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VOCALOPSYCHOTHERAPY AS A METHOD OF SPEECH RESTORATION AND STABILIZATION EMOTIONAL STATE IN PATIENTS WITH AVCC

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Stroke (from Latin insulto) — literally "jump, jump", meaning "attack, blow, onslaught", the diagnosis of "stroke" is an acute violation of cerebral circulation (AVCC) [1].

Various forms of aphasia, dysarthria and dysphagia occupy the second place after motor disorders among the complications of stroke. Speech disorders can occur by the type of aphasia, in this case, the speech centers in the cerebral cortex are affected with the preservation of the articulatory apparatus. With this violation, a person experiences difficulties in choosing words, the nominative function of speech, reading, writing are violated, in some cases, a person loses the ability to understand speech, etc. In other cases, the patient understands the speech of others, but reproduces himself "verbal okroshka" ("gibberish"), while there is no criticality for this disorder [2].

With dysarthria, speech disorders after a stroke occur due to a violation of the function of the executive speech apparatus (sluggish or spastic paralysis / paresis, muscle rigidity, ataxia, etc.). At the same time, the understanding of the speech of others, reading and writing functions remain completely intact, but their own articulatory speech is disrupted (especially articulation of consonants, speech is slowed down, sometimes intermittent) [3].

Stroke as a disease of cerebral vascular genesis refers to pathological disorders that affect the personality of the patient, his neuropsychic and somatic structure and cause noticeable changes in the emotional and volitional spheres. The attitude to the social environment is also violated, which limits the patient's participation in public life. Emotional disorders determined by somatic pathology are manifested in the early stages by increased anxiety, suspiciousness, fatigue, hypochondriasis, fixation on one's somatic disease, sleep and appetite disorders [4].

It is known that a rational combination of pharmacological and non-drug effects increases the effectiveness of rehabilitation measures. Non-drug methods of exposure potentiate drug therapy, make it possible to reduce the dose of medications that can give side effects and cause dependence. Thus, integrative methods, one of which is musical psychotherapy, are of particular importance in the treatment and rehabilitation of patients with AVCC.

Musical psychotherapy is the controlled use of music in the treatment, rehabilitation, education and upbringing of children and adults suffering from somatic and mental illnesses. It is widely used in many countries for the treatment and prevention of various disorders, including developmental abnormalities, emotional instability, behavioral disorders, sensory deficits, spinal cord injuries, psychosomatic diseases, borderline mental pathology, stuttering, autism.

Depending on the activity of patients, the degree of their participation in music therapy in the singing process and the tasks set, music therapy can be presented in a passive (receptive) form, when it is offered only to listen to music, and active, when patients actively express themselves in music (sing, dance, play instruments, etc.) [5].

In the rehabilitation of patients at ONMC, we have chosen an active form of musical psychotherapy – vocalopsychotherapy. When working with patients using the method of vocalopsychotherapy, the following therapeutic targets are affected: disinhibition of speech, disinhibition of the articulatory apparatus, stabilization of the emotional background the patient. Due to the fact that vocalopsychotherapy covers several narrowly specialized tasks (both from the side of speech therapy correction and from the side of psychocorrection), it is advisable to interact with specialists stov inside a multidisciplinary team, namely a speech therapist and a medical psychologist.

Vocalopsychotherapy is divided into two blocks:

1. Vocalotherapy – the patient is engaged with a speech therapist and a neuropsychologist.

2. Psychotherapy – the patient is engaged with a neuropsychologist.

As it is known, a person has an automated speech reproduction of well-memorized verbal blocks, series (passport data, sequential enumeration of numerical series, days of the week, months, reproduction of poetic passages memorized in childhood or repeatedly repeated, etc.). Automated speech remains preserved for a relatively long time in the process of speech decay. Due to the existence of automated speech and the peculiarities of its functioning, it becomes possible to disinhibit articulation on-line apparatus and restoration of speech activity in patients [6 — 10].

In the process of rehabilitation, automated speech is objectified in the form of singing well-known songs, which are well-learned verbal blocks in past life experience.

The following can be said about the contribution of vocalopsychotherapy to the process of psychocorrection. The positive influence of music on the emotional state has been known for a long time. The process of patients' perception of familiar musical and song melodies is accompanied by the actualization of both mnestic processes and personally significant motives. The experience of emotions in the process of singing a song, as well as the actualization of memories are two bases on which to base yourself in the process of musical psychotherapy.

Vocalopsychotherapy blocks

1. Articulation gymnastics

2. Breathing exercises

3. Singing songs (disinhibition of automated speech)

4. Psychotherapy proper (using psychological counseling techniques to verbalize experienced emotions, their awareness and acceptance).

Thus, the vocalopsychotherapy model developed by us implies not only an integrative method in the rehabilitation of patients with ONMC, but also productive interaction of specialists of a multidisciplinary rehabilitation team. Experimental confirmation of the practical effectiveness of this method of rehabilitation it is planned in the future and is a promising area of our further scientific research.

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