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Features of socialization of adolescent children with mild mental retardation

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Abstract. In this article, we examined the system of self-attitude of adolescents with mild mental retardation in the process of their socialization and identified high self-esteem as a protective mechanism of the diagnosed syndrome. It is noted that with a broad coverage of the oligophrenia syndrome, the Self – concept and its features within the framework of socialization remain poorly studied.

Keywords. socialization, mild mental retardation, self-assessment, reflection.

Introduction.

This study is aimed at studying theoretical works on the socialization of adolescents, with mild mental retardation. Our interest stems from the fact that in the Republic of Uzbekistan one of the priority directions of the state policy in the field of social protection of citizens is providing persons with disabilities equal opportunities in the realization of civil, political, economic and other rights and freedoms provided for by the Constitution of the Republic of Uzbekistan in accordance with universally recognized principles and norms of international law and international treaties of the Republic of Uzbekistan [1].

Analyzing the features of socialization of adolescents with mild mental retardation, it is initially necessary to describe the specifics of the syndrome itself.

The problem of mental retardation is currently becoming increasingly relevant. This is primarily due to the fact that statistics on the birth rate of children diagnosed with mental retardation are growing. And the number of such diagnoses, according to the World Health Organization, is about 1% of children (with a certain predominance of males).

In its definition, "mental retardation" has many formulations and is a fairly generalized-concept that includes persistent intellectual disabilities, that is, various clinical forms of

intellectual underdevelopment — as residual (residual), and progredient (aggravating) caused by progressive diseases of the Central nervous system. Among the clinical forms of mental retardation, *oligophrenia* (congenital dementia) and *dementia* (acquired dementia) are distinguished. In our work, we will describe a congenital form of mental retardation – the degree of violation of which is designated as *mild*.

The term "oligophrenia" includes several groups of persistent intellectual disorders, primarily due to intrauterine brain underdevelopment or persistent disruption of its formation in early postnatal ontogenesis (in the first three years of life) (E. M. Mastjukova, 1997). Most specialists adhere to the definition of G. E. Sukhareva (1965), who understood oligophrenia as a group of different etiologies and pathogenesis of painful conditions united by one common feature: all of them are clinical manifestations of dysontogenesis of the brain (sometimes of the entire body as a whole). The main characteristics of oligophrenia, in her opinion, are:

- 1) prevalence of an intellectual defect;
- 2) the lack of progression (progressive).

Research by scientists such as L.

S. Vygotsky (1983), A. R. Luria (1960), K. S. Lebedinskaya (1985), V. I. Lubovsky (1989), M. S. Pevzner (1959), G. E. Sukhareva (1965) G. B. The Shoumarov (1979),

ZF.Kamaletdinova (1993) подтверждаютthey confirm the importance of the above definition,- especially for the diagnosis of mental retardation. These authors believe that first of all, in the diagnosis of mental underdevelopment, such signs as persistence, irreversibility of the defect and its organic origin should be taken into account.

The very term "oligophrenia" (from the Greek. *oligos*-baby, *phren*-mind) (F70 -F79) defines a special form of mental underdevelopment, which is expressed in a persistent decrease in cognitive activity in children due to physical damage to the cerebral cortex in the perinatal (intrauterine) and early postnatal (up to 2-3 years) periods. But in the above definition, you can find several disadvantages::

- At first, nothing is said of the emotional-volitional sphere of the child. We cannot say that only cognitive activity is not fully developed or impaired in mentally retarded children, and the emotional-volitionalsphere is the same as in healthy children.

- Secondly, referring to the works of L. S. According to Vygotsky, we can say that even the most incomplete children develop. Despite the severity of the defect, one cannot be sure-ности в that it is completely irreversible. The progress of medicine and the compensatory forces of the child's body can change a lot. It is also worth noting that all children have a "zone of immediate development" (L. S. Vygotsky, 1984), the potential opportunities that can be revealed and used in properly organized education. It is only important to emphasize that when defining the concept of "mental-retardation", we are not talking about a short-term delay in the rate of mental development, but about a rather long-term violation of it.

