

MENTAL FORMATION OF LANGUAGE DISORDERS DURING A CHILD'S DEVELOPMENT

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Abstract: *The process of language acquisition stands out as a remarkable feat, as children progress from cooing and babbling to evolving into fully communicative individuals within just a few years. Typically, by the age of three or four, children grasp the fundamental elements of language. Nonetheless, this norm might not apply to children facing mental retardation. This group exhibits diverse delays compared to their typically developing counterparts, and various patterns of language acquisition emerge among different populations of children with mental retardation, as elucidated in this paper.*

Key words: *speech communication, manifest, learning situations, peer interactions, isolation, timidity, indecisiveness, intellectual disabilities.*

Introduction

The overall underdevelopment of speech has systemic implications, affecting not only speech itself but also various mental processes such as cognitive activity, emotional-volitional aspects, perception, thinking, memory, and attention. These processes exhibit delayed development and deviations from the norm. Many children facing speech disorders, despite having formally preserved intelligence, encounter significant learning difficulties and demonstrate an uneven, disharmonious lag in mental development. Speech pathology acts as a barrier to the formation of mental abilities and the normal functioning of speech intelligence.

R.E. Levina's works highlight that speech disorders are not isolated; they are accompanied by several other disorders, including those related to the child's psyche and personality. The development of all mental processes in a child is closely intertwined with speech development. Disturbances in non-speech mental functions negatively impact speech, and speech disorders, in turn, impede cognitive development—a "vicious circle" that requires an integrated approach involving collaboration between a speech therapist, educational psychologist, and parents.[1]

Speech development disorders not only impede the development of cognitive processes but also have a detrimental effect on the child's personality, delaying overall personality formation. The awareness of differences from others and special treatment from the environment further influence the child's personality. Speech disorders affect

relationships with others, self-esteem, and self-organization, resulting in psychophysical disinhibition.

Oral speech pathology (OHP) significantly influences the emotional and personal sphere in children. During the preschool age, when external emotions in children typically undergo changes, those with speech disorders find it challenging to express emotions adequately through facial expressions. Speech disorders directly impact the emotional-volitional sphere, often leading to behavioral disorders and social maladjustment.

Preschoolers with Oral Speech Disorders (ODD) may become fixated on their speech defect, manifesting self-doubt, which can affect their speech activity and relationships with parents, peers, and others. A low level of language and communication abilities presents challenges in learning situations, peer interactions, and work.

Understanding the communication process of a child is crucial for comprehending the peculiarities of the psyche formation in a child with disabilities. According to L.S. Vygotsky, the leading defect in the development of an anomalous child is an obstacle to communication in a team and the development of correct relationships with others. Normalizing communication is seen as a key way to compensate for developmental defects in an abnormal child.

Children with severe speech impairments exhibit reduced communication needs at different age stages, lacking proficiency in verbal and non-verbal means of interaction. This inadequacy complicates interpersonal interactions and contributes to negative affective manifestations in communication.

The inadequacy and restriction of verbal communication serve as the fundamental cause of disharmony in a child's mental and intellectual development. In contemporary pedagogical theory and practice, teaching communication to preschoolers is considered a prerequisite for the development of communicative culture. Speech underdevelopment diminishes communication levels, leading to isolation, timidity, and indecisiveness. It also contributes to distinctive features in both general and speech behavior, hindering participation in communication situations and limiting social contact.[2]

The development of communication in children with general speech underdevelopment plays a crucial role in their social adaptation to the surrounding world, influencing their personality development according to researchers such as T. N. Volkovskaya, E. R. Mustaeva, L. G. Solovyova, T. B. Filicheva, and others. Their studies reveal characteristic signs among children with speech pathology, including a reduced need for communication, lack of interest in contacts, inability to cooperate, insufficient variety in communication methods, and speech negativism.

Children with speech pathology, amidst a mosaic of speech and non-speech symptoms, encounter difficulties in forming speech communication. Most children with

Oral Speech Disorders (ODD) struggle to connect with peers and adults, leading to limited communicative activities.

The communicative skills of children with general speech underdevelopment are largely determined by the level of development of their speech. Insufficient development of communication skills in children with special needs manifests in decreased communication needs, underdeveloped dialogic and monologue speech, and behavioral characteristics such as disinterest in contact and an inability to navigate communication situations.[3]

Children with general speech underdevelopment experience disruptions in cognitive processes, mental development, and overall personality formation due to challenges in communicating with others and a lack of communication skills.

Key features of communication among older preschoolers with speech pathology include:

The prevalence of situational-business forms, typical for normally developing children at 2-4 years of age, attributed to their general mental underdevelopment, low knowledge levels, insufficient self-regulation, and contextual speech skills.

