PHONETIC CHARACTERISTICS OF APHASIC SPEECH

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Annotatsiya. Ushbu tezisda afaziya natijasida yuzaga keladigan nutqning fonetik xususiyatlari tahlil qilinadi. Bemorlar nutqida tovushlarni noto‘g‘ri talaffuz qilish, fonemalarni almashtirish, tovushlarni tushirib qoldirish, artikulyatsion noaniqlik va nutq sur’atining o‘zgarishi kabi holatlar yoritiladi. Shuningdek, fonetik buzilishlarning nutqiy muloqotga ta’siri hamda ularni aniqlash va korreksiyalashning asosiy yo‘nalishlari ko‘rsatiladi.

Kalit so‘zlar: afaziya, afazik nutq, fonetika, fonema, artikulyatsiya, talaffuz, fonetik buzilish, nutq sur’ati.

Abstract. This thesis examines the phonetic characteristics of speech affected by aphasia. It focuses on inaccurate sound production, phoneme substitutions, omissions, articulatory difficulties, and changes in speech rate. The study also considers how phonetic impairments influence verbal communication and highlights the importance of accurate assessment and corrective approaches in speech rehabilitation.

Keywords: aphasia, aphasic speech, phonetics, phoneme, articulation, pronunciation, phonetic impairment, speech rate.

Speech is a complex psychophysiological process that serves to express a person's thoughts, emotions, and social interactions. The coordination between various areas of the cerebral cortex, auditory and motor analyzers, the articulatory apparatus, and the language system itself plays a crucial role in the formation of speech. Damage to these systems within the brain can result in impairments across various components of speech. One such impairment is aphasia.

Aphasia is the partial or complete disruption of previously established speech function resulting from localized brain damage. Aphasia affects not only a person's vocabulary or grammatical knowledge but also the processes of selecting sounds, sequencing them, and articulating them precisely. Therefore, identifying the phonetic characteristics of aphasic speech is of particular scientific and practical importance.

The phonetic characteristics of aphasic speech manifest primarily as difficulties in producing speech sounds and articulating them in the correct sequence. In normal speech, before pronouncing a specific word, a person selects the necessary phonemes, determines their order, and produces the corresponding sounds using the articulatory organs. In aphasia, one or more stages of these processes may be impaired.

One of the most common phenomena in aphasic speech is the substitution of phonemes. In this case, the patient articulates a sound that is phonetically similar to the intended one instead of the correct sound. For instance, the word "bola" might be pronounced as "bora," or "kitob" as "kitop." In some instances, maintaining the distinction between voiced and voiceless consonants becomes difficult; for example, the sound /b/ might be replaced by /p/, or /d/ by /t/[3].

A second important characteristic is the omission of sounds. The sound structure of a word is disrupted when the patient fails to articulate certain phonemes within it. For example, the word "maktab"

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might be pronounced as "matab," "telefon" as "tefon," or "kitob" as "kib." Such occurrences reduce the intelligibility of speech.

The merging of sounds or the insertion of extra sounds also occurs in aphasic speech. For instance, the word "stol" might be pronounced as "istol," and "gul" as "gulu." Here, the patient struggles to fully and accurately reproduce the word's phonetic pattern. Such distortions are particularly evident when pronouncing words containing consecutive consonants. Another important aspect is articulatory imprecision. Even if an aphasic patient selects the correct sound, they may be unable to precisely coordinate the movements of the tongue, lips, jaw, and soft palate required to produce it. Consequently, sounds may be heard as indistinct, muffled, or distorted. For instance, significant difficulty may be observed in pronouncing articulatorily complex sounds such as "sh," "j," "r," and "l"[1].

Another phonetic characteristic of aphasic speech is an alteration in speech rate. In some patients, speech becomes excessively slow; they articulate words individually, separated by long pauses. In other cases, speech may accelerate, causing sounds and syllables to blend together. For example, a patient might pronounce the sentence "I went to the doctor today" very slowly: "I... today... doc-tor... went."

Variations in pausing also constitute a significant phonetic feature of aphasic speech. In normal speech, pauses align with the semantic and grammatical structure of the thought being expressed. In aphasia, however, pauses may occur while the patient is searching for a specific sound or word. For example, in the sentence "I read a book," a patient might pause as follows: "I... bo... book... read." Such pauses disrupt the natural rhythm of speech.

Disruptions in syllable structure are also observed in aphasic speech. Patients may alter the sequence of syllables, particularly when repeating long or complex words; for instance, the word "universitet" might be pronounced as "universetet," or "kutubxona" as "kutuxona." Such errors may stem from difficulties in formulating the phonological structure of speech.

Repetition tasks serve as a valuable diagnostic tool when examining the phonetic characteristics of aphasic speech. The patient is asked to repeat elements in a progression: first simple sounds, then syllables, followed by simple words, and finally complex sentences. For example, the process might begin with syllables like "ma," "ba," and "ta," before moving on to words such as "maktab," "samolyot," and "kutubxona." The results help identify the specific phonetic stage where the patient experiences the most difficulty[2].

Working with minimal pairs is also an effective method for assessing phonetic impairments. Words such as "bol–pol," "dal–tal," and "gul–kul" are used to test the patient's ability to distinguish and pronounce voiced and voiceless consonants. If the patient consistently confuses these sounds, specific attention can be directed toward these particular phonemes during corrective therapy sessions. The process of correcting phonetic impairments may involve the use of articulatory exercises, auditory sound discrimination, repetition, rhythmic drills, and speech tasks of increasing complexity. For instance, practice might begin with rhythmic syllables like "pa-pa-pa" and "ta-ta-ta," followed by words such as "papa" and "tata," and then units like "pat" and "top." The subsequent stage involves constructing sentences that incorporate these sounds.

Additionally, utilizing words from the patient's daily life enhances the effectiveness of the correction process. For example, working with frequently used words—such as "bread," "water," "house," "child," and "book"—can boost the patient's communicative engagement. The ultimate goal is not merely correct sound pronunciation but the independent use of these sounds in real-life communication[4].

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The phonetic characteristics of aphasic speech are closely linked to impairments in the processes of selecting, producing, sequencing, and articulating speech sounds. Phoneme substitution, sound omission, sound insertion, articulatory imprecision, disrupted syllable structure, and alterations in speech rate and pausing constitute the primary phonetic features of aphasic speech. Early and systematic identification of such impairments is crucial for restoring a patient's speech capabilities. Individualized corrective sessions based on phonetic diagnostic results enhance the prospects of achieving clear sound articulation, restoring syllable and word structures, and improving overall speech intelligibility. Consequently, a dedicated analysis of the phonetic aspect in the study of aphasia is significant from both theoretical and speech-therapy practice perspectives.

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