

PSYCHOEMOTIONAL EFFECTS OF BREATHING THERAPY

Maksudbekova Khovvajon Khamidbek qizi

Student of the Defectology Department of the Faculty of Pedagogy and Psychology, Alfraganus University

Annotation. *This article highlights the importance of relaxation and breathing therapy in stabilizing the psychoemotional state in speech disorders such as dysarthria and aphasia. The study analyzes the neuropsychological foundations of these methods, their role in speech therapy practice, and their positive effect on the emotional state of patients.*

Keywords: *dysarthria, aphasia, relaxation, breathing therapy, psychoemotional state, speech therapy correction.*

Speech disorders, in particular, dysarthria and aphasia, are associated with various degrees of disruption of the central nervous system, which significantly affect not only the phonetic and lexical aspects of speech, but also the general psycho-emotional state of the individual. In such cases, patients experience symptoms such as anxiety, depression, self-doubt, and withdrawal from communicative activities. Therefore, in the process of speech therapy rehabilitation, not only the restoration of speech motor skills, but also the restoration of emotional balance is an urgent issue. From this point of view, relaxation and breathing therapy methods are considered an important means of ensuring psycho-emotional stability in the process of speech restoration.

Dysarthria and aphasia are speech disorders that occur as a result of organic damage to the central nervous system (CNS). In these diseases, not only the functional activity of the speech apparatus, but also the psychological state, emotional stability, and level of social adaptation of the individual change significantly. Since speech is the main means of communication, self-expression, emotional state management, and social identification processes, its violation leaves a deep mark on the patient's psyche.

Dysarthria is a disorder of the coordination of articulation, phonation, and respiratory mechanisms due to damage to the central or peripheral motor pathways. As a result, the patient's speech expressiveness, timbre, and rhythm change, and words are pronounced indistinctly. Such phonetic disorders cause misunderstanding by others and make the patient feel humiliated or uncomfortable. In many cases, dysarthric children and adults have low self-esteem, avoid communication, and withdraw from community activities, as well as high anxiety and emotional lability. These conditions limit their social activities, educational, and professional integration.

In aphasia, the processes of speaking, understanding, reading and writing are disrupted due to damage to the speech centers (Broca, Wernicke, angular gyrus, etc.). The aphasic patient experiences a state of severe frustration (internal mental stress) due to the inability to fully express his thoughts. He experiences difficulty in communicating with others, which leads to social isolation. In aphasia, disorders of mental processes - attention,

memory, thinking, motivation - are also observed. Especially in motor aphasia, the patient encounters failure when trying to form speech, which intensifies depressive reactions.

Two main factors play an important role in the formation of psychoemotional disorders: organic (neurophysiological) and psychosocial factors. The first is associated with damage to the brain structure, and emotional stability decreases as a result of an imbalance of neurotransmitter systems (serotonin, dopamine, noradrenaline). The second is caused by the disruption of social contacts, the wrong attitude of others, communicative limitations and a feeling of uselessness.

The following psycho-emotional states are often observed in such patients:

- Feelings of anxiety and fear - fear of unsuccessful speech activity, avoidance of new situations;
- Depressive tendencies - lack of enjoyment of life, indifference to activities;
- Aggressive or defensive reaction - a state of aggression or closure in response to communicative pressure;
- Social isolation - withdrawal from collective activities, feeling lonely;
- Decreased motivation - decreased interest in speech therapy.

Dysarthric and aphasic patients often acutely feel a defect in their speech, which reduces their self-esteem. The person forms an internal stereotype that "I cannot speak", and these psychological blocks hinder the process of restoring speech. Against the background of prolonged stress, vegetative dysfunctions, sleep disorders, muscle spasms, and somatic symptoms also appear.

Psychoemotional disorders in children with dysarthria and aphasia manifest themselves in a unique way. They often become shy, capricious, easily offended, unable to maintain eye contact, and have difficulty communicating with their peers. This subsequently leads to the formation of secondary defects in the development of the personality - lack of interest in reading, decreased attention, and affective instability.