Studies based on indicators of interpersonal relationships in preschool groups indicate that children with speech disorders are more frequently categorized as "unaccepted" and "isolated."

Children with speech disorders are particularly susceptible to negative societal influences. Their separation from other children in the group results in non-participation in games and joint activities, making them targets for ridicule from both children and teachers. This leads to a decline in the sensory-volitional sphere, instigates anxiety, diminishes self-esteem, and subsequently results in personality development issues.

Speech development difficulties obstruct complete communication, reducing interest in contact and fostering negativism. To facilitate the harmonious development of such children, comprehensive and timely interventions by specialists such as speech therapists, speech pathologists, and psychologists are essential. These measures should target the development of all aspects of speech and cognitive processes, including attention, memory, thinking, imagination, and perception.

The enduring relevance of the issue of speech disorders in children is not only tied to their impact on cognitive processes and personality development but also because such disorders complicate the child's learning and socialization processes in the future.

In contrast to syntactic delays and deficits observed in children with Down syndrome, their pragmatic abilities appear to be relatively strong. A cross-sectional study conducted by Coggins, Carpenter, and Owings in 1983 compared a group of four children with Down syndrome, whose Mean Lengths of Utterance (MLUs) ranged from 1.7 to 2.0, to an MLU-matched group of four typically developing children. The findings of the study suggested that children with Down syndrome demonstrated a similar range of communicative intents or speech acts as their typically developing counterparts.

However, distinctions emerged between speech acts involving instrumental functions (mainly requests, such as "want water" or "cookie") and those involving interpersonal functions (e.g., expressions like "see this").

The study revealed that children with Down syndrome engaged less in requesting behaviors compared to the typically developing group. However, the frequencies of comments, answers, and protests were more or less equivalent between the two groups.

A more extensive study by Beeghly compared children with Down syndrome to two groups: one consisting of young MLU-matched typically developing children and another consisting of slightly older mentally age-matched typically developing children. The findings indicated that children with Down syndrome exhibited fewer requesting behaviors compared to the mentally age-matched typically developing children (consistent with Coggins' study). However, their requesting behavior was more comparable to the language-matched group.[4]

The limited use of requests by children with Down syndrome could be linked to their lower arousal and passivity, as suggested

In typically developing children, research indicates that the ability to take turns in conversations does not exhibit developmental changes with increasing language abilities (Bloom et al., 1976). Children inherently understand the need to verbally respond to their mothers' utterances, and as their linguistic capacity expands, their conversational skills become more advanced. They become adept at maintaining a topic of conversation over an increasing number of turns.

Beeghly discovered that children with Down syndrome excel in maintaining a conversation topic for extended periods and engaging in appropriate turn-taking behavior compared to language-matched controls, highlighting this aspect of language as a relative strength. Similarly, young children with Williams syndrome demonstrate proficiency in sustaining ongoing topics during interactions with adult examiners.

Contrastingly, males with fragile X syndrome, according to several descriptive studies, encounter challenges in maintaining a conversational topic. They tend to perseverate more than subjects with nonspecific retardation and often employ inappropriate language.[5]

From the early stages of language development, typically developing children exhibit sensitivity to their conversational partners. Even a two-year-old may modify or repeat an utterance if their partner does not respond (Foster, 1990). Similarly, children with Down syndrome prefer revising over repeating when a listener requests clarification of a previous aspect of the message. Children with Williams syndrome also demonstrate proficiency in conversational repairs.

The ability to express and modify language based on the listener's background, social role, and level of understanding continues to develop during the early school years, representing a complex integration of social, cognitive, and linguistic achievements. At

these advanced levels, children with intellectual disabilities face difficulties that extend beyond their cognitive and linguistic capacities.[6]

Conclusion

In conclusion, while children with intellectual disabilities acquire basic pragmatic language skills, the more subtle aspects of conversational competence are less commonly displayed.

The overall picture of early language development in children with intellectual disabilities presents compelling evidence of both differences and similarities, as well as various delays when compared to typically developing children.

It is evident that children with intellectual disabilities generally adhere to the same set of universal principles in the acquisition of word meaning, although this may not hold true for severely and profoundly retarded children. Similarly, there are broad similarities in the types of phonological errors made by these children and those observed in typically developing children, indicating universal aspects of the speech articulation process.

Furthermore, it is observed that children with intellectual disabilities acquire syntactic and morphological knowledge in the same order as their typically developing counterparts during the early stages of language development.

Regarding pragmatic skills, children with intellectual disabilities are shown to acquire basic pragmatic skills. However, the display of more subtle aspects of conversational competence is less common among this population. These findings highlight both shared developmental pathways and nuanced differences in the linguistic and communicative abilities of children with intellectual disabilities when compared to their typically developing peers.

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