

Dyslexia and Dysgraphia in Mentally Retarded Children and The Characteristics of The Logopedic Works Implemented in Their Correction

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Abstract: This article analyzes written speech disorders in children with intellectual disabilities, in particular dyslexia and dysgraphia. The author focuses on the causes, symptoms of these disorders, and the specifics of the speech therapy correction process. The study highlights the problems of reading and writing activities of students with intellectual disabilities, the phonemic, visual, and motor factors that cause them. Effective methods and approaches to speech therapy in special schools are also described.

Key words: Children with intellectual disabilities, dyslexia, dysgraphia, written speech disorders, speech therapy correction, reading disorders, phonemic analysis, special school.

Introduction.

Speech disorders in children with intellectual disabilities are systemic in nature. They show a certain degree of underdevelopment of all actions related to speech activity, which include weak motivation, reduced demand for speech, gross violations of the programming of speech activity, the internal program of speech actions, the use of the speech program, control over speech, violations of operations for comparing a pre-conceived result, etc.

In mentally retarded children, speech expression is impaired to varying degrees (at the content, linguistic, sensorimotor level). The most underdeveloped are complex levels (content, linguistic). They require highly developed analytical actions, synthesis, and generalization. The sensorimotor level of speech in such children varies. By the time the phonetic defects of speech disappear in most students in the higher grades, the motor level of speech is impaired. At the same time, the development of the language and semantic levels in these children does not reach the norm.

Speech disorders in mentally retarded children occur in various forms and require a differential approach to their analysis. The symptomatology (set of signs of the disease) and the mechanism of speech disorders are determined not only by the general underdevelopment of the brain system, but also by the local pathology of the system directly related to speech. This further complicates the manifestation of speech disorders in mentally retarded children. Therefore, two groups of oligophrenia are distinguished (G.E. Sukharyova, R.I. Belova-David): 1) oligophrenia with underdeveloped speech; 2) atypical oligophrenia complicated by speech defects.

As in normal children, all forms of speech disorders are found in mentally retarded children (dyslalia, rhinolalia, dysarthria, alalia, dyslexia, dysgraphia, stuttering, aphasia, etc.). The semantic defect (defect) occupies the main place in the structure of the speech disorder system.

Speech disorders in mentally retarded children are characterized by their long-term preservation and are difficult to overcome, remaining in the period from the first to the senior grades of special schools.

The process of learning to read in mentally retarded children proceeds slowly and is characterized by certain specific difficulties (M.F. Gnezdilov, V.G. Petrova). In the process of learning to read, mentally retarded children go through the same stages as in the norm. However, according to G.Ya. Troshin, these children master the reading stages 3 times longer than normal students. Each stage of the reading process in mentally retarded children is characterized by certain difficulties. In particular, the learned letter still causes difficulties for a mentally retarded 1st grader. This is due to the underdevelopment of his phonemic perception, the unformed analysis and synthesis of vision.

For mentally retarded children, the task of syllabification is a very difficult one. The task of phonemic analysis is formed with great difficulty in the minds of mentally retarded students, for whom a generalized idea of a syllable is also difficult.

In the process of reading words, due to the lack of differentiation of perception, mentally retarded children do not have the main “decisive” letters in words. In mentally retarded children, the ability to synthesize sound-syllables is often low, understanding and recognizing the read word is slowed down.

Reading texts and sentences causes even more difficulties.

There are different opinions on the question of what role comprehension of the content plays in the reading process in mentally retarded children. For example, G.Ya. Troshin admits that in mentally retarded children, approximate reading of words is observed more often than in normal children. M.F. According to Gnezdilov, in children with mental retardation, comprehension is very weak in the process of reading.

Both authors admit that, compared to the norm, there are many errors made in the process of reading.

Among the mentally retarded students of grades 1-2, most children are prone to repeated errors in the process of reading. According to R.I. Lalayeva, K. Averino-Jacque, dyslexia is detected in 65-70% of mentally retarded 1st grade students.

The symptomatology of dyslexia in mentally retarded students is characterized by its various manifestations, the persistence of reading errors. Reading errors in these children can be presented in the following forms: 1) failure to master letters; 2) reading by letter; 3) violation of the sound and syllable structure of the word; 4) reading comprehension disorders; 5) agrammatisms in the reading process (grammatical illiteracy).

Inability to master letters in mentally retarded children is manifested to varying degrees: from a few letters to 20-25 letters are detected. In the latter case, only vowels (a, o, o') and long consonants (sh, s, x) are mastered.

In some cases, letters cannot be pronounced at all, and in others they are replaced by others. The most frequently replaced are: d-l, x-k, j-z, g-t, g-x, j-sh, d-t, r-l.

The sounds g-k, j-z, d-t, r-l that are replaced can be explained by their phonetic similarity. The substitutions such as G-t, t-g, k-l can be explained by their similarity in graphic signs. The substitution of D-l, h-k is due to the similarity of several signs. The letters D and L are similar sounds not only graphically, but also in terms of articulation. The graphically similar sounds X and K are similar in their tone and graphic articulation.

