

The History of The Origin of The Speech Defect of Dyslalya. Scientific Research Conducted by Scientists About It

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Received: 18 April 2026; **Accepted:** 03 May 2026; **Published:** 29 May 2026

Abstract: This article provides a comprehensive overview of the history of the speech disorder dyslalia, its study by scientists at that time, the different names for dyslalia at that time, the reasons for this, and the scientific research conducted by scientists on this speech disorder.

Keywords: Dyslalia, pseudobulbar palsy, articulation, stuttering, types of organic-functional dyslalia, incidence rates of dyslalia.

Introduction: Speech is one of the main means of communication, exchange of ideas and self-expression of a person in social life. The correct formation of speech in childhood is of great importance for the further development of a person, in particular, in the educational process and social adaptation. Therefore, early detection of speech disorders and their elimination is considered one of the urgent tasks of speech therapy.

Dyslalia is one of the most common pronunciation disorders among children, which is characterized by incorrect pronunciation, substitution or omission of sounds. The causes of this defect are various, and they may be associated with anatomical, physiological and social factors.

Every disease, every defect known to us has its own history of origin. It is based on this history that we can learn about a particular disease, consider its causes and carry out a number of corrections and compensations that are appropriate and consistent with it. At the same time, dyslalia, a speech disorder, also has its own history of origin. Scientists have been studying this speech disorder for a long time, and this work has not lost its power even today.

METHOD

The first information about the speech defect of incorrect pronunciation was described in the works of ancient Greek scientists Plutarch, Hippocrates, Claudia, Galen and others. The above authors consider incorrect pronunciation as a disease requiring treatment. In their opinion, incorrect pronunciation of sounds is associated with damage to the tongue, lips, hard and soft palate [1]. The ideas of the above scientists encourage us to think broadly. We all know that in order to pronounce a certain sound, letter, word, sentence, text, the articulation organs must perform their functions in a certain way. If the tongue is considered the most important articulation organ, then the teeth, tongue, soft and hard palate are its auxiliary organs. The opinion of scientists is precisely this, that is, the damage to articulation. It is precisely through this damage that a certain speech defect arises.

By the Middle Ages, new ideas about dyslalia did not appear, and the scientific ideas of the ancient era were repeated. In later periods of history (i.e., in the 16th-18th centuries), the works of the Italian professor Mercurialis and the German physiologist Albrecht von Haller appeared. They also considered dyslalia to be the result of defects in the structure of the peripheral

speech apparatus. Mercurialis considered surgical therapy to be the most appropriate method of treating this defect. Haller, on the other hand, put forward the idea of treating pronunciation defects through exercises. Later, this idea was also reflected in the works of the French actor J. Talma.

Thus, until the 19th century, the essence of stuttering was studied by linking it to mechanical disorders in the work of the articulatory organs. For example, in those times, stuttering was not separated from the general group of speech disorders known as "stuttering" [1]. In fact, the concepts of dyslalia and stuttering are different concepts. In those times, the term stuttering was considered to be stuttering. On the contrary, the term stuttering refers not only to stuttering, but also to dyslalia. In the 19th century, the opposite was given. Later, as a result of scientific research by a number of scientists, this term changed.

During 1878, studies on speech disorders resulting from bulbar and pseudobulbar paralysis appeared. They showed that defects in the pronunciation of sounds also occur as a result of certain damage to the central nervous system. These studies expanded the scope of understanding of speech defects and thereby contributed to the development of knowledge about defects in the sound side of speech.

At the beginning of the 19th century, the elimination of defects in the pronunciation of sounds using articulation exercises developed [1]. During this period, special attention was paid to improving the movements of the speech apparatus - the tongue, lips, jaw and soft palate - through special exercises. Experts emphasized the need to increase the mobility of the articulatory apparatus in order to correctly produce incorrectly pronounced sounds. As a result, various articulatory gymnastics exercises were developed, which began to be widely used in the practice of correcting pronunciation defects.

Articulation exercises are performed to eliminate speech defects known to all of us. The same situation was repeated at that time. That is, pronunciation defects were corrected through this. It is precisely dyslalia that was eliminated with the help of articulation exercises. Scientists have studied what dyslalia is, its causes, types, and methods of correction in their scientific research. Before addressing this issue, if we

have detailed information about what dyslalia is and what kind of speech defect it is, it will certainly be easier to study it.

Dyslalia (dis- to break, to break, to break, to break, to break) is a speech disorder characterized by the incorrect pronunciation of sounds [2]. In other words, it would be more accurate to define dyslalia as distorted speech. Of course, the cause of this may be a central or peripheral speech disorder, as described above in the opinion of scientists.

