



**SPECIFIC TO THE DEVELOPMENT OF SPEECH IN MENTALLY RETARDED CHILDREN  
FEATURES CHARACTERISTIC OF SPEECH DEVELOPMENT IN MENTALLY RETARDED  
CHILDREN**

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**ABSTRACT:** - In the article we can learn about the fact that the cognitive impairment of children with intellectual disabilities is characterized by limited perception of the world around them, poor communication, lack of interest, decreased demand for speech, retarded speech development.

**KEYWORDS:** Symptomatology, oligophrenia, differentiation difficulties, weak communication.

## **INTRODUCTION**

Insufficient development of higher forms of cognitive activity in mentally retarded children is characterized by superficiality of thinking,

slow development of speech and qualitative peculiarities, inability to control verbal behavior, incomplete emotional-volitional

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sphere. Late speech development is characteristic of mentally retarded children. Strong lag is observed during the pre-speech period. In infants, congestion occurs normally between 4 and 8 months of age, while in mentally retarded children it occurs between 12 and 24 months of age (I.V. Carlin. M. Strazulla. According to Kassel, Schlesinger, M. Zeeman, the first words appear in children with mental retardation from the age of 3 years. Studies by I.V. Carlin and M. Strazulla show that the first words appear in such children between the ages of 2.5 and 5 years (the norm for the appearance of the first words in children is 10 to 18 months). up to a month). Significant lag in speech development in mentally retarded children is seen in the emergence of expressive speech. In this case, the interval between the statement of the first words and the phrase (compound) speech is also longer than in normally developed children. Speech disorders in mentally retarded children have been studied by M. Khvatsev, R.Ye. Levina, G.A. Kashe, D.I. Orlova, M.A. Savchenko, E.F. Sobottovich, R.I. Lalayeva, K.K. Karlin within the framework of speech therapy. According to the results of these studies, obvious deficiencies are observed in 40-60% of children in the primary grades of secondary school. S.Ya. According to Rubinstein, the reason for speech development in mentally retarded children is "the weakness of the cerebral cortex, the slow development of new differential connections in all analyzers." Due to the slow development of differential conditioned connections within speech hearing analyzers, a mentally retarded child may not be able to distinguish speech sounds for a long time, and may not clearly understand what others are saying. The development of motor skills, including speech motor skills, is slow in mentally retarded children. The accuracy of your speech

movement is ensured through two-way control. Like hearing, kinesthetic control also develops vaguely. In the process of analyzing the specific features of speech in mentally retarded children, V.G. Petrova distinguishes a set of many factors that are considered to be the causes of their speech disorders, and recognizes that the main cause of speech disorders and anomalous development in mentally retarded children is the lack of development of cognitive activity. The decrease in the level of analytical-synthetic activity is manifested in a complex mental (mental) activity, which differentiates speech sounds, a violation of phonemic perception. Disorders of cognitive activity lead to difficulties in semantically mastering the language. Therefore, mentally retarded children have difficulty mastering semantically complex words (abstract, generalized) and grammatical forms (e.g., purpose and cause, follow-up conjunctions). Due to the general lack of development of analytical-synthetic activity, the formation of language generalizations, the mastery of language rules is more difficult than in normally developed children. Limited perception of the world around them, weak communication, lack of interest, decreased demand for speech are characterized by slow speech development in mentally retarded children. In addition, they are caused by other factors that lead to speech disorders, ie rhinolalia, mechanical dyslalia as a result of defects in the structure of the speech apparatus; organic stuttering and dysarthria that occur as a result of damage to certain parts of the subcortical part of the brain. Speech disorders in mentally retarded children are of a systemic (systemic) nature. They show that not all actions related to speech activity are formed to one degree or another, such as weak motivation, decreased demand for speech, gross impairment of

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speech activity programming, internal program of speech actions, speech program lani, control over speech, violation of preconceived result comparison operations. In mentally retarded children, speech expression is impaired to varying degrees (content, language, sensomotor level). The most underdeveloped are the complex levels (content, language). They require highly formed analytical efforts, synthesis, generalization. In such children, the sensomotor level of speech varies. Going to the upper grades, most students experience phonetic defects of speech, loss of motor level disorders. At the same time, the development of language and semantic levels in these children does not reach the norm. Speech disorders in mentally retarded children come in a variety of forms and require a differential approach in their analysis. The symptomatology (sum of symptoms) and the mechanism of speech impairment 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 appearance of speech disorders in mentally retarded children. Therefore, two groups of oligophrenia are distinguished. G.Ye. Sukharyova, R.I. Belova-David): 1) oligophrenia without speech development; 2) atypical oligophrenia, complicated by speech defects. As in normal children, all forms of speech disorders occur in mentally retarded children (dyslalia, rhinolalia, dysarthria, alalia, dyslexia, dysgraphia, stuttering, aphasia, etc.). In the structure of the system of speech disorders, the semantic defect plays a key role. Speech impairment in mentally retarded children is characterized by its long-term retention and is difficult to overcome by maintaining the period of auxiliary schools until the upper grades.