In the 1st grade of special schools, 51% of students are identified with reading disorders, and in the 2nd grade - 6.6%. Different variants of reading by letter are identified. In some cases, children cannot read syllables and say letters one by one. Some children understand the content of texts and sentences read by letter, while in others they do not understand what is read by letter.

Among 1st graders, 49% of students with reading disorders have reading disorder, and in 26% of 2nd graders, reading disorder is detected. Also, many violations of the sound-syllable structure are detected, which differ in their nature.

In 1st grade, word distortion was detected in 38% of students, in 2nd grade - in 10% of students.

In the lower grades of special schools, there are students who read texts quickly and fluently (words as a whole or divided into syllables), but they do not understand what they read well, and after reading the words correctly, they cannot compare them with the corresponding pictures. After reading the text, they have difficulty answering the questions.

Difficulties in understanding sentences and words in the text are detected in 17% of first-grade children with reading disorders. 60% of children with dyslexia in the 2nd grade have difficulty understanding the content of what is read. The number of violations in understanding the text being read in the 2nd grade increases sharply, since most children are "technically" prepared to read the text in the 2nd year of study. Along with the increase in the total number of children, the number of children who have difficulties with violations in understanding the text being read also increases. At the stage of synthetic methods of reading, especially starting from the 3rd grade of special schools, agrammatisms begin to be observed in mentally retarded students. They are manifested in violations of the morphological structure of words, in suffixes and in the comprehension of these suffixes in the process of reading.

In mentally retarded students, various manifestations of dyslexia are observed - optical, phonemic, semantic, agrammatic.

Dyslexia in mentally retarded students manifests itself mainly in the first and second grades, which is associated with the global underdevelopment of many functional systems, the underdevelopment of perceptual activity.

According to M.Ye. Khvatsev, D.I. Orlova and V.V. Voronkova, writing disorders are more common in mentally retarded students than in children with normal mental development.

The symptomatology of dysgraphia (graphic disorders) in mentally retarded students is characterized by a large number of various errors in writing (V.V. Voronkova, D.I. Orlova, etc.).

Dysgraphia in such children is observed in combination with widespread spelling errors. This requires a high level of mastery of language laws and the need to use many rules.

Speech development disorders are observed, on the one hand, with difficulties in mastering written speech, and on the other hand, with difficulties in using orthographic rules.

Dysgraphia is observed in more complex forms in mentally retarded students.

The prevalence and specificity of dysgraphia symptoms in mentally retarded children are associated with underdevelopment of perceptual activity, impaired oral speech, unformed language generalizations, and impaired functioning of speech-auditory and visual analyzers. It is also reflected in violations of the structure of writing movements.

Disturbances in analytical-synthetic activity in mentally retarded children are also manifested in the analysis of the morphological structure of the word, sound and sentence structure. Unclear ideas about the sound-syllable structure of the word lead to the omission of many letters and their replacement. The lack of a clear idea of the morphological structure of a word leads to the occurrence of many agrammatisms, suffixes and affixes, especially in independent writing. Violations in the analysis of the structure of a sentence are manifested in the omission and addition of words. The fact that many errors are made is associated with the defects in the pronunciation of speech sounds in mentally retarded children.

Specific aspects of speech therapy work to correct written speech and reading disorders in special schools

When eliminating written speech disorders in mentally retarded students, it is necessary to take into account the specific aspects of higher nervous activity, as well as the psychopathological characteristics of mentally retarded children.

In this regard, correction (correction) of reading and writing disorders in special schools should be inextricably linked with the development of perceptual activity, comparison, analysis and synthesis. For example, comparison of phonetically close sounds is widely used (acoustic, articulatory - acoustic, dysgraphia, phonemic dyslexia), as well as analysis of sentence construction, analysis of the sound-syllable structure of a word and visual analysis - synthesis are also widely used.

When eliminating written speech disorders in special schools, it is necessary to develop various mental functions, starting from the smallest forms. In particular, the development of phonemic analysis and synthesis begins with the isolation of vowels from others. The elimination of reading and writing disorders is carried out inextricably linked with the systematic correction of oral speech disorders.

Reading disorders in mentally retarded students manifest themselves already in the 1st grade, that is, before the writing process disorders in the 2nd grade. This can be explained by the complexity of the writing process, which is mastered later in mentally retarded children than in the reading process. Therefore, speech therapy work in a special school should begin with the correction of reading disorders. It is necessary to simultaneously carry out the prevention of dysgraphia, since the mechanism of dysgraphia and dilexia is in many ways similar to each other.

Thus, speech therapy work in a special school is characterized by many specifics, which arise from the higher nervous activity, psychological specifics of children with mental retardation, as well as the structure, mechanisms, and symptomatology of defects in these children.

Conclusion. Written speech disorders in children with mental retardation are complex and multifaceted, associated with their underdeveloped mental functions, cognitive activity, phonemic hearing, and insufficient work of analyzers. Various forms of dyslexia and dysgraphia are manifested in persistent errors in reading and writing, and in the distorted use of word and sentence structures by students with mental retardation. Speech therapy approaches to eliminating such disorders should be individual, step-by-step, and take into account psychological characteristics. In particular, these problems can be reduced with early detection and comprehensive correction measures.

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