

The Causes of Logoneurosis in Childhood

Причини виникнення логоневрозу в дитячому віці

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Кандидат історичних наук, доцент кафедри соціальної роботи, психології та соціокультурної діяльності імені Т.Г. Сосновської, Навчально-реабілітаційний заклад вищої освіти «Кам'янець-Подільський державний інститут», м. Кам'янець-Подільський (Україна)

ABSTRACT

The purpose of our research is to develop the problem of stuttering in the psychological aspect to reveal its genesis, to understand the behavior of people who stutter in the process of communication, to identify their individual psychological characteristics.

Research methods. The research methods were the method of observation and the empirical study of patients. The place of organizing the empirical stage of our research was the psychiatric hospital № 1 in Kyiv. With the help of clinical, pathopsychological and anamnestic methods 86 children at the age 3-12 years old (the average age is 8 ± 0.5 years old) with logoneurosis in anamnesis were diagnosed.

The results of the research. The pathogenesis of stuttering is studied and those who stuttered are noted to have various autonomic changes. 84% of people who stuttered are considered to have autonomic dystonia. Among 98% of people who suffered from logoneurosis, 20% had a high intracranial pressure and extrapyramidal disorders. It is studied that those people who stuttered were born with vasoneurotics. It was quite objectively showed a change in the neurovegetative response in those ones who stuttered during seizures: in 100% of cases there was dilation of the pupils (mydriasis), while in a case of people who spoke correctly, the width of the pupils during speech did not change or there was some narrowing (miosis).

Conclusions. The reasons of logoneurosis are: neuropathic burden of parents (nervous, infectious and somatic diseases that weaken or disrupt the functions of the central nervous system); neuropathic features of a stuttering person (night terrors, enuresis, irritability, emotional tension); constitutional predisposition (diseases of the autonomic nervous system and increased susceptibility to higher nervous activity, its special predisposition to mental trauma); hereditary burden; brain damage in different periods of the personal development.

Key words: logoneurosis, the causes of logoneurosis, neuropathic burden of parents, neuropathic features of a stuttering person, constitutional predis-

position, hereditary burden, brain damage in different periods of the personal development.

Introduction

Some researchers (Huang, Oquendo, Friedman, Greenhill, Brodsky, Malone, Khait & Mann, 2003) doing their empirical researches on logoneurosis, explained it by various deviations in the activities of the peripheral and central departments of the speech apparatus. Thus, scientists (Lin, Chen, Chan & Hsu, 2019) associated the mechanism of logoneurosis with a lack of cerebral responses to the muscular system of the speech organs, such as with the activity of the central nervous system. Other researchers (Hardeman, Medina & Kozhimannil, 2016) explained logoneurosis as a result of distortion of sound pronunciation (rotacism, lambdacism, sigmatism), organic damage to the vocal apparatus or defective brain function. He was the first one who had noted the focus of acoustic attention stuttering on his language. Some other scientists (Tabachnikov, Mishyiev, Kharchenko, Osukhovskaya, Mykhalchuk, Zdoryk, Komplienko & Salden, 2021) considered logoneurosis as a certain contracture of the muscles of the vocal apparatus, which occurred due to its lack of innervation.

A lot of researchers (Mykhalchuk, Pelekh, Kharchenko, Ivashkevych, Ivashkevych, Prymachok, Hupavtseva & Zukow, 2020) have considered logoneurosis as a functional disorder in the field of speech, convulsive neurosis. Some others (Onufriieva, Chaikovska, Kobets, Pavelkiv & Melnychuk, 2020) defined logoneurosis as purely mental suffering, which was expressed by convulsive movements in the speech apparatus, as psychosis.

It is important to develop the problem of stuttering in the psychological aspect to reveal its genesis, to understand the behavior of people who stutter in the process of communication, to identify their individual psychological characteristics, that is a **purpose** of our research. To provide the empirical research of such people, who have logoneurosis, the research of their attention, memory, thinking, psychomotor skills have shown that they have changed the structure of mental activity, its self-re-

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gulation. These people are less likely to perform activities that require a high level of automation (and, consequently, rapid involvement in activities), but differences in productivity between stutterers and healthy people disappear as soon as the activity can be performed at any level. The exception in psychomotor activity is: if in a case of healthy children psychomotor acts are performed largely automatically and do not require arbitrary regulation of the behavior, then for those ones, who stutter, regulation is a complex task that requires arbitrary control.

