

PSYCHOLOGICAL FEATURES OF THE DEVELOPMENT AND TRAINING OF PRIMARY SCHOOL STUDENTS WITH A MILD DEGREE OF MENTAL RETARDATION

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Abstract: The issues of teaching children with special educational needs are relevant in pedagogy today. Mental retardation is a persistent underdevelopment of the level of mental, primarily intellectual, activity associated with an acquired organic pathology of the brain, congenital or acquired before the age of three.

Key words: Mental retardation, psychological characteristics, intellectual disability

Introduction. Mental retardation can be several degrees: mild (IQ – 69-50), moderate (IQ – 50-35), severe (IQ – 34-20), deep (IQ<20). The education of children with varying degrees of mental retardation has its own characteristics. By definition, teaching is a two-way process in which the student and the teacher participate at the same level, while teaching is a process in which a large degree of independence corresponds to the student. In this regard, it should be noted that the possibilities of independent activity of children with mental retardation (intellectual disability) are reduced [1-3].

Currently, intellectual underdevelopment (in) is understood as a group of syndromes of organic nature, manifested by general mental underdevelopment.

lack of intellectual abilities [4].

Taking into account the problem of the formation of communication skills in primary school students with In, scientists pay attention, first of all, to children with a mild in level, since a significant decrease in intelligence in children with moderate to severe in violence, cognitive activity and gross speech disorders do not allow us to talk about the full development of communication. Children with a light in level make up the bulk of type VIII special school pupils [5].

M. S. Pevzner identified five main forms of oligofrenia: uncomplicated, with a predominance of excitation or inhibition processes, with decreased function of analyzers, with psychopatho-like behavior, with pronounced insufficiency of the frontal parts of the cerebral cortex. Each of the forms has a number of distinctive features due to the structure of the defect, but common features are also identified, which serves as the basis for combining them into a certain category of children with deviant development, and therefore studying in a Special School of type VIII. Such general characteristics include all high mental functions in children, significant deviations in the development of the personal sphere [6-8].

The development and development of various mental processes depends on the content, structure, motives, goals and means of activity. The uniqueness of the personality of Primary School students with intellectual disabilities is due to the fact that they form a qualitatively specific structure of activity in the process of abnormal development. What usually developing children learn in preschool age, students with

intellectual developmental disabilities receive later and only in the process of special education [9].

Thus, attention disorders – an important component of activity-are one of the characteristic symptoms of in. S. V. Liepin's research shows that primary school students who are in have mandatory attention, unlike their normally developing peers who voluntarily come to the fore [10]. Students in type VIII Correctional schools have a low overall level of attention Development. This is manifested by the fact that children do not notice important elements of images, do not catch what the teacher tells them, misunderstanding the task, make mistakes when performing the same type of work; at the same time, mistakes are unstable, which indicates a lack of attention, and not ignorance or incompetence. M. S. Pevzner associates such characteristics of intellectually underdeveloped children with pathological inertia of nervous processes, i.e. with a violation of their mobility, balance between the processes of excitation and inhibition [11].

The memory of these children is characterized by poor memory, speed of forgetting, uncertainty of repetition, and occasional forgetfulness. Intellectually underdeveloped students suffer from both logical and mechanical memory, their size; the productivity of both voluntary and involuntary memorization. As characteristic features of material reproduction can be called completeness, accuracy, lack of consistency. For example, presenting material in a logical sequence in a random perception is usually the sum of disordered recall, in which characteristic speech and thinking disorders are manifested. However, with any type of iodized reproduction, many substitutions, additions are recorded, although by adulthood the number of errors decreases. Such features of memory significantly complicate the learning process and cognitive activity in general. The formation of skills and abilities, the acquisition and use of new knowledge is impossible without the participation of memory. In such conditions, it will be very difficult to formulate ideas [12-15].

