



**DIFFERENCES BETWEEN DYSARTHRIA AND OTHER SPEECH
DISORDERS**

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Abstract: This article explores the nature of dysarthria as a speech disorder, its causes, and clinical manifestations. Additionally, the main differences between dysarthria and other speech disorders - alalia, aphasia, rhinolalia, dyslalia, and stuttering - are analyzed on a scientific basis. The article highlights the importance of differential diagnosis when working with dysarthria in special education, speech therapy, and speech pathology. Dysarthria, resulting from impaired innervation of the speech apparatus, has distinct structural and functional characteristics, which are systematically described in the article.

Keywords: Dysarthria, speech disorder, articulation, innervation, dyslalia, alalia, aphasia, rhinolalia, differential diagnosis, speech therapy.

Speech disorders are one of the complex psychophysiological conditions encountered in both children and adults. Dysarthria - a pronunciation disorder associated with innervation impairment - has been recognized as one of the most common speech defects in the fields of special education and speech therapy in recent years. However, differentiating dysarthria from other speech disorders is an important diagnostic process for speech therapists. This article is dedicated to the scientific analysis of such differences.

Dysarthria (from Greek "dys" - impairment, "arthron" - joint, articulation) is a speech disorder caused by paralysis or paresis (weakness) of the muscles of the speech apparatus resulting from damage to the central or peripheral nervous system. Its main cause is damage to the nerve pathways that control the speech apparatus (cerebral palsy, brain injury, stroke, genetic-neurological disorders). The following components are affected in dysarthria:

1. Articulatory movements



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2. Respiratory-phonatory coordination
3. Function of the vocal folds
4. Timbre, rhythm, and intonation
5. Fluency of speech

The combination of these defects fundamentally distinguishes dysarthria from other speech disorders. The main signs of dysarthria are weakness in the movements of the articulatory organs (tongue, lips, soft palate), unclear and unintelligible speech, numerous phonetic errors in sound pronunciation, slowing down or sharp acceleration of speech rate, insufficient breath control, and impairment of prosodic aspects.

Dyslalia is the incorrect pronunciation of certain sounds due to organic or functional insufficiency of speech organs. In dyslalia, no damage to the nervous system is observed. In dysarthria, the main cause is neurological disorder. In dyslalia, only some sounds are pronounced incorrectly; in dysarthria, all phonetic processes are disrupted. In dysarthria, there are disturbances in breathing, rhythm, timbre, and voice; in dyslalia, these conditions are not observed.

Alalia is the lack of speech development due to organic damage to the speech zone of the cerebral cortex. In alalia, speech does not develop at all or develops very late. In dysarthria, speech is present, but there are severe disturbances in the pronunciation of sounds and the speech process. In alalia, insufficiency of central speech mechanisms predominates, while in dysarthria, peripheral innervation disorders are more prevalent.

Aphasia - partial or complete disruption of developed speech due to brain damage. Aphasia is more common in adults, occurring after stroke and brain injuries. In dysarthria, speech is developed, but the process of sound production is disrupted due to neurological causes. Aphasia is a disruption of the semantic systems of language and speech; dysarthria is a disruption of the articulatory system.

Rhinolalia - nasal emission of sounds as a result of impaired nasal resonance. In rhinolalia, anatomical changes in the resonance and articulatory organs predominate. In dysarthria, the main factor is a disruption of innervation. In rhinolalia, the voice becomes nasalized, while in dysarthria, overall pronunciation becomes unclear.

Stuttering - a psychogenic or neurological disorder of speech rhythm and fluency. In stuttering, the articulatory organs are normal, while in dysarthria, muscle paresis or paralysis is observed. In dysarthria, prosody is also impaired; in stuttering, the speech flow is interrupted.

Unlike other speech defects, dysarthria has a neurological basis and arises as a result of impaired innervation of the muscles of the speech apparatus. Therefore,



differentiating it correctly from dyslalia, alalia, aphasia, rhinolalia, and stuttering is crucial for logopedic diagnosis. In dysarthria, not only the pronunciation of sounds but also the prosodic and motor aspects of speech are disrupted. This requires a comprehensive logopedic approach.

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