Therefore, the psychological component plays an important role in the process of speech therapy correction when working with patients with dysarthria and aphasia. It is difficult to achieve complete restoration of speech activity without restoring psychoemotional stability. Methods such as relaxation, breathing therapy, art therapy, music therapy serve precisely this purpose - to reduce internal stress, balance the emotional state and form a positive motivation for speech therapy rehabilitation. Relaxation methods serve to reduce the overall tone of the body, reduce muscle tension and ensure inner peace. In patients with dysarthria and aphasia, muscle spasms, tension in the articulatory apparatus and uneven breathing complicate the process of speech production. Therefore, relaxing these muscle groups through relaxation exercises increases the effectiveness of speech therapy.

Breathing therapy is aimed at normalizing the physiological mechanisms of breathing, forming diaphragmatic breathing and developing breath control skills during speech. Proper breathing has a positive effect on the vegetative functions of the central nervous system, improves cerebral blood circulation, reduces the secretion of stress hormones. This helps to stabilize the psychoemotional state and make the patient feel more relaxed.

The main psychoemotional mechanism of relaxation and breathing therapy is to reduce stress reactions in the body by activating the parasympathetic nervous system. Slowing down breathing is accompanied by stabilization of the heart rate and normalization of blood pressure. At the same time, an increase in the amount of oxytocin and serotonin in the brain creates a feeling of peace, confidence and emotional stability in the patient.

In addition, during relaxation exercises, the coordination of muscles in the speech organs improves, which increases articulation accuracy. Relaxation sessions in combination with breathing therapy increase motivation for speech therapy, restore the patient's self-confidence, and accelerate the process of social adaptation.

In practical speech therapy, relaxation and breathing therapy sessions are often combined with elements of logorhythmics, musical rhythmic movements, and meditation. For example, diaphragmatic breathing exercises, the "wave" method, the "candle blowing" technique, and phonation exercises associated with breath control normalize patients' speech breathing. Autogenic training and progressive muscle relaxation methods also show high effectiveness in reducing stress.

Numerous scientific studies have shown that speech therapy combined with relaxation techniques in dysarthria and aphasia significantly improves not only speech functions, but also the general emotional state. Patients feel positive motivation for their speech activity, which speeds up the rehabilitation process.

The experience of using relaxation and breathing therapy in speech therapy for dysarthria and aphasia has expanded significantly in recent years. This direction has become an integral part of a comprehensive rehabilitation system aimed at improving not only speech motor skills, but also the general psycho-emotional state of the patient. Experience shows that the systematic inclusion of breathing therapy and relaxation exercises in speech therapy sessions accelerates the dynamics of patients' recovery, increases stress resistance, and develops self-management skills. In speech therapy practice, relaxation exercises are often combined with progressive muscle relaxation, autogenic training, elements of art therapy, meditation techniques, and logorhythmic exercises. These exercises serve to reduce the patient's physical and emotional tension. For example, through autogenic training, the patient feels the relaxation of his body, the calming of breathing, and the stabilization of the heartbeat. This process transfers the body from the "fight or flight" state to the "rest and recovery" state, that is, it activates the activity of the parasympathetic nervous system.

Breathing therapy is used in practice in two main directions:

Normalization of physiological breathing - controlling the rhythm of inhalation and exhalation by teaching diaphragmatic (abdominal) breathing;

Formation of phonation breathing - controlling the air flow during speech, prolonging the exhalation time and coordinating phonation (sound production).

Speech therapists increase the duration and stability of exhalation in children through playful exercises such as "extinguishing a candle", "blowing a bubble", "the bird breathes". When working with adults, exercises such as "wave breathing", "square breathing", "rhythmic breathing", as well as meditative breathing techniques are used. This

not only improves speech breathing, but also brings the vegetative system into balance, normalizes heart rate and blood pressure, and reduces the secretion of stress hormones (cortisol, adrenaline).

