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# Specific Features Of Speech Activity In Children With Underdeveloped Speech

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**Abstract:** In this article, enriching the motivation of speech activity based on scientific approaches to increasing the effectiveness of work on the specific features of speech activity of children with underdeveloped speech.

**Keywords:** Speech activity of children with underdeveloped speech, morpheme system, vocabulary, alalia, aphasia, as well as rhinolalia, dysarthria, stuttering, phonetic-phonemic development.

**Introduction:** The problem of underdevelopment of speech was first theoretically substantiated by R.E. Levina. Underdevelopment of speech refers to the underdevelopment of speech with normal intellect in phonetic-phonemic and lexical-grammatical aspects. In children with underdeveloped speech, the pronunciation and auditory differentiation of sounds are impaired to one degree or another, and the skills of mastering the morpheme system are not well mastered. Vocabulary lags behind the age norm in both quantitative and qualitative indicators; coherent speech is not sufficiently developed. (V.K.Vorobeva, B.M.Grinshpun, V.P.Gluxova, R.E.Levina, G.B.Filicheva, G.V.Chirkina).

Incomplete speech development is observed in children with increasingly complex forms of speech pathology: alalia, aphasia, as well as rhinolalia, dysarthria, stuttering - when simultaneously a lack of vocabulary, defects in grammatical vision and phonetic-phonemic development of speech are identified. The speech experience of such children is limited, and the language tools are imperfect. The need for verbal communication is not sufficiently satisfied. Conversational speech, poor, with few words, is inextricably linked with a certain situation and remains without concepts outside this situation. Connected monologic speech does not exist or develops with great difficulty and is characterized by qualitative originality.

Despite the varying nature of the defect, such children exhibit identical signs indicating impairments in the speech activity system. One of the most important features is the late formation of speech; the first words appear at 3-4 years, and sometimes at 5 years. The grammar of the speech is distorted, and the phonetic structure is unclear. When, at first glance, the comprehension of what is said to him is considered almost good, the lag of meaningful (expressive) speech is a more accurate indicator.

The speech of such children is incomprehensible. Insufficient speech activity is observed, which sharply decreases with age if it is not given special education. However, children are more critical of their own shortcomings. Deficient speech activity negatively affects the formation of sensory, intellectual, and affective-volitional spheres in children. Attention is not sufficiently stable, and its control capabilities are limited.

Although meaningful, logical memory is relatively preserved in children, their verbal memory is decreased, memory productivity is impaired, they forget complex instructions, the sequence of tasks, and their elements. In very weak children, low memory activity is compensated by limited possibilities for the development of cognitive activity. The connection between speech disorder and other aspects of mental development gives rise to specific features of thinking.

While children have general conditions for mastering age-appropriate thinking operations, the development of verbal-logical thinking lags behind them, and without special training, such children face difficulties in mastering analysis-synthesis, comparison, and generalization. Along with general physical weakness and slow development of logomotor (movement) functions, they are also characterized by some developmental delays in movement. These manifest as poor movement control, uncertainty in performing normal movements, and a decrease in execution speed and agility.

The greatest difficulties are identified when performing actions according to verbal instructions. Children with underdeveloped speech lag behind normally developed children in completing tasks in terms of distance, time, and thinking indicators, disrupting the sequence of actions and omitting its constituent parts. For example: rolling the ball from hand to hand, passing it from a short distance, hitting the ball on the ground with alternating arms, jumping on the left and right foot, performing rhythmic movements while listening to music.

Correct assessment of nonverbal processes is necessary to identify the patterns of atypical development of children with underdeveloped speech and, at the same time, to determine the possibilities of their compensation. Similarly, children with underdeveloped speech should be distinguished from children with delayed speech development. It should be borne in mind that in children with underdeveloped speech, understanding of everyday speech and an emotional choice towards the environment develops within normal timeframes. The loss of connection between speech and mental development can serve as one of the diagnostic signs.

This sign manifests itself in the fact that the mental development of such children usually goes much further than the development of speech. What distinguishes them is their critical views on speech deficiencies. Initial speech pathology hinders the normal functioning of speech intelligence and delays the formation of mental abilities that are preserved to a certain extent. But with the emergence of colloquial speech and, in particular, the disappearance of speech difficulties, their intellectual development approaches the norm. To distinguish speech underdevelopment from such manifestations as delayed speech development, it is necessary to deeply teach analysis and analyze the child's speech skills. In the anamnesis, in most cases, information about major disorders of the central nervous system is not given, which ensures significant preservation of motor functions, mental repair, and behavior in general.

Only the presence of mild congenital trauma, prolonged somatic diseases in the early childhood period: the influence of an unfavorable speech environment, mistakes in upbringing, lack of communication, and speech development can be among the factors hindering normal progress. In such cases, first of all, attention is drawn to the dynamics of the repetition of speech defects.

Speech errors in children with delayed speech development are more accidental than in children with incomplete speech development. In such children, the norm for the volume of speech skills is lagging behind, and it is customary for them to make mistakes characteristic of younger children. Despite certain limitations from age norms (in particular, from the range of sounds), children's speech ensures its communicative functions, and in some cases is a rather complete regulator of behavior. In them, the desire for spontaneous (spontaneous) development, the use of developed speech skills in free communication are more clearly expressed, which allows for the compensation of speech deficiencies until school.

In her research work, R.E. Levina developed materials that allow us to express the manifestation of individual speech defects and to move forward from imagining the state of the child's anomalous development according to a number of indicators reflecting the state of language tools and communicative processes. Based on the study of the step-by-step dynamic structure of abnormal speech development, specific patterns were revealed that determine the transition from a low level of development to a higher one.

Each level is characterized by a certain ratio of manifestations of primary and secondary defects, which delay the formation of the corresponding speech components. The transition from one level to another is determined by the emergence of new language possibilities, an increase in speech activity, a change in the causal basis of speech, and the formation of complementary possibilities for the growth of its subject-semantic content. The child's individual progress rate is determined by the unit of the primary defect and its manifestation. Introducing preschoolers to the shape, size, and color of objects, as well as developing their ability to correctly perceive these properties, falls under the scope of sensory education. The more correctly this education is resolved, the more successful will be not only the intellectual education of children, but also their aesthetic, physical, and even moral education. That is, the child generally develops effectively.

R.E. Levina defines the incomplete development of speech as three levels: from the complete absence of

means of speech communication to a perfect speech disorder with elements of phonetic-phonemic and lexico-grammatical underdevelopment.

The 1st degree of incomplete speech development is characterized by the absence of speech. Such children are speechless.The vocabulary of such children aged 4-6 years is poor, unclear.The imitation of speech sounds is limited by a complex of sounds.A characteristic feature is the expression of objects and phenomena without distinction, the polysemy of words: "tu tu" machine, locomotive, airplane, boat; "taq"- fell, dropped, broke, demolished. The passive vocabulary of these children is much richer than the active vocabulary, but their speech comprehension is reduced, and they do not understand the meaning of many words. There is no stability in sound pronunciation, sounds are interchanged, and phonemic learning is impaired. For children with this degree of speech underdevelopment, the tasks given for sound analysis will be unclear.

**CONCLUSION**

In conclusion, the analysis of pedagogical and psychological literature on the peculiarities of speech in children with underdeveloped speech showed the connection of speech underdevelopment with ontogenesis and the conditions for the development of speech. The dependence of the development of a child's speech on the lesions of the nervous system and the features of their influence on all components of speech are shown in the levels of speech underdevelopment. Since the development of speech is connected with the development of thinking, it depends on the level of development of all speech components in a child's speech.

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