

## THE INFLUENCE OF THE SPECIFIC CHARACTERISTICS OF MENTAL AND PHYSICAL DEVELOPMENT OF WEAK PRESCHOOL CHILDREN ON THE EDUCATIONAL PROCESS

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**Abstract.** Students who need help do not fall into one category according to their clinical description. There are several reasons why these students do not fall into the same category. These include the variety of reasons for the defect, as well as the different periods of time when the defect occurred. Among the students of the auxiliary school, together with students with persistent brain diseases (seizures, schizophrenia, etc.), students with brain damage in kindergarten and junior school age receive education.

**Keywords.** Physiology, pedagogy, health, brain activity, methodology, ways of improvement.

Damage to the brain can occur as a result of various injuries or as a result of infectious diseases (for example, encephalitis). Despite this, the majority of secondary school students are oligophrenic students. The brains of these students were damaged by various harmful impressions during the period of pregnancy or early infancy. Such harmful effects include various diseases of the mother during pregnancy, injuries during birth, and deep damage to the brain as a result of severe diseases of the baby in the first months. Nerve cells in the pupil's brain system, especially the cerebral cortex, are very sensitive to various negative effects. The whole activity of brain cells changes to some extent and tends to be disturbed. Physiological processes occurring in the brain are not normal because they are the mechanisms of mental processes. Children in need of help have both intellectual and personal development deficits and specific disorders. Therefore, great importance is attached to the correction of developmental defects in the educational work system of disabled children in need of assistance. It is very important and urgent to study the characteristics of intellectual disability in children in need of help, to determine the content, methods, and directions of working with these children during their development, because fundamental scientific research aimed at the education of children in need of help has not yet been carried out enough. did not go In the existing pedagogical, special psychological and methodical literature, only some information about the initial stages of the development of this category of children can be seen.

Various issues related to the living, education, adaptation to social life of people with mental development problems have been studied and are being studied by representatives of various disciplines since time immemorial. These are doctors, psychologists, geneticists, sociologists, psychotherapists, defectologists, lawyers,

and in recent years - ecologists and nutritionists. Accordingly, many terms have emerged to designate people with disabilities belonging to the group of mental retardation. Here are some of them: mental retardation, oligophrenia, mental retardation, mental defect, mental retardation, mental deficiency, mental underdevelopment, mental subnorm, mental deficiency, special child, intellectual deficiency. This situation is related to the different approaches to this problem in different historical periods in different countries. Each of the mentioned terms provides one or another information about some specific features of the psyche of such individuals, or about the causes of these specific features, or otherwise about the mechanisms of brain activity disorders that cause one or another deviations in the child's mental development. . However, it does not fully cover the specific aspects of the phenomenon of mental retardation and even causes some confusion. The roots of the doctrine of this mental state in man go back to a long history. One of the oldest concepts used in psychiatry to describe this condition in a person is the concept of "mental retardation". One of the founders of scientific psychiatry, the French psychiatrist J. Esquirol (1772-1840), who created his own school in psychiatry, in his first scientific manual of psychiatry called "On Mental Diseases" (created in 1838), considered congenital and acquired mental retardation. showed the difference between In congenital mental retardation, there are signs of underdevelopment of mental activity, in acquired mental retardation, the signs of mental deterioration prevail.

The teaching of the German psychiatrist E. Kraepelin (1856-1926) made it possible to get more accurate information about congenital mental retardation. E. Kraepelin is a scientist who created a modern classification of mental diseases based on the nosological principle and presented a classification of a number of clinical forms. He considered it appropriate to combine all clinical forms of congenital mental retardation into one group and called them "oligophrenia" (mental retardation) (1915). E. Krepelin warned in advance that with this name, he is calling a group of collective anomalies with different etiology, clinical picture and morphological changes. The scientist combined the cases with a common pathogenetic basis into this group. These conditions are manifested in the total retardation of mental development. Viewing pathological development as the main factor determining specific aspects of the structure and dynamics of mental retardation was a more effective approach, because it included mental retardation in the general problem of dysontogeny.

