POSSIBILITIES OF USING LOGORHYTHMICS IN DYSLALYA

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Annotation: *This article discusses effective methods of using logorhythmic exercises in correcting the speech of children with dyslalia. The study analyzes the psychological, physiological and pedagogical foundations of the logorhythmic method and reveals the importance of a comprehensive approach in eliminating sound pronunciation disorders.*

Keywords: *dyslalia, logorhythmics, speech disorder, rhythm, articulation, phonemic hearing, motor skills, correction.*

Speech is the main means of social, psychological and intellectual development of a person. One of the most common speech disorders in preschool children is dyslalia, that is, defects in phonetic pronunciation. In such children, sounds are pronounced incorrectly, their place is changed or they are completely omitted.

The causes of dyslalia are various: anatomical defects of the articulatory apparatus, poor phonemic hearing, underdevelopment of speech motor skills, as well as psychological factors (attention deficit, poor motivation).

In modern speech therapy, logorhythmic exercises are widely used in working with dyslalia. Because logorhythmics strengthens the connection between speech, movement and rhythmic perception in a child, accelerates articulatory adaptation and develops speech breathing.

Dyslalia is a type of speech disorder characterized by incorrect pronunciation of sounds, their replacement or omission in the absence of organic changes in the structure of the speech apparatus. This defect is observed mainly in the phonetic or phonemic areas and is one of the most common speech defects in preschool and primary school children. Dyslalia directly affects the communicative, aesthetic and social functions of speech, therefore its timely detection and correction are of great importance.

Speech formation is a complex psycholinguistic process in which hearing, articulation, motor coordination and thinking work inextricably linked. In the case of dyslalia, there is a discoordination in one or more of these systems. For example, a child hears sounds, but cannot distinguish them phonetically (phonematic dyslalia), or vice versa, he distinguishes sounds, but cannot correctly control the movements of the articulatory apparatus (articulatory dyslalia). Psycholinguistic studies (R.E. Levina, L.S. Vygotsky, A.R. Luria) show that the incorrect formation of sound in dyslalia is associated

with a weak connection between the sensory (auditory), motor (movement) and coordination components of speech activity. This leads to the formation of stable errors in the child's speech activity.

Dyslalia is also explained by the functional immaturity of the central nervous system. The child may not have sufficiently formed neural connections between the speech centers in the cerebral cortex (Broca and Wernicke areas). This is especially evident in motor dyslalia, since the activity of the centers controlling the movements of the articulatory apparatus (tongue, lips, jaw, soft palate) is slow. As a result, the child cannot produce sound correctly or pronounces sounds by replacing them.

Also, the underdevelopment of phonemic hearing is indicated as the main physiological cause of dyslalia. Such children have difficulty distinguishing similar sounds ("s" and "sh", "r" and "l"). Neuropsychologically, this process is explained by the low activity of the auditory analyzer and the slowness of processing sound signals.

From a linguistic point of view, dyslalia is a violation of the phonetic-phonemic system. In the process of mastering speech sounds, the child cannot fully understand their articulatory properties (lip, tongue, palate movements), acoustic signs (ringing-unringing, noisy-unsing) and phonological differences.

As a result, phonemes change or disappear in the child's speech system:

- "sh" instead of "s" (for example, hour → shoat),
- "l" instead of "r" (for example, number → nickname),
- The sound "z" is dropped (market → boor).

This process indicates that the phonemic system is not formed and the process of phonological differentiation in the child's speech has not fully passed.

Dyslalia is often associated with the psychological development of children. Poor attention, poor concentration, low motivation for speech activity, limited social experience - all this slows down the correct assimilation of speech sounds. In some cases, the child does not notice the error in his pronunciation, which indicates insufficient formation of metalinguistic self-control. Therefore, in the process of speech therapy, not only articulation exercises, but also psychological support methods (motivational games, emotional stimulation) are important.

From a pedagogical point of view, dyslalia is also associated with insufficient provision of pedagogical factors in the process of speech formation.

For example, lack of attention to the child's speech in the family, repetition of incorrect pronunciation by adults, poor speech environment or confusion of the phonetic system in bilingualism can cause the formation of dyslalia. Therefore, the process of correcting dyslalia should be carried out on the basis of a logopedic-pedagogical approach, using playful and interactive methods.

In scientific sources, dyslalia is divided into the following types:

● Functional dyslalia - errors in sound pronunciation in the absence of anatomical defects in the articulatory apparatus;

● Mechanical (organic) dyslalia - pronunciation disorders resulting from structural defects in the articulatory apparatus (short tongue, dentofacial deformation, palate defects).