- And finally, third, not in all cases organic brain damage is the cause of mental retardation. For example, with a mild degree of mental retardation, it is not always possible to detect this organic brain insufficiency. On the contrary, even with obvious organic brain damage, such as hydrocephalus, cerebral palsy, etc., there may not be any mental retardation.

In our opinion, the most complete definition is given By L. M. shipitsyna and D. N. Isaev (1982). **Mental retardation** is defined by them as a set of etiologically different: hereditary, congenital and acquiredных in the first years of life, non-progressive pathological conditions that are expressed in General mental underdevelopment with a predominance of an intellectual defect and lead to difficulties in social adaptation.

According to the depth of the defect, oligophrenia is traditionally divided into three degrees: *idiocy* (F73 – the most severe), *imbecility* (F71-deep) and *debility* (F70 – the easiest). But currently, the international classification of the mentally retarded is more often used, on the basis of which children are divided into four groups according to the degree of severity of the defect: *with mild, moderate, severe and deep mental retardation*. [6]

In the process of their development, each child becomes a unique person. Since childhood, the child, together with adults, learns new forms and methods of activity, internalizing them, thereby moving to a new level of mental functioning. In this process of this development, he accumulates his own experience of behavior, experience of communicating with other people. The child develops individual personality traits that are characteristic only for him. As an example, we can cite the specific features of each child's emotional sphere, a unique combination of character traits, and intellectual abilities. in other words, the child develops and individualizes. But on the other hand, we should not forget that a growing person is individualized in society to the extent that he is socialized. Based on the well-known statement of L. S. According to Vygotsky (1984), the process of socialization has become one of the aspects of our attention: the fact that a child, once born, is already a social being and cannot do without society in its development .

According to L. I.Bozhovich, *socialization of a person is "...the development of a person's personality in interaction and under the influence of the environment, conditioned by specific social factors"* (L. I.

Bozhovich).Bozhovich, 1968).The term "*socialization*" is defined as the integration of all social processes through which a person learns and reproduces a certain system of knowledge, cultural values and norms. This system allows the individual to be considered a full-fledged member of society, to master new social roles, and to engage in self-development and self-realization in society (A.V. Mudrik, 1997). It is worth noting that the process of social development of the individual consists in the activity of the subject himself in interaction with the social environment. G. M. Andreeva (1996) defines socialization as a process that occurs in two directions simultaneously. In the first direction, the individual, being included in the social environment and in the system of social connections, assimilates social experience. In the second direction, socialization acts as a process of active reproduction of this system by the individual in his activity.

The process of socialization is divided into several stages:

➤ *Early or primary socialization*, which includes the period from newborn to preschool age. The role of the family and the formation of a child's basic sense of trust in the world is crucial here. Parents are the main translators of knowledge, values, and norms.

➤ *Education or secondary socialization* (primary school age to early adolescence) implies the inclusion of such institutions as school, College, or UNIVERSITY in the child's development. The child adapts to the new environment and acts in accordance with the new rules. The circle of communication with others is expanding.

➤ *Social maturity* includes Mature ages. The main source of socialization is the work activity of the individual.

➤ *Completion of the life cycle*, periods of gerontology.

Thus, socialization proceeds throughout the entire human ontogenesis and is implemented in three directions: bofirst, it is, of course, *activity*. In the process of activity, a personality is formed, with individual characteristics, abilities and inclinations peculiar only to it. Secondly, it

is communication that occurs in all areas of a person's life activity; it develops the ability to interact with others, as well as communication skills. And finally, the third direction is *self-awareness of the individual*. It includes all areas of self-knowledge – self-esteem, the level of claims.

In the psychological literature, too, we can find the concept of socialization. In its definition, it is designated as " ...a person's compliance with social requirements imposed at each age stage, as the presence of personal and socio-psychological prerequisites that ensure purely normative behavior, or the process of social adaptation." [12]. It follows that socialization is a broader concept than socialization, since it also includes readiness to move into new situations of social development.