The thinking of children with mental developmental disabilities develops according to the same laws as usual: they form the same types of thinking – visual-effective, visual-figurative, verbal; the same operations: analysis, synthesis, comparison, generalization. But there are specific features, which are mainly in the slowdown in development, in the later stages of the beginning and in the stretching of the stages of the formation of thinking. The underdevelopment of analytical-synthetic activity is manifested in the systemlessness and inconsistency of analysis, in which students randomly, several times, name the insignificant features of the topic, while ignoring the main details. The result of such an analysis is insufficient, poor-quality synthesis. Difficulties in analysis and synthesis are also exacerbated by the vocabulary of students with in, since the lack of words necessary to describe an object in their active dictionary violates the integrity of its perception and the formation of ideas about it [16-18].

Another feature of the mental activity of schoolchildren with In is a decrease in the possibility of generalization, i.e. specificity of thinking. In the learning process, this is manifested in the fact that children do not know the rules and general concepts well. Students who are In are also characterized by inconsistency in thinking, which can be caused by impaired activity targeting, stickiness of intellectual processes, and a tendency to stick to details [19-22].

Comparative operations were also disrupted. Elementary students in correctional schools usually focus on signs that distinguish one subject from another, instead of emphasizing what is common between objects. This is due to further difficulties in classification. But the main difficulties in comparison are observed when it is necessary to compare mental images, working with ideas and concepts. Mastering abstract thinking is complicated by serious difficulties in establishing even simple causal relationships, especially in cases where the analyzed concept is outside the life experience of children who have in [23-25].

Children with In are also characterized by a weakness in the regulatory role of mental activity. With In, the child often does not think about his actions, does not know the result in advance, i.e. his opinion does not work as a regulator that expects the final result of all activities [26].

This feature of thinking is closely related to another – with criticality. Students of Correctional schools do not strive to check themselves, do not express a desire to improve the already achieved achievements. It is not uncommon for some students to doubt the accuracy of their Assumptions, Conclusions and actions [27].

However, the reasons for such shortcomings and other negative characteristics of Primary School students with in should be sought not only in organic damage to the central nervous system, but also in the social conditions of their upbringing and education. The development of the personality of children with In is one of the most important and difficult tasks of type VIII Correctional schools [28].

With in, the adequate development of the personality of elementary school students is complicated by a number of factors. One of them is the immaturity of their emotional sphere. In children, depending on the clinical forms of in, rapid changes in unstable polar emotions, as well as prolonging, inertia of emotional reactions are possible, but in any case, children have difficulty controlling them. Many researchers have pointed out that the intellectual disability of children with oligophrenia largely depends on the underdevelopment of the emotional-voluntary sphere [29-32]. At primary school age, they are characterized by initiative, independence, proposal, weak motivation.

At primary school age, students in Special Correctional schools usually do not have a sufficiently high level of self-esteem, but some children may manifest themselves and look excessively low. This is possible in cases where the child is constantly subjected to negative assessments by adults. The opinion of adults is very important for children with in, therefore, one of the leading roles in the formation of personal characteristics of a child with deviant development belongs to the teacher. The claims of children to the older classes and their self-esteem become more adequate and realistic [33-36].

The role of the teacher is also important in students who have a positive attitude towards educational activities. The manifestation of negative attitudes in small classes is special. Basically, here you can observe an indifferent and externally positive attitude to educational activities, a consciously positive attitude is recorded only in some students. But this factor, which negatively affects the entire process of education and upbringing of mentally retarded children, like many others, is destructive and cannot be predetermined by the pathological development of the personality of students [37-40].

Taking into account the individual characteristics of children with deviant development in the process of education and upbringing, it is possible to achieve their successful socialization and adaptation to the world around them. L. S. Vygotsky said that the central issue of the problem of mental retardation should be the consideration of the relationship between intelligence and influence, but not only as a phenomenon of dependence on the former on the latter, but also as a complex process of their internal relationship [41].

Children with mental retardation of the child have a low ability to learn as an ability to master knowledge. The lesson noted a low level of Organization of children, the level of assimilation of educational material slowed down. The child does not always use the help of adults, has difficulty transferring the acquired knowledge to a new situation. Cognitive interest in the tasks presented is unstable, the volume of stable performance is narrowed. In the education of children with intellectual disabilities, vicar educational types based on direct imitation work well [42].