Methods of the research

The place of organizing the empirical stage of our research was the psychiatric hospital № 1 in Kyiv. With the help of clinical, pathopsychological and anamnestic methods 86 children at the age of 3-12 years old (the average age is 8 ± 0.5 years old) with logoneurosis in anamnesis were studied. The research method was empirical study of patients.

The examination of children who stutter was carried out comprehensively (a speech therapist, a neurologist, a psychologist) with the involvement of other specialists: a pediatrician, a therapist, a psychiatrist, an ophthalmologist, an otolaryngologist and others.

The content of the survey includes the study of anamnestic information, pedagogical, psychological and medical documentation. From the conversation with the parents, the speech therapist finds out the most significant events that took place in the family, and in this case he/she clarifies the features of general, motor and language development of the child.

The main points of the prenatal period were assessed: the mother's age (less than or more than 35 years) at the moment of the birth of the child, neuro-mental health, diseases of a mother, a father, pregnancy. Data on the health of a father and a mother before the birth of the child allows us to identify possible abnormalities in his/her somatic and neuropsychological state. Identifying adverse factors of fetal development will help us to deter-

mine their indirect impact on the further language development of a child.

Identified deviations, various negative facts of natal and postnatal periods of the child's development are analyzed and evaluated by specialists in order to the most fully studying of the etiology and pathogenesis of stuttering.

In the conversations with parents, information about the child's language development was clarified: when there were the first sounds, babbles, the first words, phrases; what rate of speech the child uses, whether there were any peculiarities of his/her behavior in the moments of speech communication with others. It is important to learn about the child's language environment (whether the adults around the child stutter, whether the parents or people close to the child speak very quickly).

Our attention was paid to the study of the methods of upbringing a child in the family: the attitude of adults to child (whether the adult indulges in whims or, conversely, there is unbalanced, abrupt treatment, physically punishes, intimidates); assistance in the formation of the child's correct language (whether there are no overloads in learning complex texts) or, conversely, almost complete lack of control over the development of the child's correct pronunciation, grammatically correct speech communication, etc.

We took into account that the speech therapist should be primarily interested in when stuttering occurred, the first signs of it. How outwardly was it expressed? What are the possible reasons for it? As it developed, what features of the manifestations attracted the attention of parents: whether there are concomitant motor disorders (convulsions, tapping, shaking his head, etc.) or speech defects (extra words, sounds, pronunciation of certain sounds and words on the breath, etc.)? How does the child manifest himself/herself and whether it depends on the situation or the people around the child, on the different types of activities? How does a child speak alone (for example, with his/her toys)? What are the periods of deterioration and

improvement of the language? How does the child relate to his/her language deficiency (notices, does not notice, is indifferent, worried, ashamed, hides, afraid to speak, etc.)? Did the parents ask for help: where, when, what was recommended, what were the results?

The information about the peculiarities of stuttering allows in each case to choose the main form of diagnostic, therapeutic and pedagogical, therapeutic and corrective and therapeutic and propaedeutic actions. The presence of concomitant motor impairments of the child indicates the need for motor exercises, as well as a series of physical therapy classes.

The peculiarities of psychological manifestations of a stuttering child require the speech therapist to provide this plan of action for the patient: to divert the child's attention from fixing his/her thoughts on his/her defect, to restructure his/her attitude to himself/herself, his/her language, to teach the patient to hear his/her correct language.

Results and their discussion

By the beginning of the twentieth century all the diversity of understanding of the mechanisms of logoneurosis could have been reduced to *three theoretical directions*. Let us show them.

Logoneurosis as a spasmodic coordination of neurosis arising from the irritating weakness of speech centers (*the component of coordination*). This component was clearly formulated in the issues of scientists (Tabachnikov, Mishyiev, Drevitskaya, Kharchenko, Osukhovskaya, Mykhalchuk, Salden & Aymedov, 2021), who wrote that logoneurosis was a sudden violation of the continuity of articulation, caused by a convulsion that occurred in one of the departments of the speech apparatus as a physiological whole. Proponents of this theory initially emphasized the innate irritability of the apparatus that controlled the component of coordination. Later, the researchers explained logoneurosis in the light of neuroticism. They thought that logoneurosis was a convulsive spasm.

