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Specific Features Of Speech In Mentally Retarded Children Of Preschool Age

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Abstract: This article analyzes the specific features of the formation and development of speech in preschool children with mental retardation based on scientific sources. It discusses in detail the delay in speech development, limited vocabulary, problems in mastering grammatical structures, sound pronunciation and articulation disorders in mentally retarded children. The author of the study highlights the psychological, physiological and social factors affecting the formation of speech, and draws attention to the need to develop and correct speech in this category of children. The article serves to develop practical recommendations to increase the effectiveness of speech therapy.

Keywords: Mentally retarded children, speech development, preschool age, speech disorders, speech therapy, mental development, articulation, phonemic hearing, remedial education.

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Introduction

In children with mental retardation, specific speech disorders, closely related to both intellectual and personality development deficiencies, are often observed. Therefore, great importance is attached to the correction of speech development defects in the educational system of preschool children with mental retardation.

Studying the features of speech acquisition in a child with mental retardation, the formation of speech in children with intellectual disabilities, and determining the content, methods, and directions of working with these children at preschool age, that is, during the most sensitive (rapid) development of speech, is of particular importance and relevance. Because fundamental research aimed at studying the speech of preschool children with intellectual disabilities has not yet been conducted. In the existing pedagogical, special psychological and methodological literature, one can only see scattered information about the initial stages of speech development in this category of children. We proceed to a comparative analysis of the information provided in the literature on the development of speech in normal and mentally retarded children.

The easiest type of speech for a child to master is oral speech. Mentally healthy children acquire oral speech in the process of communicating with people around them. It is worth recognizing that foreign

psychologists have conducted fruitful scientific research on the development of speech in normally developing children (L.S. Vygotsky, A.N. Gvozdev, N.Kh. Shvachkin, D.B. Elkonin, A.P. Sokolov, J. Piaget, A. Vallon, etc.).

Experts in this field, V.I. Beltyukov, A.D. Salakhova and other authors, in their studies, show that normally developing children understand movement, facial expressions and gestures at 7-8 months of age. L.T. Zhurba and E.M. Mastyukova distinguish the initial source of speech in children as the first emotional manifestations in infants, that is, “attention to the mouth” and emotional activation, which appear from about 3 weeks of age, and a complex of positive “mimic-somatic” activation, which is clearly visible from 3 months of age. During this period, the first intersensory connections are formed in children, as well as focusing their gaze on their hands (the child plays with his fingers). This, in turn, is evidence of the initial appearance of visual-motor coordination.

The connection of analyzers, which is formed in the first half of a child's life, is of great importance in the emergence of speech. At this time, the child sits independently, begins to crawl, and begins to approximate and master the spatial relationships around him.

According to the observations of A.D. Salakhova and A.A. Leontiev, by 10-11 months in a normally developing child, the formation of repeated repetition of syllables (rumbling) is completed, and a new stage in the development of speech begins - the stage of understanding and reproduction of words. The child moves to communicate with adults through syllables and rumbling. Later, a fundamentally communicative process occurs.

V.A. Bogoroditsky considers rumbling to be an involuntary speech-motor reaction that prepares the child's speech apparatus for pronunciation. V.I. Beltyukov says that the child's babbling is autonomous and reflects the improvement of the nervous system in its development.

I.A. Sikorsky and A. Aleksandrov show babbling as an imitation of the sounds of adults. By the age of one, a normally developing child begins to form a special type of speech activity, which indicates the emergence of the ability to speak. The complexity of the child's activity, his interaction with adults and the environment allows for a gradual increase in the vocabulary and the emergence of sentences consisting of one or two words.

The process of enriching the vocabulary and forming sentences occurs simultaneously and almost in parallel. By the age of three, normally developing children master the sound system and basic grammatical forms of their native language. Consequently, this factor lays a solid foundation for speech and communication.

Organic damage to the central nervous system during pregnancy or early development leads to the fact that a mentally retarded child differs from his or her normally developing peers even before the formation of speech communication with the environment. From the age of one, deviations from normal development are observed in mentally retarded children. They do not focus their gaze on objects, even their own hands, for a long time, do not follow a moving object, and the integrative function of the cerebral cortex is impaired in them. This is one of the main aspects of the defect structure in oligophrenia.

In mentally retarded children, the “revival complex” is often not noticeable or manifests itself in a rudimentary form. It is observed that the “revival complex” in mentally retarded children develops very simply when they reach adulthood. Incomplete communication with adults in the period before the appearance of speech, the lack of object movements (movements with objects), and the lag in the

development of fine motor skills are closely related to the delay in the development of the initial manifestations of speech in mentally retarded children approaching the age of two (V.I. Lubovsky).

