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Cases of Speech Disorders and Deformations

Bobokalonov Polotshoh Ramazonovich
Doctor of Philosophy (PhD) in Philology, Doctoral Student at the Asian International University

Abstract: This study examines the relationship between speech disorders, speech deformations, and communicative intention within a neuropsycholinguistic framework. While there is extensive research on speech impairments, little is known about how communicative intention relates to the perception of emotional intensity. Using a mixed-method approach that combines linguistic analysis with speech therapy case studies, this research explores how speech disorders disrupt effective communication and emotional expression. The findings suggest that speech impairments hinder the proper encoding of intentions, leading to misinterpretations and challenges in social interactions. These results highlight the importance of an interdisciplinary approach to speech therapy, integrating linguistic, psychological, and neurological perspectives to enhance speech rehabilitation programs and support better social integration for individuals with speech disorders.

Keywords: intention, speech disorder, speech deformation, perception of emotional intensity, speaker, listener, communication.

Introduction

Beautiful pronunciation and fluency of speech add beauty to a person's appearance. However, the most damaging and damaging factor for this appearance is speech disorders [1]. According to global neuropsycholinguistic statistics, the number of speech disorders is increasing. Speech correction is a responsible and large-scale correctional and educational work, and the prevention of speech pathologies requires a complex pedagogical process and the necessary result. For the normal formation of speech, it is assumed that the cerebral cortex has reached a certain maturity, the formation of the articulatory apparatus and the preservation of hearing. The cerebral cortex or cerebral cortex, Latin: cortex cerebri - is a structure of the brain, a layer of gray matter 1.3-4.5 mm thick.

Speech disorder is a lack of communicative intention. This condition causes speech deformations. Communicative intention is a philosophical concept that emerged in the Middle Ages and meant the meaning of purpose, intention, goal. There are different interpretations of communicative intention in speech by scientists. Communicative intention is a process that determines the purpose and intention of the speaker to perform speech. It can be evaluated more simply as communicative intention.

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Methods and analyses.

We can witness that many researchers have observed the phenomenon of communicative intention in a number of Jane Austen's novels (for example: "Pride and Prejudice", written in 1813). Professor Sh. Safarov, on the other hand, uses the concept of communicative purpose with the term intention and considers the occurrence of the purpose in the speech process as a concept. According to the scientist, the speech act is divided into two stages. This is a study of the phenomenon of intention in two parts. Namely: 1) initial and 2) consequential intention. This description can be considered relatively complete compared to other descriptions. Of course, these have a special place in the pragmatic analysis of speech.

French speech therapist Aurelie Roser de Smet explains in her article “Intensity: an acoustic parameter in communication pathologies”: “Our research protocol consists of listening to these audio extracts in a random order. They are composed of three groups of individuals, an “expert” reference group composed of actors and/or singers, a “control” group, and a medical research group composed of dysphonia and stuttering. Analysis of the results allows us to identify a greater effect of intensity on the recognition of emotions in people with non-singing dysphonia than in actors and singers who are dysphonia. Matching the intensity level of the listened extract to the intensity level associated with the emotion in question usually facilitates their decision-making. Conversely, a level of intensity of the communication that does not match the expressed emotion leads to confusion and misrecognition. In speech therapy, the functioning of emotions in dysphonic and stuttering patients is important both to expand the range of emotional expressions limited by the pathology and to learn how to use all emotional cues without paying attention to intensity” [2].

In her master's thesis on the topic "Linguopragmatic Features of Formal Speech", A. A. Shodiyeva, focusing on the linguistic, extralinguistic, linguopragmatic, and pragmasemantic features of speech, writes: "In order to fully, clearly, and clearly express his or her thoughts, each person must be aware of the rules of the language as well as the styles of the language" [3].

Every time we share a certain idea or thought with others, a motivation is conceived or created to carry it out. This is called communicative intention. In general, it motivates us to communicate in a certain way - to inform, persuade, please, express emotions, or maintain social relationships [4]. Communicative intention helps to bring this about.

Communicative intention is a phenomenon of a neuropsycholinguistic nature. Communicative intention is a two-component word. The etymology of the word communicative comes from the French word commune (commune - community), which means to communicate in unity or to unite in communication. Communicative belongs to the adjective class, and its specific meaning in the noun class is expressed by communication. A synonym for communication is the term for dialogue, exchange of ideas. Communication is important for all genres of speech. Communicative intention is divided into three sub-parts:

1) sending, receiving and decoding of the intention code;

2) the level of awareness of the information by the recipient of the intention code;

3) the satisfaction of the intention and its dependence on partial recognition.

Communicative intention serves to establish oral and written communication. However, speech disorders or speech deformations also occur during the speech process.

The most common speech disorder is dyslalia. Dyslalia comes from the Greek words dys - disorder, lalia - speech. This is a mild form of speech disorder that can be treated and eliminated. Any child can suffer from dyslalia, but there are risk factors that affect the development and acquisition of language. Not all dyslalia are the result of problems with the speech apparatus. Audiogenic dyslalia occurs when a person has problems with their auditory system. This negatively affects the acquisition of the oral linguistic code. When a child has defects in auditory perception, he has problems with pronunciation.

