditions such as lagging lexical and grammatical development, monotony of speech, and intonation deficiency.

The speech process is a complex psychomotor activity. Attention, memory, perception, thinking, and motor skills are closely interconnected. If a child lags behind in psychomotor development, he will have difficulty coordinating speech movements. For example, confusion occurs in the process of distinguishing sounds, pronouncing, or syntactically correctly constructing a sentence. This creates the basis for disorders such as dyslalia, dysarthria, or oligophasic speech.

Some children have a low need for social communication. They avoid establishing contact with others, have weak emotional expression, and do not make eye contact. Such conditions are characteristic of autistic spectrum disorders, in which the child does not acquire enough communication experience necessary for the natural development of speech. As a result, speech is characterized by such symptoms as mechanical repetition (echolalia), monotony, incorrect sentence construction, and violation of semantic logic.

The speech process is not only a cognitive activity, but also an emotional management activity. If a child does not learn to control his state and excitement, he experiences internal tension, excitement, stuttering during speech. Such children

are characterized by high excitability of the nervous system, rapid fatigue of attention, and impaired speech coordination.

An unhealthy psychological environment in the family - constant quarrels, inattention, emotional coldness, or excessive harshness - creates a state of constant stress in the child's psyche. In such an environment, the child feels that he is not being listened to, preferring inner silence instead of communication through speech. This slows down the pace of speech development or causes regressive states.

In eliminating psychological causes, psychocorrectional assistance, along with speech therapy, is of great importance. In this case, methods such as:

- emotional support,
- psychological relaxation exercises,
- creating a positive communication environment,
- allowing the child to freely express his thoughts give effective results.

Through the cooperation of a speech therapist and a psychologist, along with the restoration of the child's speech, it is achieved to strengthen his emotional state and self-confidence.

The system of early prevention of speech disorders requires psychological and pedagogical cooperation in the formation of children's speech, ensuring mental stability and developing communicative competence. In the development of speech disorders, not only biological and neurological factors, but also the educational environment, the quality of communication and the level of emotional support are of decisive importance. Therefore, a comprehensive psychological and pedagogical approach to the prevention process is necessary.

Early diagnosis and development monitoring

Early detection of speech defects is the basis of preventive work. In cooperation with a psychologist and a speech therapist, step-by-step monitoring of speech development in children is carried out. This includes assessing the development of hearing, attention, memory, articulation, vocabulary, and grammatical structure.

Early diagnosis identifies even the smallest deviations in a child's speech and creates an individual development program for them. In this way, secondary speech disorders (for example, stuttering, dyslalia, dysarthria) are prevented.

Creating an emotionally comfortable environment

A child's speech activity develops, first of all, in a psychological environment where he feels safe and comfortable. This factor is of particular importance in the pedagogical approach. The educator, teacher, and parents should listen to every word of the child and give him positive encouragement. Emotional positivity,

kindness, appreciation of the child's personality, support for feelings expressed through action and speech are the main principles of the psychological and pedagogical approach. In such an environment, the child can freely express his thoughts, which accelerates the development of speech.

Communication-oriented game pedagogy

Game activity is the most natural pedagogical tool in the development of speech. During the game, the child enters into verbal communication, uses words and phrases in practical situations. Therefore, the use of communicative games, role-playing scenes, dramatization, riddles and national games in speech therapy classes is highly effective. For example, game tasks such as "Who am I?", "What did you hear?", "Continue talking" encourage the child to speak, strengthen lexical and grammatical skills.

Pedagogical differential approach

Since each child has a different level of speech development, psychophysiological characteristics, and learning activity, the pedagogical approach should be individual and differentiated. The speech therapist and educator identify the weak points of children's speech and select special exercises in this direction.

In this process, the use of visual materials, adherence to the principle of multichannel (hearing, vision, movement), and step-by-step teaching methods ensure high efficiency.

Psychological and pedagogical cooperation with parents

The role of the family environment in preventing speech defects is invaluable. Parents' communication with the child, playing style, emotional attitude - all this directly affects the development of speech. Therefore, speech therapists and psychologists should organize pedagogical trainings, conversations, and consultations for parents.

It is important to teach parents the following:

- to patiently answer the child's questions;
- to encourage him to speak, to allow him to finish his thoughts;
- to limit the influence of television or gadgets and to increase real communication;
- to read together, recite poems, and compose stories based on pictures to increase vocabulary.

Introducing a speech therapy prevention system in preschool education

The preschool age is the most important stage of speech formation. During this period, speech therapy prevention programs should be introduced. Articulatory gymnastics, sound differentiation exercises, breathing exercises, and

games for the development of phonemic hearing are regularly held in such programs.

By monitoring speech development and maintaining an individual map of each child, teachers can take prompt action if the first signs of speech disorders are detected.

Integrative (psychologist-speech therapist-pedagogue) approach

Prevention of speech disorders is not limited to the activities of a speech therapist. This requires coordinated cooperation between a psychologist, a teacher, a defectologist, and parents. The psychologist monitors the child's emotional state, motivation and level of social adaptation; the speech therapist organizes practical exercises to correct speech; the teacher reinforces these approaches in the educational process. Such a systematic approach ensures harmony between speech and mental development, giving a comprehensive result in the prevention of speech defects.

Integration of modern technologies

In recent years, multimedia speech therapy games, diagnostic programs based on artificial intelligence, interactive screens and robot trainers have been widely introduced in speech prevention. These technologies attract children's attention, make classes interesting and increase motivation for communication. Especially in special educational institutions, these technological approaches increase the effectiveness of early prevention.

Psychological and pedagogical approaches to the prevention of speech defects are a complex system that views the personal, emotional and cognitive development of children as a whole process. It includes diagnostic, preventive and developmental work. As a result of pedagogical support, the creation of an emotionally positive environment, cooperation with the family, as well as the use of modern technologies, healthy speech development, social activity and communicative independence are formed in children.

Conclusion. Thus, speech defects are inextricably linked with many psychological and pedagogical factors. Mental stress, lack of communication, poor upbringing and poor educational environment hinder the natural development of a child's speech. Therefore, the integrated cooperation of a psychologist, speech therapist and pedagogue is of crucial importance in eliminating speech defects. Supporting a child's speech development ensures not only a culture of speech, but also the full psychological maturity of the individual.

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