



# Features of Social and Labor Adaptation of Mentally Retarded Students

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**Abstract:** This article examines the characteristics of social and labor adaptation of mentally retarded students. The mechanism of adaptation, the concept of sociability are discussed. The place and role of the educational institution in the formation of sociability and labor adaptation are analyzed.

**Keywords:** Social adaptation, correctional work, career guidance, career counseling, encephalitis.

**Introduction:** With any type of deviation from the age norm of development and with any severity of this deviation, it is possible to create conditions for the child that ensure positive progressive dynamics of his development. The task of the defectologist is not only the development of mental abilities of children, but also their emotional well-being and social adaptation. It is necessary to activate the child's own strengths, to set him up to overcome life's difficulties. It is difficult for these children to demonstrate their existing abilities due to limited speech development, hyperexcitability or inhibition. Therefore, it is necessary to help them realize their inclinations by selecting the most adequate tactics of correctional work, choosing special techniques and methods of influencing all areas of the child's personality. With any type of deviation from the age norm of development and with any severity of this deviation, it is possible to create conditions for the child that ensure positive progressive dynamics of his development. The task of the defectologist is not only the development of mental abilities of children, but also their emotional well-being and social adaptation. It is necessary to activate the child's own strengths, to set him up to overcome life's difficulties. It is difficult for these children to demonstrate their existing abilities due to speech limitations, hyper excitability or inhibition. Therefore, it is necessary to help them realize

their potential by selecting the most adequate tactics of correctional work, choosing special techniques and methods of influencing all areas of the child's personality. It is known that many people with a mild degree of mental retardation adapt well to society. The situation with social rehabilitation of people with moderate and more severe degrees of mental retardation is much worse. Graduates of a special school achieve a relatively high level of mental development as a result of their education. They become independent citizens, i.e. they are responsible for their actions, master professions that require average qualifications, have the right to be owners of rooms, houses, etc. In some cases, doubts arise about their sanity, legal capacity and ability to work, and then the fact that a young man or woman graduated from a special school can serve as a basis for a psychiatric examination. The positive dynamics of mental retardation provide grounds for including in the rehabilitation process of these people not only specialists from the psychological-medical-pedagogical complex, but also the family, social educators with specially developed social programs, work collectives and public organizations.

Many forms of mental retardation (especially undifferentiated ones) can be leveled out with the child's age, and such teenagers adapt socially quite well. However, with a number of illnesses, children can behave correctly only under a strict, well-thought-out regime. In the absence of such a regime, under the influence of bad companions, they easily acquire bad inclinations and take the wrong path. Idleness has a particularly unfavorable effect on them, while an organized regime filled with work, sports and games has a beneficial effect on them. Moderate, but almost all-the-time workload is not tiring for these children. The main thing they need is continuous, unrelenting observation and control on the part of the teacher and other educators, with a view to preventing bad influences and habits. Therefore, when talking with the parents and other educators of such children, the teacher pays special attention to the need to exercise constant control and observation. Girls who have had encephalitis easily develop premature sexual interests and inclinations if there is a bad person who awakens these instincts in them. Boys often find themselves drawn into gangs of thieves, roving gangs. It should be emphasized that encephalitis itself, the inflammation of the brain itself, cannot form such antisocial inclinations. They arise comparatively easily if children find themselves in an atmosphere of bad influences. Children easily succumb to these influences due to the fact that they are distinguished by increased suggestibility and uncritical nature. In addition, this is

facilitated by their inherent weakness of inhibitory processes. Labor training for children with the consequences of encephalitis and their subsequent employment is a difficult task. Poor motor skills, awkwardness, clumsiness of movements are sometimes combined with defects of the organs of vision or hearing. Bad handwriting and slurred speech make it even more difficult to choose a profession. Meanwhile, with a well-chosen specialty, these children can work well, since they have the necessary diligence, sense of duty and responsibility for the task entrusted to them. Therefore, the teacher must take care of their future long before leaving school, literally from the moment of the beginning of labor training, taking into account local specific conditions.

Lack of independence, lack of initiative, inability to manage their actions, inability to overcome the slightest obstacles, resist any temptations or influences are combined, however, with signs of the opposite property. An individual rehabilitation program is a set of measures (medical, psychological, pedagogical, social) aimed at restoring, compensating for impaired or lost body functions and restoring (or forming) the ability to perform certain types of activity, including professional and labor. Within the framework of an individual rehabilitation program, a person's professional orientation is carried out taking into account his other, special capabilities of ability to work.

An individual rehabilitation program for each person with limited working capacity is advisory in nature and is not mandatory. In other words, a person can refuse either the entire program or its individual components. One part of the individual rehabilitation program is free, the other part can be paid for by the person, the institution or organization where he or she works, or a benefactor. An individual rehabilitation program is drawn up by specialists of the State Service of Medical and Social Expertise after a comprehensive examination of a person with limited working capacity. Doctors, psychologists, teachers, social workers, and representatives of the employment service take part in drawing up the program. The medical and social expertise institution, having conducted a preliminary examination, determines the disability group, in accordance with which an individual rehabilitation program is built. The first group of disability is assigned to persons with a persistent and significantly expressed disorder of body functions, which can be caused by an illness, the consequences of injuries or developmental defects. As a result, the ability to self-care, move, navigate the environment, communicate and control one's actions may be significantly impaired.

The third disability group is assigned if, as a result of diseases, injuries or developmental defects, there is a

persistent but minor or moderate disorder of body functions, leading to some limitation of the ability to learn, work, self-care, move, navigate the environment and communicate.

Thus, disabled people of the second and third groups can study and work. For children and adolescents with developmental disabilities who have a potential for limited working capacity, career guidance and career counseling work begins during their school years. Depending on the nature and severity of the disorder, the content and methods of career guidance work are different for different categories of young people with disabilities. At the same time, there are general patterns in the organization and implementation of such work. The ability of a person with limited working capacity to do a particular activity depends on internal and external factors, which should be identified and studied by specialists. It is often difficult for a teenager or an adult with disabilities to independently choose an area of activity that interests them, so teachers and psychologists come to the rescue. In the presence of an intellectual norm, it is possible to talk about equal educational opportunities for persons with disabilities in higher and secondary vocational educational institutions. Modern foreign practice shows that for persons with disabilities who do not have intellectual disabilities, it is possible to create special educational conditions and a special living environment that remove barriers and restrictions for these people in obtaining higher and secondary specialized education. A person with disabilities receives equal rights and has equal responsibilities both as a student and subsequently as an employee of an institution or enterprise. In the process of obtaining vocational education, young people with special educational needs need special psychological and pedagogical support. There is a need for corrective work, providing specialized assistance in mastering those subjects that are difficult due to the specifics of the disability of a particular group of students. To provide special assistance, auxiliary support systems are created, including those based on the use of modern computer technologies.

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