Children with mild levels of mental retardation differ in the development of mental cognitive processes, deviate from the norm. Let's give a description of these deviations in elementary school students. Mild degree mental retardation is characterized by a slight deviation from the norm. Such children are about two and a half years behind their peers in development [43].

The interests of such children are narrow, unstable. Self-control is carried out at a low level. In educational conditions, it is difficult for children to hold direct desires, even under the influence of restrictive motives: to ban adults, punish. Sometimes this is due to their general disinhibition, lack of attention. Communication is usually difficult, since speech has not yet formed sufficiently, but children

usually strive to communicate with their peers. In communication, children often turn to non-verbal means of communication [44-46].

In communication with adults and peers, children are not always able to control their emotions, usually understand and correctly assess social emotions such as empathy, empathy, manifest them in life. It can show sympathy and politeness to peers, but these connections are unstable. Elementary school students usually have an idea of moral qualities, understand that you cannot have fun, fight, share other toys, etc., but do not adequately understand the need to fulfill them. Children respond adequately to violations of moral standards by other children, but moral standards do not always fulfill the function of regulating their behavior. Norms, although they are recognized, but often violated, we can say that moral behavior is very situational and depends on who the child is communicating with [47-51].

Observation shows that children who are mentally light determine the tendency to choose simple tasks, whether they succeed in performing these tasks or not. Elementary school students with mild mental retardation cannot hold attention when performing a task for a long time. Skills are formed gradually. Emotions are not always balanced. They do not notice a failure in practical activities, they do not try to independently look for a way out, as a result of their activities, they are not always interested [52-54].

Cognitive interests in such children are not formed. Often in educational activities, motives such as the motivation to avoid problems are observed. Such children accept the purpose of the educational task, but by the end of the lesson they cannot keep it in its entire volume, so they make mistakes in the process of work, which usually do not indicate a desire to improve the quality of work. Training activities and operations are not formed. In children, fine motor skills are very poorly formed: they cannot independently hold the pen, write letters. In this case, the help of adults is required [55-57].

Usually such children recognize letters in the text and indicate the named letter, confusing spelling-like letters: "sh" and "sh" "and" n". Such children in most cases do not know how to work in a group, they do not have the ability to perform coordinated actions in the classroom, taking into account the position of another person in physical education. Individuals show dualistic, antiooperative tendencies, a tendency to work without paying attention to a partner. Skills are not age-appropriate [58, 59].

In children with a mild degree of mental retardation, perception is superficial, that is, the perception of objects as a whole, they do not use the analysis of the perceived material, its comparison. In the seven color spectra, the colors are poorly oriented, but usually they can be found as samples at the request of adults [60].

Mental activity is characterized by underdevelopment, which prevents the development of knowledge of science. Concepts and concepts are unsystematic. There are no semantic connections, it is difficult for children to establish them, it is difficult to think clearly, generalize. The child can determine the differences between individual objects only in a certain circle; it is impossible to distract from a particular situation. Conceptual generalizations are formed with great difficulty [61].

Mandatory attention prevails. Eye contact is short-term. Instability of active attention, increased fatigue and fatigue, a short period of concentration. Stability and concentration depend on interest in the activity. The memorization process is mechanical. In the process of memorization, self-control is poorly developed.

Conclusions. To prevent overwork, nervous disorders in children with mild intellectual disabilities, the teacher can use a systematic and active approach to health, play, multi-level technologies, teaching. Unconventional methods in correctional work with children with intellectual disabilities include: color therapy, music therapy, Cuclotherapy, fairy tale therapy, sand therapy. Special educational needs must be taken into account when educating mentally retarded (intellectually disabled) children. Educational tasks for such children should be available, knowledge and skills should be updated regularly.

Despite the fact that the development of a child with an intellectual defect occurs on a defective basis and is characterized by a slowdown, deviating from normal development, it determines the process

of moving forward. Systematic and systematic work aimed at correcting deviations in the development of such children contributes to qualitative changes in their cognitive mental processes, in the development of their personality, which provides the basis for the further optimistic forecast.

