



The Role of Education in The Development of Children with Special Educational Needs

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Abstract: This article analyzes the role of children with special educational needs in the development of children. The educational process in special schools, the needs and motives of the individual, the essence of educational work, and the spiritual development of children are discussed. The analysis of work carried out in the field of oligophrenia, the attitude to the process of upbringing and education given to children with mental retardation is expressed.

Keywords: Development, oligophrenia, spiritual development, mental retardation, upbringing, child, special education, inclusive education.

Introduction: The more the educational process in special schools enriches and retrains the needs and motives of the individual, the more it develops his intellectual and emotional-volitional activity, the higher the effectiveness of this process. Therefore, the true essence of educational work in a special school is not in various conversations with the child, but in organizing the child's life. Educational work is, first of all, the work of the organizer. Behavioral skills and habits are stable forms of actions and behavior that have become, for example, a necessary human need, and their non-fulfillment leads to unpleasant, frustrating, sometimes serious consequences. Educators who know this feature of the nervous system of children in need of help have

the opportunity to form strong skills and habits of behavior in students in need of help based on repeated repetition of the same actions and the same work. Students in need of assistance do not fall into one category according to their clinical description. There are a number of reasons why these students do not fall into one category. These include the variety of causes of the defect, as well as the different periods of time when the defect occurred. Among the students of the auxiliary school, along with students with ongoing brain diseases (epilepsy, schizophrenia, etc.), students with brain damage in kindergarten and junior school age receive education. Brain damage can occur as a result of various injuries or as a result of infectious diseases (for example, encephalitis). Despite this, the majority of the students of the auxiliary school are oligophrenic students. These students have brain damage due to various harmful influences in the fetal or early infancy periods. Such harmful effects include various diseases of the mother during pregnancy, injuries during childbirth, and deep damage to the brain as a result of serious illnesses of the baby in the first months. [13.89] Since the nerve cells in the brain system of the student, especially the cerebral cortex, have a very delicate structure, they are easily susceptible to various negative effects. The entire activity of the brain cells changes to some extent and is prone to disruption. The physiological processes occurring in the brain are not normal, since they are mechanisms of mental processes. Children in need of help have deficiencies in both intellectual and personal development, as well as specific disorders. Therefore, great importance is attached to the correction of developmental defects in the system of educational work carried out with children in need of help and with disabilities. It is of particular importance and relevance to study the characteristics of intellectual disabilities in children with special needs, to determine the content, methods, and directions of working with these children during their development, because so far there has been insufficient fundamental scientific research focused on the education of children with special needs. In the existing pedagogical, special psychological, and methodological literature, only some information about the initial stages of development of children in this category can be found.

The teachings of the German psychiatrist E. Kraepelin (1856-1926) made it possible to obtain more accurate information about congenital mental retardation. E. Kraepelin is a scientist who created a modern classification of mental disorders based on the nosological principle and classified 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. Kraepelin warned in advance that he was using this name to designate a group of collective anomalies with different etiology, clinical picture and morphological changes. The scientist united in this group conditions that have a common pathogenetic basis. These conditions are manifested in a total lag in mental development. Viewing pathological development as the main factor determining the specific features of the structure and dynamics of mental retardation was a much more effective approach, since it included mental retardation in the general problem of dysontogenesis.

However, oligophrenia as a clinical concept did not have clearly defined boundaries in those years. The Swiss psychiatrist and psychologist E. Bleuler noted that it is difficult to distinguish underdevelopment of the psyche in oligophrenia from the mental norm. Since patients with a deep degree of congenital mental retardation constituted a very small part of psychiatric patients, clinicians paid little attention to their study. E. Segen, a student of J. Esquirol, unlike others, was engaged in this very problem. His research had a great influence on the development of the science of mentally retarded children, their upbringing and treatment. E. Segen gave a definition and clinical description of idiocy and imbecility, and also created his own system of treatment and pedagogical correction, which he developed and personally tested for many years. He emphasized the need to treat and educate mentally retarded children. "So much has been said about the incurability of idiocy that no one wants to even touch it, and everything is left to nature," the scientist wrote with a smile. [14.14]