In the "norm" of *adolescence*, there is a transition to a qualitatively new system of relations with both adults and peers. A teenager actively learns systems of norms and values, ways of behavior and interaction of adults. The subjective significance of friendship and relationships with peers increases (I. S. Kon, 1980), which sets a teenager the task of realizing their own personal qualities and characterological characteristics of peers, a certain level of awareness of social relations systems, interaction, and the ability to take into account social relations. A. N. Leontiev (1980) defined adolescence as the second birth of a person. During this period, the child's interests change, becoming more differentiated and stable. His educational activity plays a secondary role. The teenager begins to focus on "adult" life. The social world provides the child with a wide range of value-normative models and patterns of social behavior, from which he can choose the most suitable ones for him. This is what happens in the concept of "norm" of development.

During socialization of a child with moderate and severe mental retardation, difficult problems are the lack of interpersonal communication skills in the environment of normal people, lack of formation of the need for such communication, destructive self-esteem, negative perception of other people,

hypertrophied egocentrism, and a tendency to socialdependence. The vital activity of children with severe mental retardation does not provide for their wide contact with their peers [14,116].

The structure of defects in oligophrenia is characterized by the *totality* and *hierarchy* of underdevelopment of cognitive activity, especially thinking and personality. *Totality* manifests itself in the underdevelopment of all neuropsychic functions. *Hierarchy* in the predominant underdevelopment of cognitive functions, and above all abstract thinking.

As noted above, children with mental retardation have a number of specific features due to biological pathology of the brain. Without denying the organic, biological nature of the L. S. defect. Vygotsky believed that the biological defect underlying mental retardation acquires a clear socio – environmental and cultural conditionality in the course of a child's development. Of course, the social environment and cultural upbringing play an important role in the development of a child's personality. They can either contribute to the complete compensation of an intellectual defect (with appropriate upbringing), or lead to its further complication, aggravation, and further structuration (L. S. Vygotsky, 1930; 1931). This is reflected in the appearance, *pomimo* main defect of secondary complications in the form of underdevelopment of higher mental functions (associated cultural underdevelopment cropstion of primitivism, etc.), tertiary complications underdevelopment will, "VLASTI affect on behavior," layers fourth-order expressible in the underdevelopment of the whole person, as well as complications of the fifth, the sixth in a row [14,58].

HP Vygotsky, explaining the high self-esteem of oligophrenics, speaks not only about the underdevelopment of social understanding and the affective nature of children's assessment and self-esteem, but also assumes the existence of *fictitious compensation*. It is implemented in the "form of increased self-esteem as a reactive characterological education in response to the difficulties that the child meets in the environment, in response to the low assessment given to him by this environment. They think

he's a fool – he thinks he's smarter than everyone else." This idea echoes the idea of I. S. Cohn about the "Ego – protective" function of self-consciousness. I. S. Cohn (1978) emphasizes the importance of the subject's possession of adequate information about both the environment and the States (properties) of his personality, for the successful orientation of his behavior. But on the other hand, the "Ego-protective" function is mainly focused on maintaining self-esteem and stability of the "I" image, even at the cost of information distortion. "Depending on this, the same subject can give both adequate and false self-assessments." Thus, we can assume that such fictitious *и* *у* compensation may be present in mentally retarded children to a mild extent, which helps them maintain self- acceptance. The child needs to maintain a sense of uniqueness, "self", even if by denying their shortcomings.

Идея Vygotsky 's idea that children with disabilities share the same (General) developmental patterns as normal *и* *нормальности* *и* *развития* children allows us to assume that reflection, in its simplified form, is one of the neoplasms in adolescent children with mild mental retardation syndrome. These reflexive processes allow the child to gather information about themselves and how others think about them, about the world around them, about people and their actions. Processing this information (perhaps even on an unconscious level) allows him to create a certain construct of knowledge, his own system of attitudes, assessments and self-assessments, i.e., his "I-concept". Perhaps, at this stage of collecting information, a sense of inferiority may arise against the background of "all-powerful adults", the so-called "inferiority complex". Personal development, according to the views of A. Adler (1907), depends on how this complex will be compensated. Perhaps, in adolescent children with oligophrenia syndrome, the inferiority complex is one of the components of fictitious compensation (PS Vygotsky, 1931), which manifests itself in an overestimated self-esteem.