Defects in pronunciation are more common in auxiliary schools than in secondary schools. They are based on not one, but a number of reasons: lack of development of cognitive activity, lack of formation of speech-auditory differentiation, disorders of speech motor skills, disorders of the structure of the articulatory apparatus. As in normally developed children, mentally retarded children are more likely to have distortions in sounds that are difficult to pronounce (vibrating and explosive-sliding sounds such as L and R). Distorted forms of the R sound are more common than other sounds (according to M.A. Aleksandrovskaya). This, according to VI Beltyukov, is explained by the acoustic closeness of the sliding sounds. Impairment in oral speech perception and incomplete development of speech hearing, analysis, and synthesis in mentally retarded children determine the amount of impairment in the pronunciation of sliding sounds. In mentally retarded students, distorted pronunciation of speech sounds, as well as the use of alternating sounds, are significantly more common. In a monomorphic disorder of sound pronunciation, the mispronunciation of sounds is significantly, approximately 2.5 times, greater than that of sound substitution. In polymorphic distortions, however, the substitution of sounds and the distortion of sounds occur in relatively equal amounts. In mentally retarded children, the other identity of the pronunciations in the pronunciations is manifested in the use of, clear, clear artificial devices. According to D. Abrova, in the 1st grade of ancillary schools, notability to pronounce the sounds in independent talks and use it is more common. During the first academic year, the spread (spread) decreases to 3 times. (14, 5% in the classroom 8.7% in 2 classes). This testifies from this that it is sufficient for the formation of sounds correctly

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in children. In the independent speech of the 2nd graders, it increases to the wrong use of sounds and mix them with other sounds. Appruding sounds in independent speech is manifested in sane children. The elimination of them is slow. The differences between the ability to pronounce the sounds and these sounds are specific to the speech. There are sudden changes in sound pronunciation in the mindful students of the lower graders. In the 1-2th grade of the auxiliary classes, the changes in several groups of the voice are often observed 2 times more than sound changes in the group. The second and third group sound disorders (slip, noisy, r and l) will be high. The fourth and fifth group sound disorders are relatively less common. From the 3rd grade, one or two groups of voices will be spreading more. On many high school students, defects in the formation of sound formation are only observed in a group of sounds. Many of the sounds are not only derived from delicate motoric differentiation difficulties, but also is determined by the violation of the sounds, violation of the sound selective selection operation. Another unique aspect of pronunciation in mentally retarded children These violations will be variably, i.e. in various forms. Only the child proneths the right time at some time, sometimes does not pronounce, or pronounce it. This word comes from the structure of a word formed and the sound is determined by the role of the sound in word. Initially, the child can pronounce the sound correctly, on the contrary, sophisticated words can knock sound in succession in sequence. Violation of the sound pronunciation, especially the replacement of sounds, is reflected in the writing of more intelligent children than normal children. This view applies, first of all, the case of sound replacement. Disruption of the pronunciation of sounds in mentally retarded children is a

polyorph. For example, a child has both the development of speech motorics and the disorders of the artenance hardware. Violation of sound pronunciation in mentally vulnerable children is characterized by symptomatic resistance. In words, if the violation of the assuratory structure is not found in mentally retarded children, it is found in the 1-2 grades 1-2 of the assistants and is characterized by specificity. Violation of the vowel structure can occur in a series of syllables, both in sequence of the syllable structure. Violation of any syllable structure is characterized by side-by-side side of the consonant. Simple words that have more links to side consonants are not changing more. Leaving the consonant words, they are more common than in the words in sequence, in the beginning or at the end of the word. Mental-minded children are replaced by more consecutive conscants with a fanetic like a fan. Typically, when the consonants in the word arrive in sequence, the first time is to replace the sound, especially according to this word articliament, (Tram-Tables, Artist-Atyst, Costiny-Caxtqyum ). Sound replacement shows the symptoms of acoustical or articulatory similarities (SH-X, T-S, K-P, K-T, R-L). Only a small amount of sound replacement occurs because of the similarities of the articulator. Violation of the synagogical structure in the words is also manifested even in leaving the entire whole level (TV - twizor, handle). Leaving is mainly occurs in the beginning and between the beginning of the word (book-dye, lamb-dye, car, teddy bear). Disorders of the syllable structure occurs only in 3-5 sophisticated words, more side-sided consonants. The children are familiar and more commonly used and more commonly used words are less broke less than words that are less used and not familiar. The speech of mentally retarded children will be

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meaningless, incomprehensible and emotional. In some, the speech has slowed, while it is accelerated, however, low their children, and some of them are creamless. In particular, the demolition of the speech is clearly manifested in children with Daun. The fact that speech rate is low is observed in a very strong mental state. Dispositive - sound change in such children is common. Sound low and muffled; Respiring, voice, the coordination of the Armicator apparatus is damaged.

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