However, oligophrenia as a clinical concept did not have clearly defined boundaries even in those years. The Swiss psychiatrist and psychologist E. Bleiler noted that it is difficult to distinguish mental underdevelopment in oligophrenia from mental normality. Due to the fact that patients with a deep level of congenital mental retardation make up a very small number of psychiatric patients, clinicians pay little attention to their study. they were pointing. J. Eskirol's student E. Segen, unlike others, dealt with this problem. His research had a great impact on the

development of the science of mentally retarded children, their education and treatment. E. Segen gave the definition and clinical description of idiocy and imbecility, as well as created his own system of treatment and pedagogical correction, which he developed and personally experienced for many years. He emphasizes that it is necessary to treat and educate mentally retarded children. "There has been so much talk about the impossibility of curing idiocy that no one wants to touch it and everything is left to nature," the scientist wrote with a laugh. In 1952, A. Tredgold (A. Tredgold) defined mental retardation as a condition in which the psyche cannot reach the level of normal development and developed criteria for its diagnosis. These are intellectual (in terms of educational ability), biological and social criteria. Soon after, he rejected the first criterion, basing his decision on the fact that even intellectually healthy children differ in their acquisition of knowledge. A. Tredgold considered the social criterion to be the main criterion. Based on this, the main goal of the diagnosis, according to the scientist, is to assess the ability of a person to adapt to the environment and lead an independent life.

However, accepting a person's social competence (adaptability) as the main criterion for determining mental retardation is an unscientific concept, because in this group of mentally retarded people, neurosis, psychopathy, etc. patients suffering from other diseases also enter. Standards of social adjustment are a very controversial issue, and they differ from one another in different countries and in different periods. Similarly, there are contradictions in the issue of determining mental retardation on the basis of social evaluations. In connection with this, French psychologists A. Binet and T. Simon proposed three levels of retardation in 1905. In 1908, A. Binet developed a method of assessing mental deficiency (deficiency) in children based on the age of the children. In 1914, the German psychologist and philosopher U. Stern (1871-1938) was one of the first to use tests and introduced the concept of intellectual quotient (IQ). issued a manual on the classification of mental disorders. In it, the concept of "psychic underdevelopment" is defined as "a significant decrease in intellectual activity that occurs during the developmental period, expressed in a lack of adaptive behavior."

This definition emphasizes the need to consider three aspects: 1) comparison with normal development; 2) early occurrence of intellectual deficiency; 3) violation of behavioral flexibility. These aspects are very important in understanding mental retardation, but relying on them alone will not fully reveal the concept itself.

Some authors believe that mental retardation cannot be defined as a unified concept, because at the moment there is no generally accepted concept of intelligence.

Psychologist-scientist M.S. Pevzner understood oligophrenia as an underdeveloped form of complex mental activity. He emphasized that such a condition occurs due to damage in the early period of fetal development or organic damage to the central nervous system (CNS) that occurs at various stages of fetal development or in the

earliest period of a child's life. However, this definition also has some uncertainties. In particular, insisting that oligophrenia is always a consequence of organic damage to the MNS is among such inaccuracies. It has not been conclusively proven that only the lack of development of complex forms of mental activity can be a criterion for oligophrenia.

Most experts agree with G. E. Sukhareva's definition of oligophrenia. According to his definition, oligophrenia ("lack of intelligence") means a group of disease states that differ in their etiology and pathogenesis, united under one common sign. All these diseases are clinical manifestations of dysontogenesis of the brain (in some cases, the whole body). G. E. Sukhareva includes in the group of oligophrenia only forms of mental underdevelopment that are distinguished by their two characteristics - 1) the predominance of an intellectual defect and 2) the absence of progressivity.

1) mental underdevelopment caused by genetic influences should not be equated with dysontogenies;

2) the genetic mechanisms that cause intellectual underdevelopment are fundamentally different from the mechanisms that prevent harmonious development during pregnancy or immediately after the birth of a child;

3) defects that affect the development of not only the intellect, but also the personality as a whole cannot be an absolute sign of mental underdevelopment;