References:

1. Abdurashidovich N. O., Zamonbek o'g'li B. F., Temirpulotovich T. B. Assessment of the relationship of the degree of conformity in patients with schizophrenia with clinical features and socio-demographic factors //European journal of modern medicine and practice. – 2024. – T. 4. – №. 2. – C. 22-30.
2. Antsiborov S. et al. Association of dopaminergic receptors of peripheral blood lymphocytes with a risk of developing antipsychotic extrapyramidal diseases //Science and innovation. – 2023. – T. 2. – №. D11. – C. 29-35.
3. Asanova R. et al. Features of the treatment of patients with mental disorders and cardiovascular pathology //Science and innovation. – 2023. – T. 2. – №. D12. – C. 545-550.
4. Begbudiyev M. et al. Integration of psychiatric care into primary care //Science and innovation. – 2023. – T. 2. – №. D12. – C. 551-557.
5. Biktimirova G., Turayev B., Ochilova N. Features of the pathokinesis of adaptation disorders in men with mild forms of cardiovascular disease //Modern Science and Research. – 2024. – T. 3. – №. 1. – C. 602-610.
6. Bo'Riyev B. et al. Features of clinical and psychopathological examination of young children //Science and innovation. – 2023. – T. 2. – №. D12. – C. 558-563.
7. Borisova Y. et al. Concomitant mental disorders and social functioning of adults with high-functioning autism/asperger syndrome //Science and innovation. – 2023. – T. 2. – №. D11. – C. 36-41.
8. Hamdullo o'g'li J. H., Temirpulotovich T. B. Features of the Clinical Course of Post-Traumatic Epilepsy, Psychiatric and Neurosurgical Approaches //International Journal of Cognitive Neuroscience and Psychology. – 2024. – T. 2. – №. 2. – C. 8-14.
9. Hamidullayevna X. D. et al. Features of the use of social networks by people with schizophrenia //Journal of healthcare and life-science research. – 2024. – T. 3. – №. 1. – C. 52-58.
10. Ivanovich U. A. et al. Efficacy and tolerance of pharmacotherapy with antidepressants in non-psychotic depressions in combination with chronic brain ischemia //Science and Innovation. – 2023. – T. 2. – №. 12. – C. 409-414.
11. Lapasovich B. S., Usmanovich O. U., Temirpulotovich T. B. Алкоголизмга чалинган беморларда турли дори воситаларни суиистеъмол қилишининг клиник хусусиятлари //Journal of biomedicine and practice. – 2023. – T. 8. – №. 4.
12. Malakhov A. et al. Problems of prevention of socially dangerous behavior by individuals with mental disorders //Science and innovation. – 2023. – T. 2. – №. D11. – C. 405-412.
13. Nematillayevna S. D. et al. Features of non-psychotic diseases and cognitive disorders in organic brain damage of vascular genesis in elderly people //Amaliy va tibbiyot fanlari ilmiy jurnali. – 2024. – T. 3. – №. 2. – C. 124-130.
14. Nematillayevna S. D. et al. Prevalence of anxiety and depressive disorders in elderly patients //Amaliy va tibbiyot fanlari ilmiy jurnali. – 2024. – T. 3. – №. 2. – C. 118-123.
15. Nematillayevna S. D. et al. Psychological factors for the formation of aggressive behavior in the youth environment //Science and Innovation. – 2023. – T. 2. – №. 12. – C. 404-408.
16. Nikolaevich R. A. et al. Comparative effectiveness of treatment of somatoform diseases in psychotherapeutic practice //Science and Innovation. – 2023. – T. 2. – №. 12. – C. 898-903.
17. Novikov A. et al. Alcohol dependence and manifestation of autoaggressive behavior in patients of different types //Science and innovation. – 2023. – T. 2. – №. D11. – C. 413-419.
18. Ochilov U. et al. Factors of alcoholic delirium patomorphosis //Science and innovation. – 2023. – T.

2. – №. D12. – C. 223-229.

19. Ochilov U. et al. The main forms of aggressive manifestations in the clinic of mental disorders of children and adolescents and factors affecting their occurrence //Science and innovation. – 2023. – T. 2. – №. D11. – C. 42-48.