The term "dyslalia" was first introduced into scientific circulation in Europe by Professor I. Frank, a physician at Vilnius University. In a monograph published in 1827, he used this term in a generalized sense to name all types of pronunciation disorders of various etiologies. In the 1830s, the Swiss physician R. Schultess also introduced the term "dyslalia" in his works. He included only pronunciation disorders in dyslalia. [1]

Polish researcher V. Oltushevsky includes dyslalia in cases of pronunciation disorders that are not associated with anatomical defects of the speech apparatus. He identified two forms of dyslalia: functional and associated with a decrease in hearing ability. He designated the violation of pronunciation disorders due to pathological changes in the articulation apparatus with the term "dyslalia" and divided this defect into 4 types depending on which part of the articulation is damaged: lips, tongue, teeth, palate [1]. As we have already mentioned, dyslalia speech disorder occurs as a result of damage to the peripheral or central speech apparatus. It is more accurate to say that V. Oltushevsky is talking about the damage to the peripheral part of these damaged organs. Because the tongue, teeth, lips, palate are all members of the articulation department, and we all know that the articulation apparatus is included in the peripheral part of speech. Therefore, it would not be wrong to divide this scientist into 4 types according to which part of the articulation department is damaged, even if we consider the peripheral part to be damaged.

In the speech therapy of the former Soviet period, the concept of dyslalia at the beginning of the 20th century did not differ from the works of A. Kussmaul and Gutsman. However, in the 30s-50s, this concept underwent practical changes. M.E. Khvatset considered dyslalia as a form of speech arrest.

Later, in the 1960s, C.C. Lyapidevsky and B.M. Grinshpun proposed dividing pronunciation disorders into dysarthria and dyslalia, and completely abandoning the generalized term “slurred speech” [1]. Thus, the concept of dyslalia has acquired an international character by now. After that, a number of scientists published several works on dyslalia.

In particular, according to R. Becker, in Germany, dyslalia occurs in 34% of children aged 5-6. K. Onezora noted that dyslalia is observed in 18.5% of secondary school students. According to Miloslav Zimen's studies conducted in a kindergarten in Prague, the following figures were found: 69% in children aged 3-4, 58% in children aged 4-5, 46% in children aged 5-6, and 37% in children aged 6-7. In Uzbekistan, according to M. Ayupova, the prevalence of speech defects in children aged 5 is 41.5%, and in children aged 6 is 22.9% [1]. Therefore, in order to eliminate this defect, to reduce its percentage, we need to carry out corrective work and at the same time prevent the occurrence of dyslalia speech defects.

RESULTS

Dyslalia is one of the most common speech disorders among children[3]. The presented statistics show that dyslalia is one of the most common speech disorders among children. Dyslalia is one of the most common speech disorders among children, characterized by the incorrect pronunciation, substitution, or omission of sounds. This disorder affects the clarity and intelligibility of the child's speech and, if not corrected in a timely manner, can cause certain difficulties in the subsequent educational process.

Throughout history, many scientists have comprehensively explained the causes of speech defects and their specific features. In particular, the research of scientists working on the dyslalia punctate defect has revealed their scientific and theoretical knowledge not only about the causes of the defect, but also about what should be given the most importance in its correction. In particular, the Russian scientist O.V. Pravdina emphasized her views on the need to take into account the articulatory characteristics of each sound when correcting pronunciation defects[4]. In addition, M.F. Fomicheva emphasized that the consistency of the stages of sound placement, strengthening and speech automation in the correction of dyslalia is important[5].

This, in turn, requires the implementation of the correction stages in a systematic sequence. This creates several advantages not only for the child, but also for the special educator (speech therapist) working with him. The speech therapist must be able to correctly diagnose the child during his work with him. Diagnostics should focus not only on identifying speech defects, but also on their cognitive processes, including hearing, perception, and thinking. In this regard, the Russian scientist V.A. Kovshikov emphasized that in the diagnosis of dyslalia, along with the pronunciation of sounds, it is necessary to check the phonemic hearing status[6]. This, of course, allows for the correct correction based on the characteristics of the child. That is, knowing each cognitive process, the articulatory status of each sound, and applying the most effective treatment to the child is the most necessary factor for the comprehensive development of the child.

So, it is clear from this that each sound has its own specific articulation area. Through this area, it is possible to carry out correct correction work on each sound.

CONCLUSION

In conclusion, it should be said that all of the above research and work of scientists serve as one of the main elements in correcting the defect in modern conditions. In particular, dyslalia, a speech defect, has historically attracted the attention of scientists and is one of the problems that has played an important role in the formation and development of the science of speech therapy. As a result of scientific research conducted in different periods, the causes of dyslalia, its types and features of manifestation have been studied in detail. This, in turn, opens up wide opportunities for eliminating the defect today.

In general, the problem of dyslalia is relevant not only theoretically, but also practically, and its in-depth study will greatly contribute to the development of the science of speech therapy

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