In practice, relaxation and breathing therapy give high results when used in conjunction with logorhythmics. Logorhythmic exercises combine music, movement and breathing, helping to restore rhythmic coherence. Such integrated exercises serve to restore the coordination of articulatory muscles in dysarthric patients, and the rhythmicity of the speech process in aphasic patients. Through this, the patient learns to consciously control his speech.

Clinical observations show that the following changes were noted in patients who used relaxation and breathing exercises:

- more accurate and rhythmic speech;
- relaxation of articulatory muscles;
- reduction in general anxiety and muscle tension;
- increased confidence and motivation in speech therapy;
- improved social adaptation.

For example, in aphasic patients, "pre-speech breathing exercises" performed under relaxation music enhanced psychological preparation and reduced the number of errors in the process of word formation. "Breathing games" with dysarthric children improved their ability to control their breathing, concentration, and speech tempo.

In addition, relaxation therapies combined with biofeedback and neurofeedback technologies are also successfully used in modern practice. In these methods, the patient learns to consciously control his physiological state by monitoring his breathing rhythm, heartbeat, or muscle activity through a monitor. This approach is very effective in activating self-control mechanisms in dysarthria and aphasia.

Practical experience shows that the systematic inclusion of relaxation and breathing therapy in the speech therapy rehabilitation process improves not only speech functions, but also the socio-emotional state of patients. They begin to associate their speech success with positive emotions, which strengthens the motivational system and accelerates the process of speech recovery.

Conclusion. In cases of dysarthria and aphasia, the use of relaxation and breathing therapy methods not only helps to develop speech motor skills, but also restores psychoemotional stability. These methods reduce the patient's level of stress and anxiety, increase self-confidence, and ensure the effectiveness of speech therapy correction. Therefore, the systematic use of relaxation and breathing exercises in the process of speech therapy rehabilitation is of great importance.

REFERENCES:

1. Абрамова, Г.С. Практическая психология в логопедии. – Москва: Академия, 2018.

2. Азимова, Н.Р. Logopedik mashg'ulotlarda relaksatsiya va nafas terapiyasining samaradorligi. – Toshkent: Fan va texnologiya, 2022.
3. Выготский, Л.С. Психология развития ребенка. – Москва: Педагогика, 1984.
4. Жукова, Н.С., Мастюкова, Е. М., Филичева, Т. Б. Логопедия: преодоление нарушений произношения у детей. – Москва: Просвещение, 2020.
5. Копаева, Л.В. Нейропсихология речи и методы коррекции речевых нарушений. – Санкт-Петербург: Речь, 2019.
6. Лурия, А.Р. Восстановление функций мозга после локальных поражений. – Москва: Наука, 1974.
7. Хомская, Е.Д. Нейропсихология: учебное пособие. – Москва: АСТ, 2021.
8. Чуприкова, Н.И. Психология речи и речевых нарушений. – Москва: Академический проект, 2017.
9. Rahimova, M.S. Nafas terapiyasining logopedik reabilitatsiyada o'ri. – "Maxsus pedagogika" jurnali, №3, 2023.
10. Saidova, D.N. Afaziyada psixoemosional holatni barqarorlashtirishda relaksatsiya usullarining roli. – "Defektologiya va logopediya" ilmiy to'plami, 2024.
11. Smith, A., & Kinsella, G. (2019). Relaxation and breathing therapy in neurorehabilitation: psychological and linguistic outcomes. – Journal of Communication Disorders, 82(4), 115–128.
12. Thompson, C., & Shapiro, L. (2020). Aphasia therapy and emotional regulation: interdisciplinary approaches. – Neuropsychological Rehabilitation, 30(6), 879–898.
13. Walker, R., & Hegde, M. N. (2021). Treatment of Motor Speech Disorders in Children and Adults. – San Diego: Plural Publishing.
14. Yusufova, S.A. Disartriya da logoritmik va relaksatsion mashg'ulotlarning o'zaro ta'siri. – Toshkent davlat pedagogika universiteti ilmiy ishlari, №2, 2023.