Functional dyslalia, in turn, is divided into motor (defects in articulation movements) and sensor (defects in sound hearing). This classification is important in planning the process of logopedic correction.

Logorhythmics plays an important role in the effective organization of logopedic correction work in children with dyslalia. Logorhythmics is a complex correctional methodology that combines speech, rhythm, movement and music, aimed at improving the child's sound pronunciation, speech breathing, articulatory coordination and psychomotor development. In this approach, the rhythmic structure of music, body movements and the phonetic rhythm of speech are used together, which allows for comprehensive activation of the speech system in cases of dyslalia.

Logorhythmics is used in speech therapy practice not only to correct pronunciation, but also to develop the rhythmic, intonational and emotional aspects of the child's speech. With dyslalia, children often perform articulatory movements slowly, inconsistently or incorrectly. Their sense of speech rhythm is weak, and there are difficulties in perceiving the difference between sounds.

With the help of logorhythmic exercises, these processes are corrected on a rhythmic-motor basis: the child learns to control sounds, inhalation and exhalation, and intonation through music, poetry or game movements. As a result, sound pronunciation stabilizes, and the tone of speech becomes more natural.

When working with dyslalia, logorhythmic exercises are carried out in the following areas:

Articulatory motor development - is carried out through special rhythmic exercises, sounds pronounced along with the song, and the movements of the tongue, lips and jaws in harmony with the music.

Formation of speech breathing - exercises for inhaling and exhaling in harmony with the musical rhythm increase the duration of the child's speech and stabilize pronunciation.

Development of differential hearing of sounds - strengthens the child's phonemic hearing through logorhythmic games (for example, "which sound do you hear?", "which sound sounded faster?").

Coordination of speech rhythm and tempo - by combining poetry, songs or short dialogues with movement, the child learns to control the pace and rhythm of speech.

Stabilization of the emotional state - due to the positive influence of music, the child behaves freely, confidently, which increases speech activity.

Logorhythmics coordinates the activity of the central nervous system, especially activating the connection between the speech-motor centers (Broca and Wernicke zones). Through rhythmic movements, speech motor stereotypes are formed in the cerebral cortex, which contributes to the automation of sounds.

In addition, logorhythmic exercises develop mental processes such as attention, memory, perception, coordination. Since children with dyslalia have poor accuracy, coordination, and synchrony of motor movements, logorhythmics encourages them to actively move, ensuring the integration of movement and speech.

It is important to implement the logorhythmic methodology gradually when working with dyslalia. The exercises include the following stages:

Preparatory stage - breathing exercises, body relaxation (relaxation), walking to music, rhythmic arm and leg movements.

The main stage - articulation exercises, linking the pronunciation of sounds to the musical rhythm (for example, stretching the sound "s" in the melody of a song, rhythmic repetition of the sound "r").

Creative stage - strengthening sounds, developing dialogic speech through short poems, songs, playful dramatizations.

For example, game elements such as “Move with sound”, “Find the sound in the song”, “Move poem”, “Say a word to the rhythm” increase motivation in children with dyslalia and make the lesson interesting.

Studies (N.A. Vetlugina, G.A. Volkova, L.V. Lopatina, A.V. Yastrebova) show that the logorhythmic approach gives high results in restoring articulatory coordination in dyslalia, normalizing the rhythm of speech, and forming differential hearing of sounds.

By performing movements in accordance with the musical rhythm, the child automates the mechanisms of sound formation, which ensures the naturalness of oral speech. At the same time, logorhythmic exercises increase the child’s emotional stability, increase self-confidence, and develop the ability to engage in social communication.

Nowadays, logorhythmic exercises are combined with multimedia, interactive music programs, and speech therapy robots. For example, through visual programs that reflect musical rhythm, the child simultaneously perceives sound through vision, hearing, and movement. This multisensory approach significantly increases the effectiveness of dyslalia correction.

Conclusion. Logorhythmics is an effective correction method in the speech development of children with dyslalia. It activates not only the activity of the articulatory apparatus, but also hearing, motor skills, attention, and coordination. As a result, the child learns to comprehensively control the speech process, acquires the skills of correctly pronouncing sounds, and delivering speech in a rhythmic and expressive form.

The greatest advantage of the logorhythmic approach is its complexity and positive emotional impact. Therefore, logorhythmic exercises should serve as an integral component of speech correction for speech therapists working with dyslalia.

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