Logoneurosis is an associative disorder of a psychological nature of the person. This direction was put forward by some scientists (Khawaja, 2012). The other psychological approach to understanding the mechanisms of logoneurosis (Kharchenko & Vashchenko, 2021) has been further developed.

Logoneurosis is a subconscious manifestation that is developed on the basis of mental trauma, various conflicts of a man with the environment. Proponents of this theory were scientists (Onufrieva & Ivashkevych Ed., 2021), who believed that stuttering, on the one hand, showed the desire of the individual to avoid any possibility of confrontation with others, and on the other hand – to break the sympathy of others through such demonstrative suffering.

Thus, the idea that logoneurosis is a complex psychophysical disorder is becoming more and more definite. According to some researchers (Kharchenko & Kurytsa, 2021), it is based on *physiological disorders*, and psychological manifestations have been taken on a recurring nature (Brodsky, Oquendo, Ellis, Haas, Malone & Mann, 2001). Other researchers (Grunebaum, Oquendo, Burke, Ellis, Echavarria, Brodsky, Malone & Mann, 2003) considered psychological features to be primary, and physiological manifestations as a consequence of these psychological shortcomings. In a scientific field there have been many attempts to consider stuttering as a neurosis of expectation, a neurosis of fear, a neurosis of inferiority, an obsessive-compulsive disorder.

Also the mechanism of stuttering began to be considered, based on the teachings of I. Pavlov on the higher nervous activity of a man and, in particular, on the mechanism of neurosis (Hayden, Farrar & Peiris, 2014). At the same time, some researchers considered stuttering as a main symptom of neurosis (Corbitt, Malone, Haas & Mann, 1996), others – as a special form of it (Kharchenko & Komarnitska, 2021). But in both cases, these complex mechanisms of the development of logoneurosis are identical to the mechanisms of the development of neuroses in general. Stuttering, like other neuroses, occurs due to vari-

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ous causes, causing overstrain of the processes of excitation and inhibition; logoneurosis is the formation of a pathological conditioned reflex. Stuttering is not a symptom or syndrome, but a disease of the central nervous system as a whole.

Disorders in the relationships of nervous processes (overexertion of their strength and mobility) in the cerebral cortex play a primary role in the occurrence of logoneurosis. Nervous breakdown in the cortex of the large hemispheres may be due to, on the one hand, the state of the nervous system, its readiness to deviate from normal state. On the other hand, nervous breakdown may be due to adverse exogenous factors, the importance of which in the genesis of stuttering was pointed out by scientists (Villar, Blanco & del Campo, 2015). A reflection of a nervous breakdown is a disorder of a particularly vulnerable area of higher nervous activity of a child – his/her speech, which is manifested in impaired coordination of speech movements with the phenomena of arrhythmia and convulsions. Violation of cortical activity is primary and leads to distortion of induction relations between the cortex and subcortex, to the violation of those conditioned-reflex mechanisms that regulate the activity of subcortical formations. Due to the conditions under which the normal regulation of the cortex is distorted, there are negative changes in the activity of the striopallidar system. Its role in the mechanism of stuttering is quite important, because normally this system is responsible for the rate and rhythm of respiration, according to the tone of the articulatory muscles. Logoneurosis does not occur under conditions of organic changes in the streopalidum, but in the case of dynamic deviations of its functions. These views reflect the understanding of the mechanism of neurotic stuttering as a kind of disorder of the cortex.

As for young children, according to our research, the mechanism of stuttering should be explained from the standpoint of *reactive neurosis* and *developmental neurosis*. *Reactive developmental neurosis* is understood as an acute violation of higher nervous activity. In the case of developmental neurosis, the for-

mation of pathological stereotypes occurs gradually, in adverse environmental conditions it was presented by irritation, suppression, decline. Developmental stuttering occurs at the early age against the background of delayed "physiological inconsistency" in the transition to complex forms of speech, to speech phrases. Sometimes it is a result of language underdevelopment of different genesis. Thus, we call logoneurosis a disease based on language difficulties associated with the design of more or less complex expressions that require a phrase to express people themselves. Speech difficulties can be caused by delays in the language development, by transition to another language, by cases of pathological personality development with underdevelopment of the emotional and volitional sphere, a need to express a complex opinion.

