

CLASSIFICATION OF CHILDREN WITH MENTAL DEVELOPMENTAL DISABILITIES

Taganova Guliza Bayramaliyevna

Teacher of the Department of Special Pedagogy, CSPU.

Chirchik, Uzbekistan.

Annotation: This article discusses the defects that occur in the mental development of a child. The causes, symptoms, clinical, psychological and pedagogical criteria of mental retardation are analyzed in detail. Mild, moderate and severe forms of mental retardation are covered in detail, and the behavior of children at each level in reading, speech, behavior and social adaptation is described. The article also provides information about special pedagogical approaches and the importance of corrective education. The article is practically useful for special educators, psychologists and parents.

Keywords: Mental retardation, Intellectual development, Special education Oligophrenopedagogy Defectology Cognitive activity Levels of mental development Correctional education.

Various defects can be observed in the intellectual, that is, mental development of a child. Mentally retarded children differ from other children in need of special assistance by persistent impairment of cognitive activity as a result of organic diseases of the central nervous system.

In practice, we can see that the terms “mentally retarded”, “oligophrenic”, “dementia” are often used. “Mental retardation” is a collective concept that includes issues related to the time of onset of mental retardation, the nature of the disease suffered, the course of pathological changes, and the degree of its occurrence.

When determining mental retardation, it is necessary to distinguish between clinical, psychological and pedagogical criteria. The clinical criterion is mental retardation and what organic diseases of the central nervous system it is associated with, the psychological criterion is persistent impairment of cognitive

activity; the pedagogical criterion is low learning ability, which indicates the child's inability to master program materials.

Mental retardation occurs as a result of damage or illness to the central nervous system of a child in the womb, at birth, and in the period from birth to three years of age. If, for various reasons, mental retardation appears after the child is three years old, this is called acquired mental retardation - dementia. Dementia is progressive, that is, it gradually worsens. In oligophrenia, the deterioration of the defect is not observed. According to the causes of its occurrence, oligophrenia can be congenital and acquired.

Rh factor incompatibility, chromosomal diseases, phenylketonuria, etc. can lead to congenital mental retardation.

For example, a violation of the ratio of different chromosomes, called Down syndrome, occurs as a result of the formation of one extra chromosome instead of 46 or 23 pairs of chromosomes. Interestingly, pathological changes in genetic cells make all mentally retarded children with Down syndrome look the same. They are slow-moving, clumsy, have narrow eyes, a flat nose, a large tongue, thick lips, floppy ears, short fingers, etc. Regardless of their nationality, they look like children of the same parents.

During pregnancy, the mother may suffer from various diseases - severe infectious diseases, influenza, typhoid, rubella, chickenpox, infection of various parasites in the mother's body to the fetus, fetal damage, parental alcoholism, and an unhealthy lifestyle can also cause mental retardation.

French scientists, after long-term monitoring of 57 children born to families who regularly consumed alcohol, found that 25 of them died before reaching the age of 1 year, 5 had epilepsy, 5 had hydrocephalus (fluid accumulation in the brain), 12 were mentally retarded, and only 10 children were born healthy.

We can also observe that mental retardation occurs as a result of various serious diseases (meningitis, meningoencephalitis, damage to the central nervous system) within the period of up to three years.

Among specialists, one can talk about oligophrenia, its degrees of debil, imbecile, idiot. However, among children and parents, these terms cannot be used. Currently, in the international classification of diseases, children with mental retardation are divided into mild, moderate, severe and extremely severe degrees according to the level of mental development.

According to mental (intellectual) development, oligophrenia manifests itself in three degrees:

1) mild mental retardation; 2) moderate mental retardation; 3) severe mental retardation.

Children with the mildest degree of mental retardation cannot be distinguished from their normally developed peers by their appearance. They often begin their studies in the first grade of a public school, but within a short time they join the ranks of backward students. In general, these children have great difficulty in intellectual and intellectually demanding tasks, but they can perform simple types of work in industry and agriculture, and in domestic service. Educators and teachers should separate children with mild mental retardation from other children and ensure that they are raised and educated in special kindergartens and schools, or involve them in integrated education.

Children with severe mental retardation cannot manage on their own. They cannot even serve themselves. Children with moderate and severe mental retardation, although they are relatively more developed than children with severe mental retardation, cannot live independently. In institutions under the Ministry of Health, they are taught simple knowledge, some simple types of labor (self-service, caring for crops, making cardboard boxes, etc.).

Even at the middle level of children with mental retardation, educators and teachers must be able to distinguish students from healthy peers and children with other similar disabilities. However, in practice, it is much more difficult to distinguish the mildest degree of mental retardation from other similar anomalies and from normally developed children.

Children with mild mental retardation differ from their healthy peers from an early age. They usually have underdeveloped voluntary complex movements. They learn to hold their heads up, sit up, and walk later, and their speech develops late. These children understand the simple speech of those around them, but they cannot understand complex words, sentences, and phrases. Although there are no crude, incomprehensible defects in the child's speech, many sounds are pronounced incorrectly, and such a child's vocabulary is poor and limited. They also differ from their peers in play activities, do not sufficiently understand the game situation; during play, they completely obey their normally developed peers and only play secondary roles.

Mentally retarded children have underdeveloped abilities to observe, compare, distinguish important aspects of perceived objects and events, and understand the simplest cause-and-effect relationships between them.

In the early stages of literacy training, such children do not distinguish between the connections between sounds and letters, have difficulty memorizing letters, reading syllables, and mastering the skills of fast and fluent reading, and make many mistakes.

The cognitive deficits of children with mild mental retardation are especially evident in mathematics lessons, since even the simplest arithmetic operations require abstract calculations. Children with mild mental retardation can master ordinal numbers, but they have great difficulty in adding and subtracting, counting backwards, and solving the simplest problems and examples. They cannot understand the essence of the example, the content of the problem, and numerical data.

As a result of the imbalance of nervous processes and impaired cognitive activity, a number of deficiencies are also observed in the behavior of children with mental retardation. Due to the imbalance between excitation and inhibition, some mentally retarded children are excessively lively, active, cheerful, and in children with a predominance of inhibition, on the contrary, passivity, laziness,

indifference, disinterest in anything are observed, etc. Mentally retarded children cannot adequately understand the situation, cannot adequately change their behavior depending on the situation. They have a somewhat weak critical attitude towards themselves and others. Despite a number of the shortcomings mentioned above, as a result of properly organized special educational work with mentally retarded children, special educators are achieving great success in preparing them for independent life and training them in professions. Children who have received education in special auxiliary schools have found their place in life and are actively working in various sectors of industrial and agricultural production, as well as in the field of household services. An important task of educators and teachers is to separate oligophrenic children from other children in need of special assistance and ensure that they receive education in appropriate institutions as early as possible. In conclusion, mental retardation is one of the serious defects that occur in the intellectual development of a child, which can be congenital or acquired in the early stages of life. This condition negatively affects the child's cognitive activity, speech development, behavior and social adaptation. Depending on the degree of mental retardation, children require an individual approach and special education. At the same time, with the help of special educational institutions organized on the basis of a correctional approach, a healthy environment and qualified specialists, such children can adapt to society, acquire a profession, and participate in ordinary labor activities. Therefore, early diagnosis and the use of correct educational strategies by educators and parents are of great importance.

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