Among the well-known scientists (M.F. Gnezdilov, G.A. Kash, A.R. Luria. V.I. Lubovsky, M.S. Pevzner, V.G. Petrova, J.I. Schif, S.Ya. Rubinstein) show that the speech of mentally retarded children lags somewhat behind the speech of normally developing children.

In mentally retarded children, the ability to distinguish sounds, pronounce words and sentences appears much later. The first words in the speech of mentally retarded children appear at the age of 3, 4, and even 5. According to M. Zeeman, 40% of mentally retarded children begin to speak after the age of three. Describing the features of the mental development of a mentally retarded child, A.R. Luria emphasizes that "complex forms of speech activity - cognitive processes associated with abstraction and generalization - do not develop."

The leading factor in the development of both a normal child and a child with a defect is education. The defects of mentally retarded children can be corrected and compensated. But for this, all efforts in education and upbringing should be aimed, first of all, at eliminating the primary defect.

L.S. Vygotsky points out that since the underdevelopment of higher mental processes is secondary, "they resemble a link, it is necessary to focus all the power of education on the weakest part of this link and break it."

According to A.R. Luria, speech plays a very important role in the development of higher mental processes, because "word is a powerful factor that shapes cognitive activity, improves the reflection of being, creates attention, memory and imagination, new forms of thinking and action."

All authors who have studied one or another regularity of the development of children with disabilities emphasize the special importance of speech in the development of a child. In particular, A.R. Luria writes that "Disturbances in the participation of speech in the formation of complex mental processes and defects in its generalizing and controlling functions are characteristic of mentally retarded children."

Since the formation of speech is closely related to the generalizing activity of the intellect, the development of speech in mentally retarded children is also characterized by a number of different characteristic disorders. Such features of the development of speech, characteristic of mentally retarded children, have been scientifically substantiated by educators, psychologists, and doctors who are engaged in the study of various aspects of the mental activity of children with disabilities.

Speech defects in mentally retarded children, namely, the poverty of active and passive vocabulary, the limited meaning (essence) of words, their incorrect use, the emptiness and stereotypy of grammatical means, the weakness of independent speech, etc., cannot but negatively affect the formation of the psyche of this category of children.

In addition to the general developmental features of speech characteristic of mentally retarded children, they have speech defects such as impaired pronunciation of sounds, stuttering. All researchers involved in the study of the development of speech in mentally retarded children indicate that it is possible to observe a much higher prevalence of speech defects in children with mild mental retardation than in their peers with primary preserved intelligence.

A.A. Popova estimates that the number of children with mild mental retardation with speech defects and studying in special schools ranges from 14% to 34%.

According to M.E. Khvatsev, 30% of students in special schools have speech defects. Describing

special school students, S.S. Lyapidevsky writes that speech defects are often found in children with mild oligophrenia.

The high prevalence of speech defects among mentally retarded children was also shown by A.N. Graborov, V.I. Lubovsky, M.S. Pevzner, O.V. Pravdina, B.M. Grinshpun, R.I. Lalaeva and many other researchers. M. Zeeman also showed that speech defects are much more common among mentally retarded children than among normally developing children. According to E.I. Butskova, approximately 60-70% of mentally retarded children have various speech defects. L.V. Zankov shows that most mentally retarded children of primary school age have impaired pronunciation of sounds. G.Ya. Troshin also writes that speech defects in mentally retarded children are several times more common than in normally developing peers. According to the author, mentally retarded children with various speech defects make up 43% of all students.

According to I.P. Kornev, 60% of children with mild mental retardation have various speech defects when they are admitted to a special school. In the studies conducted by R.E. Levina and G.A. Kashelar in special schools, 65% of students in the 1st grade had speech defects. According to the observations of foreign scientists M. Zeeman, 40-50% of children in the 1st grade of a special school have various speech defects. According to M. Zeeman, the main difference between the pronunciation of sounds in the speech of mentally retarded and normal children is that in children with mental retardation these defects have an organic nature. According to M. Zeeman, bradylalia and accelerated, agitated speech are often observed in students of special schools.

In addition, M. Zeeman showed that malocclusion of teeth (the position of the teeth in the occlusal relationship of the upper and lower jaws) is often observed in students of special schools, which is one of the reasons for the violation of the pronunciation of sounds.