Also we consider stuttering as a language underdevelopment, sees its essence in the predominant violation of the communicative function of speech. The study of the general language development of a child, the state of his/her phonetic and lexical-grammatical development, the ratio of active and passive language, the conditions under which stuttering increases or decreases, confirms our observations. Speech difficulties, as we investigated, depends on different conditions: on the one hand, on the type of nervous system, on the other one – on the conversational environment, on the general and speech modes. The first manifestations of stuttering are characterized by affective tension, which accompanies the unbearable mental operation of finding words, grammatical forms, speech forms. From the physiological standpoint of the analysis of the speech apparatus we conclude that the phenomenon of stuttering can be defined as a violation of continuity in the selection of sound elements in compiling a geometric algorithm of words, as a violation of self-regulation in speech control at the syllabic level.

Along with neurotic logoneurosis, other forms of speech began to be studied with the appearance of the language after alalia and aphasia; post-concussion stuttering; logoneurosis of

oligophrenics; in a case of patients with various psychoses; with severe speech disorders and delayed speech development; in a case of organic logoneurosis. Thus, we distinguish two forms of organic stuttering: the first one by the type of cortical aphasia, when the systems of associative fibers are disrupted and the internal language suffers; the second one is a kind of motor insufficiency of the type of dysarthria and it is associated with the defeat of the crusts. The problem of organic logoneurosis still remains unresolved. Some researchers believe that stuttering is generally included into the category of organic diseases of the central nervous system and disorders of the brain substrate directly affect the language areas of the brain or related systems. Also we consider stuttering as a predominantly neurotic disorder, considering the organic disorders themselves as the "ground" for disruption of higher nervous activity and speech function.

We have studied the pathogenesis of stuttering and we noted those who stuttered had various autonomic changes. 84% of people who stuttered had autonomic dystonia. Among 98% of children who suffered from logoneurosis, 20% had a high intracranial pressure and extrapyramidal disorders. We believed that those people who stuttered were born with vasoneurotics. It is quite objectively showed a change in the neurovegetative response in those ones who stuttered during seizures: in 100% of cases there was dilation of the pupils (mydriasis), while in a case of people who spoke correctly, the width of the pupils during speech did not change or there was some narrowing (miosis).

In severe cases disorders of the autonomic nervous system, we mean self-stuttering, comes into the background, while the person is dominated by fears, anxiety, stress, distrust, general tension, prone to tremors, sweating, redness. In childhood those ones who stutter have sleep disorders: trembling before falling asleep, fatigue, restless shallow dreams, night terrors. Older stuttering children tend to associate all these unpleasant experiences with speech disorders. The thought of his/her disorder

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is stable in accordance with the constantly disturbed state of the children's health. Against the background of general excitability, instability of physical conditions and constant doubts, speech is usually only improved for a short time. There is often a lack of focus and perseverance in stuttering classes. Such individuals' results are underestimated, as improvements in the speech only slightly alleviate their general well-being.

In the 70's in Psychiatry clinical criteria we proposed to distinguish between neurotic and neurosis-like disorders, and there was a tendency to differentiate between stuttering into neurotic and neurosis-like forms. According to the results of our empirical research we consider the mechanism of stuttering not only from clinical and physiological, but also from neurophysiological, psychological, psycholinguistic positions.

The results of our neurophysiological research of logoneurosis in the organization of speech activity show, that in a case of people who stutter while speaking the dominant left hemisphere can not perform its role firmly enough, which leads to its imbalance in relations to the right hemisphere. Provisions on the relationships between stuttering and vague speech dominance are confirmed by our empirical data.

Our researches of the organization of the function of vision in stutterers have shown that these people are characterized by atypical lateralization of speech and visual functions of the psyche. The revealed anomalies can be considered as a consequence of shortcomings of bilateral regulation of visual processes and deviations in interhemispheric relations. We believe that those people who stutter are more inert of mental processes than those ones who normally speak. They are characterized by phenomena of perseverance associated with the mobility of the nervous system.

There are researches of traits of individuals who stutter, both through clinical observations and with the use of experimental psychological techniques. With their help, anxious and trusting nature, suspicion, phobic states were revealed; insecur-

riety, isolation, predisposition to depression; passive-defensive and defensive-aggressive reactions to the defect.

It is worth considering the mechanisms of stuttering from the standpoint of psycholinguistics. This aspect of the study involves finding out at what stage of speech production convulsions occur, when a person begins to stutter. There are the following phases of *language communication*:

- 1) the presence of the need for speech or communicative intention;
- 2) the birth of the idea of the expression in internal speech;
- 3) sound realization of the statement.