4) it is also possible that mental underdevelopment was caused by more ancient formations that prevent the accumulation of life experience and education. is a group of cases. As a general sign of such cases, it is possible to indicate congenital or early childhood (up to three years) mental underdevelopment. In this case, the lack of intellectual abilities prevails. If we fill the general set of signs with the account of hereditary signs that cause mental retardation, it will be possible to clarify this definition, because the pathogenesis of congenital and hereditary forms of mental retardation, many the clinic is also different in each case. According to the definition of C. Ya. Rubinstein, mentally retarded child refers to a child whose cognitive activity is permanently impaired due to organic damage to the brain. It is possible to talk about the presence of mental retardation only when the signs listed in this definition are found. G. I. Kaplan and B. Dz. Sedok take the term "mental retardation" as a synonym for retardation (developmental retardation, delay), and mental retardation has a unique etiology, mechanism, dynamics and prognosis. is not a "character syndrome" and it is believed that it represents the attitude established in society towards this group of people. For example, one of the latest definitions given by the Russian scientist V.V. is a group of different types of conditions that impair the individual's age-appropriate functioning in society due to impairment of abilities to varying degrees and for various reasons”.

Or to take another definition from the International Classification of Diseases (ICD) in the 10th revision: "Mental retardation is a retarded or abnormal condition of the psyche, which manifests itself primarily during puberty and is characterized

by general intellectual disability. It is characterized by impairment of abilities that provide the level (i.e. cognitive, speech, motor and social abilities). ... In such children, the adaptability (adaptive) character is always disturbed". These definitions show that mental retardation is not a type of condition, but it is associated with developmental disorders in adulthood. It is emphasized that plab has reasons. In mental retardation, there is a violation of cognitive activity and flexible social behavior. Another Russian scientist, D.N. Isaev, defines mental retardation as "a set of etiological differences." Etiological differences mean hereditary, congenital and non-developing pathological conditions acquired in the first years of life. These pathological conditions, in turn, are manifested in general mental underdevelopment, dominated by an intellectual defect, and lead to difficulties in social adaptation. To teach students who need help from a young age that the family is sacred, being a parent is a responsibility, but the meaning of life, being a father, being a mother is a heavy responsibility on a person's shoulders. it is necessary to explain the loading.

The special features of the mental and physical development of children in need of help have a great influence on the process of education, and the intellectual and emotional-will activity of a person is important in the process of education. The more the educational process in auxiliary schools enriches and restructures the needs and motives of the individual, the more it develops his intellectual and emotional-volitional activity, the higher the efficiency of this process will be. Therefore, the real essence of educational work in the auxiliary school is spent with the child. not in various conversations, but in the organization of the child's life. The work of education is primarily the work of the organizer. Behavioral skills and habits are actions and stable forms of behavior that have become a necessary need of a person, and their non-fulfillment leads to unpleasant, disappointing, sometimes serious consequences. Pedagogues who know this feature of the nervous system of children in need of help will have the opportunity to form strong skills and habits of the behavior of students in need of help based on repeating the same actions, the same work many times.

Carrying out corrective and pedagogical work at home with a child in need of help, a methodical, pedagogical approach aimed at developing the child's personality and forming a worldview, conducting various activities, interaction between family members and a disabled child it is necessary to emphasize how necessary it is to put the relationship on the right track, to carry out corrective and pedagogical work aimed at the disabled child to find his place in life in the future. Parents themselves have special knowledge and skills, it is necessary to approach the above issues seriously. It is known that parents face many problems in raising children. But when raising a child with developmental disabilities, these problems deepen and become more complicated.

Among such problems and complications are conducting various activities with the child at home, carrying out corrective work in the development of the child's



personality and their education, correcting the interaction between family members and the disabled child. It should be noted that family, school and community cooperation is an important factor in the implementation of correctional and pedagogical work aimed at helping a disabled child find his place in life in the future. parents should have special knowledge and skills and pedagogic literacy in order to solve problems and perform important tasks in raising a disabled child. Raising and raising a disabled child in a family is one of the most complex problems, and the most important thing in it is the educator-mother. High attention, care, loving kindness, trust, knowledge, perseverance, patience, politeness are required from the mother. will be done. Also, the mother should have certain knowledge about the development of her child, and should have knowledge about raising and adapting the child to life in close cooperation with medical staff and speech pathologist-teachers. As a result of research studies and their analysis, we came to the conclusion that the process of raising vulnerable children of preschool age and family and school cooperation in education is a very complex, multifaceted socio-pedagogical problem that requires a systematic approach. Improving the level of education for students in need depends on the continuous and consistent cooperation of the family and the school at all levels of the continuous education system.

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