20. Ochilov U. et al. The question of the features of clinical and immunological parameters in the diagnosis of juvenile depression with "subpsychotic" symptoms //Science and innovation. – 2023. – T. 2. – №. D12. – C. 218-222.

21. Pachulia Y. et al. Assessment of the effect of psychopathic disorders on the dynamics of withdrawal syndrome in synthetic cannabinoid addiction //Science and innovation. – 2023. – T. 2. – №. D12. – C. 240-244.

22. Pachulia Y. et al. Neurobiological indicators of clinical status and prognosis of therapeutic response in patients with paroxysmal schizophrenia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 385-391.

23. Pogosov A. et al. Multidisciplinary approach to the rehabilitation of patients with somatized personality development //Science and innovation. – 2023. – T. 2. – №. D12. – C. 245-251.

24. Pogosov A. et al. Rational choice of pharmacotherapy for senile dementia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 230-235.

25. Pogosov S. et al. Gnostic disorders and their compensation in neuropsychological syndrome of vascular cognitive disorders in old age //Science and innovation. – 2023. – T. 2. – №. D12. – C. 258-264.

26. Prostyakova N. et al. Changes in the postpsychotic period after acute polymorphic disorder //Science and innovation. – 2023. – T. 2. – №. D12. – C. 356-360.

27. Prostyakova N. et al. Sadness and loss reactions as a risk of forming a relationship together //Science and innovation. – 2023. – T. 2. – №. D12. – C. 252-257.

28. Rotanov A. et al. Social, socio-cultural and behavioral risk factors for the spread of hiv infection //Science and innovation. – 2023. – T. 2. – №. D11. – C. 49-55.

29. Rotanov A. et al. Suicide and epidemiology and risk factors in oncological diseases //Science and innovation. – 2023. – T. 2. – №. D12. – C. 398-403.

30. Sedenkov V. et al. Clinical and socio-demographic characteristics of elderly patients with suicide attempts //Science and innovation. – 2023. – T. 2. – №. D12. – C. 273-277.

31. Sedenkov V. et al. Modern methods of diagnosing depressive disorders in neurotic and affective disorders //Science and innovation. – 2023. – T. 2. – №. D12. – C. 361-366.

32. Sedenkova M. et al. Basic principles of organizing gerontopsychiatric assistance and their advantages //Science and innovation. – 2023. – T. 2. – №. D11. – C. 63-69.

33. Sedenkova M. et al. Features of primary and secondary cognitive functions characteristic of dementia with delirium //Science and innovation. – 2023. – T. 2. – №. D11. – C. 56-62.

34. Sharapova D. et al. Clinical and socio-economic effectiveness of injectable long-term forms of atypical antipsychotics in schizophrenia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 290-295.

35. Sharapova D., Shernazarov F., Turayev B. Prevalence of mental disorders in children and adolescents with cancer and methods of their treatment //Science and innovation. – 2023. – T. 2. – №. D12. – C. 373-378.

36. Sharapova D., Shernazarov F., Turayev B. Social characteristics of patients with schizophrenia for a long time in combination with exogenous-organic diseases of the brain //Science and innovation. – 2023. – T. 2. – №. D12. – C. 284-289.

37. Shcherboevich K. B. et al. Experimental psychological diagnosis of early childhood autism //Journal of education, ethics and value. – 2024. – T. 3. – №. 1. – C. 48-56.

38. Solovyova Y. et al. Protective-adaptive complexes with codependency //Science and innovation. – 2023. – T. 2. – №. D11. – C. 70-75.