In different structures of language activity, these phases are different in their completeness and duration, and do not always unambiguously follow from each other. But there is a constant comparison of plans and accomplishments. We believe that stuttering occurs when a person is ready to speak in the presence of the speaker's communicative intention, speech program and basic ability to speak normally. In the three-member model of speech generation, we propose to include a phase of readiness for this process, in which the stuttering mechanism "breaks" the whole utterance mechanism, all its systems: generator, resonator and energy. There are convulsions, which are also manifested later in the fourth, a final stage.

Considering different points of view on the problem of stuttering, we can conclude that the mechanisms of logoneurosis are heterogeneous. In some cases, stuttering is *a complex neurotic disorder*, which is the result of disorganization of nervous processes in the root of the brain, impaired interaction of the cortical subcortex, a disorder of a single autoregulated rate of speech movements (voice, breathing, articulation). In other cases, *logoneurosis is a complex neurotic disorder* caused by a fixed reflex of incorrect speech, which initially arose due to speech difficulties of various origins.

In the third case, *logoneurosis is a complex, mostly functional speech disorder* caused by general and linguistic dysonto-

genesis and disharmonious of person's development. Fourthly, ***logoneurosis is a mechanism of stuttering*** that can be explained by organic changes in the central nervous system. Other interpretations are also possible. But in any case it is necessary to take into account the violations of physiological and psychological nature, the peculiarities of their combination and so on.

Our research shows that the causes of stuttering are such emotions, as: shame, fear, anger, stress, severe blows to the head, serious illness, imitation of incorrect speech of a father and a mother. We also emphasize that stuttering is a characteristics of childhood, when the development of speech is not yet complete. We'd like to attribute the decisive role to heredity, considering other psychological and biological causes (fear, shock, infectious diseases, imitation) only as impulses that upset the balance of language mechanisms that are still unstable for children. We sought the cause of stuttering in the wrong methods of upbringing a child in the family and considered harmful both severe and fragile upbringing.

We have identified the wrong upbringing of children as the causes of stuttering; asthenia of the body due to infectious diseases; imitation, infections, falls, fear, stress, left-handedness in retraining. Thus, the etiology of stuttering emphasizes the combination of exogenous and endogenous factors. Currently, there are two groups of causes of logoneurosis: those ones that were attracted, and the reasons that produced logoneurosis. However, some etiological factors can both be contributed to the development of stuttering, and directly caused it.

Adverse conditions, which facilitate logoneurosis, are:

- *physically weakened children;*
- *age features of brain activity;* large hemispheres of the brain are mainly formed by the 5th year of life, by the same age functional asymmetry is formed in the brain. Language function is ontogenetically the most differentiated, especially fragile. Moreover, its slower maturation in a case of boys compared with girls caused greater instability of their nervous system;

– *accelerated development of speech* (3-4 years old), when the child's communicative, cognitive and regulatory functions are developed rapidly under the influence of communication with adults. Many children during this period are characterized by a repetition of syllables and words (iterations), which has a physiological nature;

– *hidden mental imbalance of a child*, increased reactivity as a result of not quite normal relationships with others;

– *a conflict between the peculiarities of the environment* and the degree of its awareness;

– *lack of positive emotional contacts between adults and children*. There is emotional tension, which is often externally accompanied by stuttering;

– *insufficient development of motility, sense of rhythm, facial expressions and articulatory movements*.

In the presence of one or another of these adverse conditions any extraordinary stimulus is enough to cause a nervous breakdown and stuttering. In the group of *production causes* there are anatomical and physiological, mental and social reasons.

Anatomical and physiological causes are: physical diseases with encephalitic consequences; injuries – such as intrauterine, natural, often with asphyxia, concussion; organic disorders of the brain, which can damage the mechanisms of the subcortex, regulatory movements; exhaustion or fatigue of the nervous system as a result of intoxication and other diseases that weaken the central speech apparatus: measles, typhoid, rickets, worms, especially whooping cough, diseases of internal secretion, metabolism; diseases of the nose, pharynx and larynx; imperfection of the sound apparatus in cases of dyslalia, dysarthria and speech delay.