O.P. Gavrilushkina, having studied the features of the visual activity of preschool children with mental retardation, came to the conclusion that this activity has a very significant impact on the formation of sensory (perception of shape, color, spatial relationships) processes in them. In addition, the author believes that when visual activity is properly organized, it creates an opportunity to develop the speech of children with mental retardation and correct their main defect. O.P. Gavrilushkina's research emphasizes that in the formation of visual activity in mentally retarded oligophrenic patients, special attention should be paid to the development of their speech.

B.I. Pinsky, in his research aimed at studying the psychological characteristics of the activity of mentally retarded children, came to the conclusion that mentally retarded children of preschool age do not reach the level of psychological development characteristic of their normal peers, because the range of their imagination and concepts is very narrow, and the level of mental performance is very low. B.I.Pinsky suggests that since the psyche of a mentally retarded child in preschool age has not reached the level necessary for successful study at school, it does not lead to significant changes in the formation of personality and activity in them, which are inherent in students of a general education school.

The authors of most scientific literature in the field of oligophrenopedagogy and special psychology show that motor skills in mentally retarded children always lag behind in development. Clinical studies by M.S.Pevzner, E.N.Pravdina-Vinarskaya, G.E.Sukhareva also revealed the difficulty of forming complex motor skills in oligophrenic children, and their formation is a laborious educational process that requires a long time. E.N. Pravdina-Vinarskaya, when analyzing the movement sphere of mentally retarded children,

assumes that their slowness, difficulties in transitioning from one movement to another, perseverations, that is, the repetition of the same words and phrases over and over again, immobility of nervous processes, vagueness of movements, an abundance of synkinesias (extra movements that are involuntarily added to voluntary movements), undifferentiated and highly radiated movements are due to this. The author believes that complications of previous injuries of the movement analyzer are manifested in all oligophrenics and are visible during the examination in the form of neurodynamic work.

The research of A.R. Luria, V.I. Lubovsky proves that the formation of motor skills in mentally retarded children is greatly negatively affected by the violation of the control function of speech, which is characteristic of this category of subjects. V.I. Lubovsky experimentally explained the manifestations of a gross violation of the control function of speech in mentally retarded children of preschool age and showed that by the age of 4-5, only the motivating and activating functions of speech are formed in them, that is, it appears only as a stimulus to action. In normally developing children, these functions are formed by the end of the second year of life.

In preschool mentally retarded children, the control of activity through speech occurs only in the most elementary, simple form, without the educational process. Motor disorders affect the voluntary pronunciation of sounds in speech, as well as the pronunciation of words, since pronunciation requires a high level of coordination of the movements of the speech organs. The development of articulation is directly related to the formation of phonetic hearing, that is, auditory perception. Many authors have conducted research on the study of defects in the phonetic system of normally developing children (A.A. Popova, M.E. Khvattsev, V.K. Orfinskaya, R.E. Levina, O.V. Pravdina, E.F. Sobotovich, L.R. Muminova, M.Yu. Ayupova, R. Shomakhmudova, etc.).

Special studies, taking into account the anamnestic data on the speech, motor, auditory and speech-hearing functions of mentally retarded and normally developing preschool children, as well as the results of their psychoneurological examinations, allowed E.F. Sobotovich to identify various qualitative relationships in the system of speech movements and auditory analyzers that cause defects in the pronunciation of sounds in speech. According to the results of the research, the author was able to identify etiopathogenetic factors underlying the pronunciation of sounds. It is known that speech in mentally retarded children is underdeveloped, all its aspects: semantic, grammatical, phonetic, vocabulary is limited, poor. Analysis of studies shows that in mentally retarded children, not only speech itself is underdeveloped, but also the foundations of its emergence: approximate movements are underdeveloped, interest in the environment is not formed, subject-oriented activity is underdeveloped. The basis of such important factors is the development of the semantic side of speech and the grammatical system. In addition, mentally retarded children do not need communication, and the means of pre-speech communication: the articulation apparatus that ensures the formation of the sound side of speech, and phonemic hearing, attention and perception are not formed. Therefore, corrective work with mentally retarded children is carried out in two directions - to create the foundations for the development of speech and to develop the main functions of speech: the communicative function: cognitive function and the function of controlling activity.

Conclusion. According to the analysis of the article, the development of speech in mentally retarded children has its own characteristics, and problems in their intellectual, psychological and physical development directly affect speech activity. These children are characterized by speech delay, lexical and grammatical weakness, impaired pronunciation of sounds, and a weak need for communication. To

eliminate these problems, a special pedagogical approach, early speech therapy work, and an individual approach are required. Studies show that through corrective exercises with mentally retarded children, their speech development can be compensated to a certain extent.

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