39. Spirkina M. et al. Integrated approach to correcting neurocognitive defects in schizophrenia //Science and innovation. – 2023. – T. 2. – №. D11. – C. 76-81.
40. Sultanov S. et al. Changes in alcohol behavior during the covid-19 pandemic and beyond //Science and innovation. – 2023. – T. 2. – №. D12. – C. 302-309.
41. Sultanov S. et al. Depression and post-traumatic stress disorder in patients with alcoholism after the covid-19 pandemic //Science and innovation. – 2023. – T. 2. – №. D11. – C. 420-429.
42. Sultanov S. et al. Long-term salbi effects of the covid-19 pandemic on the health of existing residents of alcohol addiction //Science and innovation. – 2023. – T. 2. – №. D11. – C. 430-438.
43. Sultanov S. et al. The impact of the covid-19 pandemic on the mental state of people with alcohol addiction syndrome //Science and innovation. – 2023. – T. 2. – №. D12. – C. 296-301.
44. Temirpulotovich T. B. Behavioral Changes of Individuals Who Abuse Synthetic Psychostimulants //European journal of modern medicine and practice. – 2024. – T. 4. – №. 2. – C. 369-376.
45. Temirpulotovich T. B. et al. Functional features of the central nervous system important diagnostic aspects of the formation of psychocorrectional work with children with residual-organic genesis diseases similar to neurosis //Amaliy va tibbiyot fanlari ilmiy jurnali. – 2024. – T. 3. – №. 1. – C. 85-91.
46. Temirpulotovich T. B. et al. Psychopathological and neuropsychological features of negative diseases in late schizophrenia. – 2024.
47. Temirpulotovich T. B. et al. Ways to Develop Speech and Overcome Them in Children With Cerebral Palsy //European journal of modern medicine and practice. – 2024. – T. 4. – №. 2. – C. 355-358.
48. Uskov A. et al. Atypical anorexia nervosa: features of preposition and premorbid //Science and innovation. – 2023. – T. 2. – №. D12. – C. 310-315.
49. Uskov A. et al. Evaluation of the effectiveness of supportive therapy in the practice of outpatient treatment of schizophrenia with long term atypical antipsychotics //Science and innovation. – 2023. – T. 2. – №. D12. – C. 316-321.
50. Uskov A. et al. Psychological peculiarities of social adaptation in paranoid schizophrenia //Science and innovation. – 2023. – T. 2. – №. D12. – C. 379-384.
51. Usmanovich O. U. et al. Characteristic Features of Affective Disorders in Anxiety-Phobic Neurosis //European journal of modern medicine and practice. – 2024. – T. 4. – №. 2. – C. 251-259.
52. Usmanovich O. U. et al. Characteristic features of the personality development of a child who is often sick //Journal of education, ethics and value. – 2024. – T. 3. – №. 1. – C. 64-70.
53. Usmanovich O. U. et al. Clinical and Psychological Characteristics of Affective Disorders in Children with Autism Disorders //European journal of modern medicine and practice. – 2024. – T. 4. – №. 2. – C. 260-267.
54. Usmanovich O. U., Temirpulotovich T. B. Morphofunctional Foundations of the Development of Vascular Cognitive and Emotional Disorders //International Journal of Cognitive Neuroscience and Psychology. – 2024. – T. 2. – №. 2. – C. 15-21.
55. Utayeva N., Sharapova D., Bobir T. Psychopathological and neuropsychological features of negative diseases in late schizophrenia //Modern Science and Research. – 2024. – T. 3. – №. 1. – C. 428-436.
56. Viktorova N. et al. Formation of rehabilitation motivation in the conditions of the medical and rehabilitation department of a psychiatric hospital //Science and innovation. – 2023. – T. 2. – №. D11. – C. 82-89.
57. Viktorova N. et al. Opportunities for comprehensive psychometric assessment of anxiety states in late-age dementia //Science and innovation. – 2023. – T. 2. – №. D11. – C. 90-96.
58. Xabibullayevich S. S. et al. Clinical-psychopathological and pathopsychological analysis of depressive disorders in late life //Amaliy va tibbiyot fanlari ilmiy jurnali. – 2024. – T. 3. – №. 1. – C. 78-84.
59. Xushvaktova D., Turayev B., Shernazarov F. Clinical features of mental disorders in synthetic drug

users //Science and innovation. – 2023. – Т. 2. – №. D10. – С. 242-247.

60. Очилов У., Тураев Б., Алкаров Р. Клинические особенности депрессивных расстройств у подростков //Журнал вестник врача. – 2022. – Т. 1. – №. 4. – С. 75-77.

61. Тураев Б. Т., Икромов П. Х., Жабборов Х. Х. Тревожно-депрессивные расстройства в период беременности //Volgamedscience. – 2021. – С. 460-461.