Mental and social causes of logoneurosis are: short-term, one-time mental trauma (fear, stress); long-term (longitudinal) mental trauma, which means improper upbringing in the family: spoilage, imperative upbringing, unequal upbringing, upbringing of "the exemplary" child; chronic conflict experiences, long-

term negative emotions in the form of persistent mental stress or unresolved, constantly fixed conflict situations and situations of cognitive dissonance (internal conflict); acute severe mental trauma, strong, sudden shocks that cause acute reactions of affect: a state of horror, excessive joy; incorrect speech formation in childhood: speech on the breath, rapid speech, speech disorders, rapid nervous speech of parents; overloading young children with language material; age-inappropriate complication of language material and thinking (abstract concepts, complex phrase construction); polyglossia: simultaneous mastery of different languages at the early age, which can cause stuttering, usually in any one language; imitating another stuttering person.

There are two forms of such mental induction: passive one – the child involuntarily begins to stutter; the active form – a child copies the language and stutters; retraining of left-handedness. Constant reminders, requirements can disrupt the higher nervous activity of the child and bring him/her to a neurotic and psychopathic state with the onset of stuttering; wrong attitude to the child from the side of a teacher: excessive severity, inability to adjust the student to a positive perception of themselves. All these may also be a trigger for the emergence of logoneurosis.

Conclusions

So, *the reasons of logoneurosis* are:

– *neuropathic burden of parents* (nervous, infectious and somatic diseases that weaken or disrupt the functions of the central nervous system);

– *neuropathic features of a stuttering person* (night terrors, enuresis, irritability, emotional tension);

– *constitutional predisposition* (diseases of the autonomic nervous system and increased susceptibility to higher nervous activity, its special predisposition to mental trauma);

– *hereditary burden* (stuttering developed on the basis of congenital weakness of the speech apparatus, which can be inherited as a recessive trait). The role of exogenous factors must

be taken into account when the tendency to stutter is combined with adverse environmental effects;

– *brain damage in different periods of the personal development under the influence of many harmful factors*: intrauterine and birth injuries, asphyxia; postnatal factors, such as: infectious, traumatic and metabolic-trophic disorders in various diseases in the childhood.

These causes cause various pathological changes in the somatic and mental spheres of the person, lead to delayed speech development, speech disorders and contribute to the development of stuttering.

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Харченко Євген, Завадська Ірина. Причини виникнення логоневрозу в дитячому віці.

Метою статті є розробити проблему заїкання в психологічному аспекті для розкриття його генезису, для розуміння поведінки людей, які заїкаються, в процесі комунікації, для виявлення їх індивідуально-психологічних особливостей.

Методи дослідження. Використано такі методи дослідження: спостереження та метод емпіричного дослідження хворих. Місцем організації емпіричного етапу нашого дослідження стала психіатрична лікарня № 1 м. Києва. За допомогою клініко-патопсихологічних та анамнестичних методів було обстежено 86 дітей віком 3-12 років (середній вік $8 \pm 0,5$ року) з логоневрозом в анамнезі.

Результати дослідження. В дослідженні зазначено, що діти, які заїкаються, мають різні вегетативні зміни. Доведено, що у 84% дітей, що заїкаються, є вегетативна дистонія. З 98% осіб, які страждають на логоневроз, 20% мають підвищений внутрішньочерепний тиск та екстрапірамідальні порушення. Показано, що, як правило, діти, що заїкаються, народжуються вазоневротиками. В нашому дослідженні досить об'єктивно показано змінунейровегетативної реакції у тих дітей, що заїкаються, під час нападів: у 100% випадків у них спостерігається розширення зіниць (мидріоз), тоді як у людей, які правильно говорять, ширина зіниць під час мови не змінюється або наступає деяке їхнє звуження (міоз).

Висновки. Доведено, що до причин логоневрозу відносяться наступні: невропатична обтяженість батьків (нервові, інфекційні і соматичні захворювання, що послаблюють або дезорганізують функції центральної

нервової системи); невропатичні особливості людини, що заїкається (нічні страхи, енурез, підвищена дратівливість, емоційна напруженість); конституціональна схильність (захворювання вегетативної нервової системи і підвищений рівень сприйнятливості вищої нервової діяльності, її особлива схильність до психічних травм); спадкова обтяженість; поразка головного мозку в різні періоди розвитку.

Ключові слова: *логоневроз, причини виникнення логоневрозу, невропатична обтяженість батьків, невропатичні особливості людини, конституціональна схильність, спадкова обтяженість, поразка головного мозку в різні періоди розвитку.*

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