In 1952, A. Tredgold defined mental retardation as a condition in which the psyche does not 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 he rejected the first criterion, justifying this decision by the fact that even intellectually healthy children differ from each other in the acquisition of knowledge. A. Tredgold considered the social criterion to be the main one. Based on this, the main purpose of the diagnosis, according to the scientist, is to assess a person's ability 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, since in this case, patients with other diseases such as neurosis, psychopathy, etc. are also included in the group of mentally retarded. Standards of social adaptation are a very controversial issue, and they differ from each other

in different countries and at different times. Similarly, there are contradictions in the issue of determining mental retardation based on social assessments. The need to develop criteria for mental underdevelopment has not gone down the agenda. In this regard, French psychologists A. Binet and T. Simon proposed three levels of retardation in 1905. A. Binet developed a method for assessing mental deficiency in children based on their age in 1908. In 1914, the German psychologist and philosopher W. Stern (1871-1938) was one of the first to use tests and introduced the concept of intelligence quotient (IQ). In 1973, the American Association for Mental Retardation (AMR) published a "Manual on the Terminology and Classification of Mental Retardation" ("Rukovodstvo po terminologii i klassifikatsii psihicheskogo nedorazvitiya"). It defines the concept of "mental retardation" as "a significant decrease in intellectual activity, expressed in a lack of adaptive behavior and occurring during the developmental period." [11.37]

This definition emphasizes the need to take into account three aspects: 1) comparison with normal development; 2) early onset of intellectual deficiency; 3) impaired behavioral flexibility. These aspects are very important in understanding mental retardation, but relying only on them cannot fully reveal the concept itself.

Some authors believe that mental retardation cannot be presented as a systematized concept, since at present there is no generally accepted concept of intelligence.

Psychologist-scientist M.S. Pevzner understood oligophrenia as an underdevelopment of complex forms of mental activity. He noted that such a condition occurs due to damage in the early stages of fetal development or organic damage to the central nervous system (CNS) that occurs at different stages of fetal development or in the very early stages of a child's life. However, this definition also has some uncertainties. In particular, the categorical assertion that oligophrenia is always a consequence of organic damage to the CNS is among such uncertainties. It has not been conclusively proven that the underdevelopment of complex forms of mental activity alone can be a criterion for oligophrenia.

Most experts agree with G.E. Sukhareva's definition of oligophrenia. According to her definition, oligophrenia ("mental retardation") is understood as a group of disease states that differ in their etiology and pathogenesis, united under one common sign. All of these disease states are clinical manifestations of dysontogenesis of the brain (and in some cases the whole organism). G.E. Sukhareva includes in the

oligophrenia group only those forms of mental underdevelopment that are distinguished by two features - 1) the predominance of intellectual defects and 2) the absence of progression. However, some clarifications are required even in the above definition of G.E. Sukhareva:

- 1) mental underdevelopment caused by genetic influences should not be equated with dysontogenesis;
 - 2) the hereditary mechanisms that cause intellectual underdevelopment are fundamentally different from those that prevent harmonious maturation during pregnancy or immediately after the birth of a child;
 - 3) defects that affect not only the development of the intellect, but also the personality as a whole, cannot be an absolute sign of mental underdevelopment;
 - 4) mental underdevelopment may also be caused by much more ancient formations that prevent the accumulation of life experience and education.
- According to B.V. Kovalev, oligophrenia is a group of pathological conditions that differ in etiology, pathogenesis, and clinical manifestations. As a common sign of such conditions, one can indicate mental underdevelopment, which is congenital or acquired in early childhood (up to three years of age). In this case, the deficiency of intellectual abilities prevails. If we supplement the list of common signs with hereditary signs that cause mental retardation, this definition can be further clarified, since the pathogenesis, and in many cases the clinic, of congenital and hereditary forms of mental underdevelopment are different. According to the definition of C.Ya. Rubinstein, a mentally retarded child is a child whose cognitive activity is persistently impaired due to organic brain damage. Only when the signs listed in this definition are found can one speak of the presence of mental retardation. G.I. Kaplan and B.Dzh. Sedok consider the term "mental retardation" as a synonym for retardation (slowing down, delay in development) and believe that mental retardation is a "character syndrome" that does not have a single etiology, mechanism, dynamics and prognosis, and it reflects the attitude established in society towards this group of individuals. For example, one of the latest definitions given by the Russian scientist V.V. Kovalev has the following content: "Mental retardation is a group of various types of conditions that, due to damage to cognitive abilities, disrupt the age-appropriate activities of an individual in society to varying degrees and for various reasons." [15.245]