Functional dyslalia is a product of atypical activity of the peripheral organs of speech. It manifests itself in the process of articulation of the language, especially clearly in the pronunciation of the phonemes "r", "s", "z", "l", "k" and "ch". This type of dyslalia is the most common among children. In many cases, the automatization of these defects in children's speech is caused by parents' deliberate distortion of sounds to their children [5].

Organic dyslalia is caused by the incorrect formation of the organs of the speech apparatus. Depending on which organ of speech is defective, it is divided into: a) organic lip dyslalia; b) organic tongue dyslalia; c) organic dental dyslalia; d) palatal organic dyslalia; e) organic nasal dyslalia; f) mandibular organic dyslalia. In each of these classifications, a change in the pronunciation of sounds is observed. Dyslalia therapy consists of functional exercises to strengthen and correctly use the muscles that move in the production of language. Work is also carried out on breathing, facial expressions and pronunciation rhythm. However, treatment does not depend only on the speech and language therapist, but also on the child's family, social environment and school conditions. In addition, speech therapy is important to restore speech activity [6]. Speech therapy in speech disorders is mainly directed at:

- ✓ to produce speech sounds, to perceive them and not to confuse them;
- ✓ to distinguish one sound from another based on acoustic signs;
- ✓ to distinguish between normal and incorrectly pronounced sounds;
- ✓ to hear, observe and improve the quality of the sound you pronounce;
- ✓ to be able to perform the normal acoustic effect of the sound in the articulatory position;
- ✓ to use sounds appropriately in speech.

Various fields deal with speech disorders:

1. Disorders of the pace and rhythm of speech - bradylalia, tachylalia (speech stuttering), stuttering (speech therapy, neurology and psychotherapy);
2. Voice disorders - aphonia, dysphonia, open and closed forms of rhinophonia (phonotherapy);
3. Affective speech disorders (perception and understanding of speech) - a separate variant of aphasia (aphasiology);
4. Variants of speech disorders - aphasia (aphasiology, neuropsychology and speech therapy);
5. General underdevelopment of speech and variants of alalia (neuropathology);
6. Disorders of written speech, in particular, reading (legasthenia, dyslexia) and writing (agraphia, dysgraphia);
7. Speech development disorders in oligophrenia (speech therapy and oligophrenopedagogy);
8. Speech development disorders in hearing impairment (surdopedagogy).

Results.

According to the tradition of speech articulation, sound pronunciation disorders are distinguished as variants of violations of the expressive side of speech. The phenomenon of dyslalia is associated with peripheral disorders in sound pronunciation as a result of defects and functional features of the articulatory apparatus, and this is mainly the field of speech therapy. Dyslalia is divided into rhinolalia and dysarthria. Rhinolalia is a speech defect in the formation of the articulatory side of speech with clefts of the upper lip and palate (orthopedic dentistry and speech therapy), while dysarthria is a condition of expressive speech disorders of the central nervous system (speech therapy and neurology). Complete speech disorders are called batarism, hottentotism.

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Due to speech disorders in the complex syllabic structures of the brain, there are regular pronunciation difficulties. Also, in mild disorders, there are cases such as distorted pronunciation of consonant phonemes, pronouncing [l] instead of [r], and pronouncing [sh] instead of [s].

Intensity, one of the three acoustic parameters of voice, along with timbre and pitch, plays a key role in communicative intention. Its many variations depend on linguistic factors, such as prosody and stress, individual and physiological characteristics, personality, or even the communicative situations in which the voice is used.

Speech therapy includes vocal pathologies of organic, functional or psychogenic origin, as well as stuttering, in which intensity is impaired. In the process of normal speech, a person uses sentences expressing emotions of different intensity levels. In speech disorders, it is difficult to express these emotions. The difference between a person who speaks normally and a person who has difficulty speaking is characterized by the ability or inability of emotions to accompany speech, or their complete absence or absence.

CONCLUSION

The speaker's initial goal is to explain the intention. The main goal is to know the reason why he did this. These are the initial and consequent goals. For the consequent intention, along with linguistic units, non-linguistic units are also considered important. That is, special attention is paid to the impact of verbal and non-verbal speech. Because the time and space factor also have a significant impact on the speaker's communicative goal [7].

Communicative speech intuition helps to establish mutual understanding, encouragement, mutual respect, order, and proper communication between team members and in the family. In particular, this is one of the urgent tasks facing communicology, [8]discourseology, neuropsycholinguistics, pragmalinguistics, and modern pedagogy. Personal experiences of children with speech disorders, stuttering, fear of speech, avoidance of situations requiring speech communication, and so on, are manifested in the influence of communicative intention, speech disorders, speech deformation, and intensity on the[9] perception of emotions. These forms of psychotherapy always depend on the age of the child and the characteristics of his individual psychological susceptibility, and each parent and educator must understand such situations at the level of cognitive knowledge.

[10]Good knowledge and consideration of the signs of speech disorders, as well as a thorough study of speech defects, are of particular importance in creating a high-level option for corrective education.[11]

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