When studying the system of self-attitude in mentally retarded children, an important

aspect is to identify the degree of awareness of their "otherness" or difference between themselves and others. In our opinion, this awareness, arising at a certain moment, changes the behavior and psyche of a person. This "otherness" can mean everything that the child experiences, the whole set of sensations, emotions, and experiences. Through its prism, self-perception, introspection and self-regulation occur.

The psychological literature describes the data obtained in studies on high self-esteem in children with oligophrenia syndrome. Speaking about such a designation of self-esteem as "overestimated" or "undervalued", it is worth noting the definition of the criterion of "normal" self-esteem. At the present stage of studying the emotional and evaluative side of self – consciousness, new psychological characteristics of determining self-esteem have been proposed. Emotional-value attitude to oneself, characterized by congruence, self-acceptance, can be defined as *constructive self-esteem*. It promotes self-movement, self-development of the individual. Non-acceptance of oneself, internal incongruity, conflict with oneself, which becomes a personal internal barrier to self-realization, which leads to deformation of self-development, is defined as *destructive self-esteem*. It hinders the harmonious development of the individual (R. I. Sunnatova, 2001). An example of this situation can be an experimental psychological study conducted by L. N. Pererechnaya (1991). It consisted in tracing the lives of children with intellectual disabilities, students in special schools and those who acquired professional training skills. There was a positive trend in successful adaptation to social life, to its standards through work, despite the high rates of self-assessment. Based on this, we assume that "high" self-esteem plays the role of a compensatory mechanism that helps adolescents with mild mental retardation to socialize and cannot be considered destructive for them.

Most often, a mild degree of mental retardation is diagnosed only when the child goes to school. The standard curriculum remains incomplete. With constructive upbringing,

training, and employment by adolescence, children with intellectual disabilities develop and socialize so harmoniously that they are practically indistinguishable from children who develop without pathologies. Without a doubt, this happens when a child lives and develops in socially and psychologically protected conditions. If the life situation changes and the child begins to make demands that do not correspond to his mental capabilities, social maladaptation may occur. According to statistics, such children and adolescents account for about 70-75% of the total number of people with mental retardation (L. M. Shipitsyna 2005).

Families, caregivers, preschool and school teachers play an important role in the rehabilitation and education of these children. To be included in this process, family members need to receive special training. Tutors and teachers of special (correctional) kindergartens and schools need to have a deep knowledge of the clinical, psychopathological and psychological – pedagogical features of children with mental retardation. When teaching children, it is necessary to take into account the individual capabilities of the child and his "zone of immediate development" [5, 14; 7]. All this will allow the child to ensure adaptation to environmental conditions.

But there are many factors that prevent successful socialization of the child. One of these factors may be the destructive psychological climate of the family, improper upbringing, upbringing in a single-parent family or upbringing outside the family. In the case of children with developmental disabilities, the frequency of exposure to these factors can be traced in 50-90 % (Tg). Ramazanova, 1988). Conflicts of family members, emotional instability, anxiety, rigidity of the mother, as well as passivity of the father—all this creates an unfavorable psychological climate in the family. According to A. I. Zakharov, mothers are more likely than fathers to cause deviations in the mental development of children. (A. I. Zakharov, 1988). The reasons for improper upbringing of a child are Hyper-care, hypoo-care, emotional rejection, authoritarianism and cruelty. Another reason for improper upbringing

may be the attribution of personal and social failure by parents to their child. In these relationships, there is a tendency to infantilize the child. For parents, he seems to be unadapted, unsuccessful, and open to bad influences (A.E. Lichko, 1999), (Rutter M. 1987), (A. S.Spivakovskaya 1988), (T. G. Ramazanova, 1988), [14;160]. Children with developmental disabilities, like a normal child, have a great need for communication, and if it is not satisfied, self-awareness, openness to the world, and personally oriented forms of communication may suffer (M. and Lisina, 1986), attachment to an adult (M. Rutter, 1987), (A. Freud, 1991). A significant role is played by improper upbringing, and emotional rejection contributes to the formation of cruelty (L.B. Filonov, 1981); overprotection constrains the appearance of responsibility (M. Rutter, 1987) indulgence causes an inadequate level of claims (A. I. Zakharov, 1988), favours greed (L.B. Filonov, 1981) cruelty gives rise to passive, uninitiative, deceitful or cruel people (M. III . Buyanov, 1988); excessive demands cause neurosis (T.G. Khamazanova, 1988). Incomplete upbringing can lead to an inadequate gender identity (A. III. Zakharov), (I. V. Zakharov). With. Cohn 1989).