Or, to take another definition from the International Classification of Diseases (ICD) 10th revision: "Mental retardation is a delayed or abnormal state of the psyche, which manifests itself primarily during puberty and is characterized by a violation of the abilities that provide

a general level of intellectual development (i.e., cognitive, speech, motor, and social abilities). ... In such children, adaptive behavior is always impaired.”[16.222] These definitions emphasize that mental retardation is not a single condition, but has many causes associated with developmental disorders during puberty. Mental retardation is characterized by a violation of cognitive activity and adaptive social behavior. Another Russian scientist, D.N. Isaev, defines mental retardation as “a set of etiological differences.” Etiological differences are understood as hereditary, congenital and acquired pathological conditions that do not develop in the first years of life. These pathological conditions, in turn, are manifested in general mental underdevelopment, in which intellectual defects predominate, and lead to difficulties in social adaptation. According to D.N. Isaev, forms of mental retardation that occur in children older than 3 years of age or that are the result of diseases that children suffer from (schizophrenia, epilepsy, encephalitis) and lead to impaired cognitive activity do not fall into mental retardation. It is also important to form in students who need help the skills and abilities of diligence, loyalty, devotion, and willingness to work in household chores for the family. It is necessary to instill in students who need help from a young age that the family is sacred, that being a parent is a responsibility, but also the meaning of life, and that being a father or mother places a heavy responsibility on a person's shoulders. Teachers who know this feature of the nervous system of children who need help will have the opportunity to form strong skills and habits of behavior in students who need help, based on repeated repetition of the same actions and the same actions. It is necessary to emphasize the importance of carrying out corrective and pedagogical work at home with a child in need of help, a methodological, pedagogical approach aimed at developing the child's personality and forming his worldview, conducting various classes, establishing proper relationships between family members and the child with a disability, and carrying out corrective and pedagogical work aimed at helping the child with a disability find his place in life in the future. It is necessary for the parents themselves to have special knowledge and skills and to take the above issues seriously. As is known, many problems arise for parents in raising a child. However, when raising a child with a developmental disability, these problems become even deeper and more complicated. Among such problems and complexities, the cooperation of the family, school and community serves as an important factor in conducting various activities with the child at home, implementing corrective work on the development of the child's personality and their

upbringing, establishing proper relationships between family members and the disabled child, and implementing corrective and pedagogical work aimed at helping the disabled child find his place in life in the future. In order to correctly solve the above problems and fulfill important tasks in the upbringing of a disabled child, parents themselves must have special knowledge and skills and pedagogical literacy. Raising a disabled child in a family, bringing him up, is one of the most complex problems, and the most important in it is the educator - the mother. The mother requires great attention, care, enduring affection, trust, knowledge, perseverance, patience, and kindness. Also, the mother should have certain knowledge about the development of her child, in close cooperation with medical personnel and defectologists-teachers, she should have knowledge about raising and adapting the child to life. As a result of studying and analyzing research, we came to the conclusion that the process of raising mentally retarded children of preschool age and the cooperation of family and school in upbringing is an extremely complex, multifaceted socio-pedagogical problem that requires a systematic approach. Increasing the level of education for students in need of help depends on the consistent and mutual cooperation of family and school at all levels of the continuous education system.

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