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Developing The Speech Of Children With Stuttering Through Innovative Methods

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Abstract: This article examines one of the most common speech disorders – stuttering, its characteristics, causes, and the development of speech breathing using innovative methods.

Keywords: Stuttering, speech originality, innovative development of speech breathing, diagnostic methods, developmental program.

Introduction: Many researchers have studied the speech of stuttering for centuries. Many aspects of research in this area are known. Some of them are related to the identification of seizures that occur during speech: tonic, clonic, tono-clonic and clono-tonic (I. A. Sikorsky).

A number of factors can be listed that may precede the appearance of stuttering (somatic weakness, improper forms of upbringing, abnormal character traits, unfavorable social environment, etc.). Regardless of which etiological factor is leading in the development of stuttering, it can be assumed that this factor primarily reduces the adaptive properties of the child's central nervous system.

Stuttering (logoneurosis) is a disorder of speech fluency, manifested by the repetition, prolongation or sudden cessation of sounds, syllables or words. A person who stutters knows what he wants to say, but has difficulty saying it. In stuttering, as a rule, there is no single cause that causes this speech pathology, since it requires a combination of a number of factors. According to numerous observations, in most cases the first signs appear at the age of 2-6 years. This age crisis in the appearance of stuttering is associated with the fact that the coordinating mechanisms of speech activity, which are formed in preschool age, are in a stage of intensive development. Studies show that any functional system that is in a stage of intensive development is weakened by the influence of harmful factors. According to V.I. Seliverstov, the severity of stuttering is largely determined by the degree to which the stuttering person thinks about his defect.

It is divided into three levels:

1. Mild level: such children, even realizing that they have a defect, do not feel any discomfort or do not notice it at all. They are not ashamed of their speech, are offended by it, or make any efforts to overcome it.

2. Moderate level: older students and adolescents worry about their defect, are ashamed, try to hide it, resort to various methods and try to speak as little as possible. They know that they have a stutter and feel discomfort from it, try to hide this defect in themselves. At this stage, symptoms of logophobia (fear of speech) may appear.

3. Severe level: stuttering people constantly feel a sense of heaviness due to the defect. Every movement is perceived through a speech defect. This condition is most common among adolescents. They focus their attention on their speech failures, experience them deeply, and for them this is accompanied by a preoccupation with illness, excessive suspicion, strong logophobia, fear of people and situations.

Features of stuttering

1. Speech breathing:

- Disturbed coordination

- Insufficient breathing
- Speaking while inhaling
- Speaking on a full exhale

2. Movements accompanying speech:

- Compulsive movements
- Hidden “rituals”

3. Speech tricks (word substitutions, fillers):

- Percussive sounds
- Repetitive words (for example: yes, this, ee)

4. Vegetative reactions:

- Redness or pallor of the face
- Acceleration of heartbeat
- Changes in body temperature (sweating)

5. Logophobia:

- Fear of speech communication
- Limitation of communication, avoidance

6. Linguistic factors:

- Muscle spasms - low-frequency sounds (P, T, K)
- Low frequency of speech
- Low-frequency words in speech (informationally important words)

According to G.A. Volkova, the severity of stuttering is determined by a person's ability to use speech freely in various speech situations.

- Mild degree: stuttering is observed only in spontaneous (unintentionally uttered) speech.

- Moderate degree: stuttering occurs in both monologic and dialogic speech.

- Severe degree: stuttering occurs in all forms of speech - even due to spontaneous occurrence.

Linguistic factors. The occurrence of stuttering is often associated with the phonetic properties of sounds. Stuttering is more often observed in words rich in low-frequency sounds, for example, [p], [t], [k]. In addition, stuttering often occurs in cases of consonants: tr, st, kr, etc.

Speech breathing disorders. Stuttering is associated with a violation of the coordination between breathing, sound formation and articulation movements. Before starting to speak, the person with a seizure often takes a deep breath, which helps to ensure the articulation of a fragment of speech that is intonationally and semantically separated. Seizures occur not only in children, but also in adults during speech that begins with a breath or after a full breath.

Vegetative reactions. This is expressed by pallor or redness of the face, increased heart rate. The palms, nose, forehead become moist, sometimes covering the whole body.

Logophobia is the fear of speech communication. Logophobia includes anxiety about the occurrence of speech seizures and fear of their occurrence. Awareness of a speech defect, attempts to get rid of it or hide it, form various psychological characteristics in the person with a seizure: defenselessness, shyness, impressionability, etc. Attempts to hide the seizure are manifested in verbal and non-verbal movements (hand, body, head movements). Less often in speech motor skills (biting the tip of the tongue, pinching the lips, biting, silent movements, repetition of auxiliary words: “uh”, “eh”, “here”, “give”). In young children, the seizure can last for several hours or several months, then disappear on its own or be eliminated by corrective action.

In most cases, seizures become chronic. Accordingly, several forms of speech disorders are distinguished:

• Regressive form - in which the symptoms of seizures gradually disappear.

• Stationary form - in this case, seizures proceed with sufficient stability and without changes: speech impairment, logophobia, psychological and motor disorders gradually increase.

• Remitting form - in which periods of seizures and periods of freedom of speech alternate.