The main function of the family is, first of all, to ensure the social adaptation of a mentally retarded child, based on its capabilities. Parents, building constructive relationships with such a child, need to learn how to regulate the degree of psychological stress [14;207]. The disadvantage of parenting in a single-parent family is that the child may not receive enough of the necessary adult behavior patterns. In cases of education outside the family, for example, in boarding schools or orphanages, according to P. A. Myasoed, we can talk about conditional education. Unlike the mother's unconditional, it changes depending on how the child's relationship with an adult develops. And this, in his opinion, becomes one of the reasons for deprivation — the dissatisfaction with the basic needs of the child, which imposes a specific imprint on the child's psyche [11;51]. In an organized individual approach, it is possible to identify and understand the qualitative

originality of intellectual, verbal, verbal and motor activity of each child. L. S. Vygotsky showed that backwardness never affects all intellectual functions equally, and the absence or underdevelopment of one function is compensated for and responds to another [2;77]. An emphasis on the development of these compensatory mechanisms in the process of special correctional pedagogical influence will help the child to socialize more successfully.

Also, for the socialization of children with mental retardation, the formation of skills and skills of working at home in the conditions of boarding schools is not unimportant. Elementary abilities to cope with washing dishes, floors, setting the table, with the need to warm up your food, wash your clothes, wipe the dust, and so on, help the child develop such qualities as independence, responsibility, and accuracy (I.I. Chesnokova, 1977).

It is worth noting that the socialization of children with special needs depends primarily on the severity of the identified syndrome. As we have already described above, the social adaptation of adolescents with severe mental retardation is extremely difficult due to their lack of interpersonal communication skills in the environment of normal people, insufficient lack of formation of the need for such-communication, destructive self-esteem, negative perception of other people, hypertrophied egocentrism, and a tendency to social dependence.

It should be noted that scientific research and psychological and pedagogical recommendations for intellectual development disorders are most often devoted to childhood. This is natural, because the earlier the diagnosis is carried out, and then correctional and developmental work with such a child, the more effective the results of his social rehabilitation will be (I.I. Chesnokova, 1977). Much less attention is paid to studying the socialization characteristics of adult children-mentally retarded young people aged 15 to 30 who were pupils of specialized boarding schools and orphanages. In our opinion, in this case, we are already talking about the re-socialization of these people. Because adolescence is the final

period of childhood, during which the child solves the problems of choosing a life path, professional and social self-determination. The solution of these tasks is sharply complicated in the situation of changing social conditions, the absence of the usual criteria and guidelines. A teenager, after finishing boarding school, needs to adapt to the new conditions of life.

Most countries, including Uzbekistan, have adopted a social program to help and support young people with intellectual disabilities in their professional development and socialization, which is called *supportive living*. In this program, they pay attention, first of all, not to the limitations of a person, but, on the contrary, to his capabilities and abilities. By providing the conditions for their implementation, this program allows a person to enter society and become a full member of it (I.I. Chesnokova, 1977).

Summing up the above, we can say that a conscious and confident management of the correct and comprehensive formation of a child's personality requires a deep knowledge of its individual characteristics, which allows us to understand what specific expression the General laws of mental development have received in this particular case. In the article, we described the process of socialization, revealed the features of adolescence and the specifics of the oligophrenia syndrome. In the future, we plan to study the system of self attitude in adolescents with mild mental retardation, because with a broad coverage of the oligophrenia syndrome, the Self – concept and its features within the framework of successful socialization remain poorly understood.

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