



DISORDERS OF HUMAN COMMUNICATION: ABNORMAL SPEECH COMMUNICATION

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Article history:	Abstract:
Received: 28 th November 2023 Accepted: 26 th December 2023 Published: 30 th January 2024	This article talks about disorders of Human communication, abnormal speech communication.
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Speech disorders have various impacts on the control of grammar in various ways. Study of aphasia requires the structural analysis of language. The symptoms exhibited in aphasia like agrammatism can be better understood with through knowledge of linguistics. It is found that in many if these instances, the defect can be very much reduced through therapeutic intervention. But a fairly good explicit knowledge of grammar of the concerned language is necessary not only for providing such a therapeutic intervention, but also for establishing the exact type of grammatical defect that have affected the speech of a particular individual. The process of diagnosis by the linguistic analysis of disordered speech by suitable devised tests may show which abilities have been impaired.

Patients with congenital hearing impairment show various language deficits like phonological deficit, syntactic errors, and semantic deficits. Autistics may exhibit pragmatic deficit. For the purpose of assessment of any language deficit in such cases various tests are required, the formulation of which demand good knowledge in linguistics.

Developmental linguistics has been the basis for the development of various language tests for the diagnosis of child language disorders. For instance, the Linguistic Profile Test that tests for phonology, syntax and semantics compares the language performance of children with that of the normative established to get the appropriate language age of age child test.

For the post therapy evaluation, concept of linguistics stands crucial. As an illustration: in post treatment evaluation of syntax the goal take may be work on the case markers and the appropriate usage may be evaluated based on linguistic knowledge.

Transcription, which is a part of linguistics, is used in the assessment of various speech and language disorders. Whenever a speech sample is obtained from a client for linguistic study, (whether spontaneous speech, reading aloud, conversation) the first step should be to make a good transcription. This transcription can be referred to again and again and the same transcription as serve as the basis for a prosodic, grammatical, semantic, sociolinguistic pr other analysis.

Linguistics is the basis for many diagnostic tests in speech and language. Test of articulation, like Kannada articulation test, Malayan Articulation test which tests for articulation of various phonemes based on phonetics. Test for diagnosing learning disability, like Early Reading Skills, tests for Phoneme-Grapheme correspondence, screening test for acquisition of syntax in Kannada, tests for syntax. Test of Emergent Expressive Morphology (TEEM), test for knowledge of morphemes. Kannada Language test and Malayalam language test (MLT) are used to find the language age of a child. It tests various linguistic aspects lime case markers, synonyms, homonyms. Western Aphasia Battery also tests for components of language.

There are major principles of general Linguistics and their clinical relevance:

1) phonetic and phonological principle – the assessment and treatment of phonological disorder have been firmly grounded on segmental linear models of phonology. Another development in theoretical phonetics and phonology which is yet to have a significant impact on speech pathology is the growing interest in models that seek to unite the areas of phonetics and phonology t produce more unified accounts of the ways in which two areas interrelate and can inform each other. This in turn may have implications for the phonological disorders and its relation to disorders of articulation and phonetics.

2) principle of grammar – the most influential theory of grammar is Chomsky's theory of Universal grammar. Using this model, it has been argued that the fact that English speaking individuals with Broca's aphasia often omit noun and verb inflections, whereas, Italian speaking individuals with Broca's aphasia never do so can be explained by

attributing to each other group a different initial setting for the stem parameter. In 1988 Leonard described specific language impairment in children as a failure to set pragmatics appropriately.

Another principle of clinical relevance is *pragmatics*. Pragmatics is playing an important role in language pathology and therapy. Speech act theory of Jane Austin in 1962, discourse analysis and conversation adds on the clinical practices which are very much useful for the proper assessment and therapy of any case related to pragmatic disorder.

Cognitive neuropsychology is one area of psycholinguistics that many speech language therapists have recently found useful in clinical work- particularly in assessment and treatment of aphasia is cognitive neuropsychology. Cognitive neuropsychology models the psychological processes that underlines language production and comprehension and focuses on processing in individuals, rather than, attempting to identify properties of language that are universal.

Clinical linguistics has emerged as an identifiable sub discipline of linguistics. Its contribution to speech language therapy has been increasingly recognized. There is an assumption that speech language therapy pathologist should be able to do all the necessary clinical linguistic analysis and assessment incorporating and appropriate level of theoretical knowledge and practical detail across all client groups and disorders and across all areas of linguistics.

The next important clinical distinction is that between a developmental and an acquired communication disorder. For a significant number of children, speech and language skills are not acquired normally during the developmental period. This may be the result of an anatomical defect or neurological trauma sustained before, during or after birth. The impact of these events on the development of speech and language skills varies considerably across the babies and children who are affected by them. The group of developmental communication disorders is thus a large and diverse one including children with cleft lip and palate (anatomical defect in the pre-natal period), children with brain damage due to oxygen deprivation during labour (neurological insult in the perinatal period) or children with cerebral palsy as a result of meningitis contracted at 6 months of age (neurological damage in the post-natal period). The group of acquired communication disorders is equally large and diverse. Previously intact speech and language skills can become disrupted for a range of reasons including the onset of disease, trauma or injury affecting the anatomical and neurological structures that are integral to communication. An adult may develop a neurodegenerative condition like motor neurone disease, multiple sclerosis, Parkinson's disease or Alzheimer's disease. He or she may sustain a head injury in a road traffic accident, violent assault, sports accident or as a result of a trip or fall. A previously healthy adult may sustain a stroke (known as a cerebrovascular accident or CVA). He or she may succumb to infection (e.g. meningitis) or develop benign and malignant lesions on any of the anatomical structures involved in speech production (e.g. larynx, tongue). Any one of these events will disrupt communication skills leading to disorders such as acquired aphasia and dysarthria. A third distinction that is integral to work in clinical linguistics is that between a speech disorder and a language disorder. These are not the same thing notwithstanding everyday usage (people tend to use 'speech disorder' to refer to both speech and language disorders). The distinction between a speech and a language disorder can be best demonstrated by referring to the diagram of the communication cycle. Breakdown in the boxes in this diagram labelled 'language encoding' and 'language decoding' typically leads to a language disorder. So the adult with aphasia and the child with specific language impairment have a language disorder because they are unable to encode and decode aspects of language (e.g. syntax, semantics). However, breakdown in the boxes labelled 'motor programming' and 'motor execution' typically lead to speech disorders, verbal dyspraxia (or apraxia) and dysarthria, respectively.

Traditionally, the speech-language distinction has been taken to reflect a distinction between non-symbolic and symbolic aspects of communication with only language dealing with symbolic aspects of communication (i.e. those that convey meaning).

Taking the information into consideration, one of the main causes of problems with speech organs and communication disorders is prenatal period of a mankind. Within the period of before of birth child must be carefully observed and cared in order to avoid birth defects connected with speech organs. The stress, anxiety, being unmotivated and the lack of required nutrition in organism can cause problematic situation to infants' development of speech organs.

After the birth, between the months of four and five, infants try to create sounds, they are the first process of sound production. In this important period, infants must not have any illnesses connected with their speech organs. Getting flue, having temperature for a long time, having sore throat, chronic running nose are the main causes of language impairment. Additionally, damage to nerve systems, and brain, being a member of a stressful family, being extremely and unexpectedly terrified can be prime examples for the impairment.

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