• Fluctuating form - in which seizures are alternately intensified and weakened, but complete disappearance is not observed.

Localization of speech stuttering.

In the process of oral speech, the main symptom of seizures is the spasm of the muscles of the speech apparatus. Speech seizures occur only during speech or when trying to start speech and are manifested by involuntary contractions of the muscles of the speech apparatus. Speech seizures are distinguished by localization, type and degree of expressiveness. There are two main types: tonic and clonic.

Tonic stuttering is a strong muscle tension, often involving several muscle groups (for example, the tongue, lips, cheek muscles).

Clonic speech seizures are often characterized by involuntary rhythmic contractions of the muscles of the speech apparatus. In this case, the person with the seizure usually repeats certain sounds or syllables.

Depending on which part of the speech apparatus stuttering predominates, seizures are divided into: respiratory, vocal, and articulatory.

In the clonic form of stuttering, especially in chronic speech disorders, three types of respiratory disorders

are distinguished:

Expiratory form - exhalation with a seizure.

Inspiratory form - inhalation with a seizure (sometimes with a deep breath).

Respiratory form - inhalation and exhalation with a seizure (often starting with a burst of speech).

Seizures of the vocal apparatus muscles are as follows:

Closing form - the vocal cords close in spasm and do not open in time, as a result of which the sound suddenly stops or is interrupted, which leads to clonic (repeated) or tonic (prolonged) seizures. For example, repetitive sounds such as "a-a-a" occur.

The opening form is characterized by silence or whispering.

Teletherapy is increasingly integrated into the medical care system and is used in rehabilitation. The use of teletherapy in speech disorders is carried out in adults with neurogenic speech disorders, stuttering, voice disorders, laryngectomy, swallowing and articulation, pediatrics, including speech disorders. In addition, teletherapy is widely used in the assessment and treatment of communicative disorders.

Having determined the functional significance of expressive movements, we will consider the components of kinetic communication tools: facial expressions and gaze, gestures, motor states. Most stuttering preschoolers (55%) are characterized by a long, attentive look at their communication partner, especially adults. The temporal parameters of eye contact depend on the clinical form of stuttering. A long, attentive look was noted in all preschoolers with neurotic stuttering and in several children with neurosis-like stuttering. Most children (40%) with a neurotic form of stuttering often, but for a short time, looked at the interlocutor, and then turned to the surrounding environment. Worldwide, 80% of preschool children only occasionally looked at the interlocutor during communication, thereby supporting communication. In the process of studying involuntary use in primary school students and in the general population, common and specific features were identified.

Relaxation and breathing exercises

• Diaphragmatic breathing

• Meditation and autogenic exercises

• Muscle relaxation techniques (Jakobson's method)

Innovative approaches

• Biofeedback technologies: learning to control the body's physiological reactions

• Virtual reality technologies: training by stimulating the speech process

• Speech analysis and correction exercises through mobile applications.

Stuttering is not only a speech problem, but also a psychological condition that affects personal and social development. It can be treated systematically using psychological and speech therapy approaches. Psychocorrectional methods involve an individual approach to the individual, building trust, and restoring healthy social communication. During psychocorrectional work, stuttering is comprehensively analyzed as a speech defect, and stuttering is considered not only as a speech problem, but as a complex condition associated with a wide range of psychological, social, and individual characteristics. Its elimination or mitigation requires a comprehensive approach not only in the speech therapy area, but also in the psychological, pedagogical, and social areas. Individual attention to the individual, the creation of a positive psycho-psychological environment, and ongoing psychocorrectional work can ensure the full integration of stuttering individuals into society. This will help them improve their quality of life and fully realize their potential.

REFERENCES

1. Ayupova M.Yu. Logopediya.T., Faylasuflar jamiyati, 2007.
2. Yard. Doç. Dr. Bülent Toğram Anadolu Üniversitesi
3. Yard. Doç. Dr. Elçin Tadıhan Özkan
4. Эффективности комплексного лечения заикания освещается в работах Г.А. Волковой (1983); Л.С. Волковой, С.Н. Шаховской (2002);
5. Лопатина Л.В., Кустова В.Е. Логопедия: теория и практика. – Москва: Владос, 2020.
6. Никашина Н.Н. Психокоррекционная работа с детьми с нарушениями речи. – Санкт-Петербург: Речь, 2019.
7. S.Yu.Shamsiyeva The Impact of Community on the Personal Development of Children with Speech Impediments in Preschool Age. International Journal of Progressive Sciences and Technologies (IJPSAT) Vol. 20 No. 2 May 2020
8. S.Yu.Shamsiyeva MEMORY CHARACTERISTICS OF CHILDREN WITH SPEECH IMPAIRMENTS FORMATION OF. European international journal of pedagogics 19.11.2023
9. S.Yu.Shamsiyeva THE MAIN METHODS OF CORRECTING COMMUNICATIVE ACTIVITY IN CHILDREN WITH SPEECH IMPAIRMENT. American Journal of Interdisciplinary Research and Development.Volume 25, February, 2024

10. S.Yu.Shamsiyeva Features of Preparing Teaching Literacy Children with General Speech Underdevelopment . Eastern European Scientific Journal Ausgabe 1-2019.