

MENTAL FORMATION OF LANGUAGE DISORDERS DURING A CHILD'S DEVELOPMENT

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Abstract. *A child's cognitive, social, and emotional development are all impacted by language development, which is a crucial component of their entire development. This article investigates how language impairments develop mentally in children, looking at how biological, environmental, and cognitive factors interact to cause these issues. We look at the phases of language learning and pinpoint important turning points that might cause speech delays, dyslexia, and specific language impairment (SLI), among other language disabilities. The significance of early intervention and the responsibility of educators and carers in creating a supportive environment for language development are emphasised in the essay. We also go over how language impairments affect a child's social connections and sense of self, emphasising the necessity of thorough evaluation and individualised treatment plans. By comprehending the intricacies of children's language disorder development, we want to offer insights that help improve intervention techniques and preventative efforts, ultimately promoting healthier language development trajectories.*

Keywords: *language development, language disorders, childhood development, speech delays, specific language impairment(SLI), cognitive factors, environmental influences, early intervention, caregiver support, neurodevelopment, educational strategies, social interaction, emotional development, assessment and diagnosis, therapeutic approaches, prevention strategies.*

INTRODUCTION.

As a bridge between thought and expression, language is an essential component of human communication and cognitive development. As children mature, they go through a complex process of language acquisition that is influenced by a variety of factors, including biological, environmental, and social elements. However, for some children, this process may be disrupted, leading to the emergence of language disorders that can significantly impact their ability to communicate effectively. Understanding the mental formation of language disorders during a child's development requires an investigation of the interplay between neurological processes, linguistic input, and social interactions. Speech delays, vocabulary problems, sentence construction difficulties, and problems comprehending and processing language are just a few of the ways that language disorders can show up. Developmental delays, genetic predispositions, or environmental variables like exposure to surroundings rich in language and socioeconomic status can all contribute to these problems. As we explore this subject, it is important to think about how early detection and treatment might lessen the impact of language difficulties. According to research, the crucial time for language development is especially delicate; therefore, prompt assistance can help impacted kids achieve better results. This investigation highlights the significance of creating a loving environment that supports healthy language development in addition to illuminating the mechanisms underlying language problems.

MAIN PART

The general underdevelopment of speech has systemic effects that impact not only speech but also a number of mental functions, including cognitive activity, emotional-volitional elements, perception, reasoning, memory, and attention. These processes show abnormalities and delayed development. Despite having formally

preserved intellect, many children with speech impairments have severe learning challenges and exhibit an uneven, disharmonious lag in mental development. The development of mental skills and the regular operation of speech intelligence are both hampered by speech disorder. The writings of R.E. Levina demonstrate that speech abnormalities are not solitary; they are accompanied by a number of other disorders, such as those pertaining to the child's personality and psyche. A child's speech development is tightly linked to the development of all brain processes. A "vicious circle" that necessitates an integrated approach combining cooperation between a speech therapist, educational psychologist, and parents is created when disruptions in non-speech mental functions have a detrimental effect on speech, which in turn hinders cognitive development. [1]. In addition to impeding cognitive development, speech development issues negatively impact a child's personality and postpone the development of their entire personality. The child's personality is also influenced by the environment's unique treatment of them and their knowledge of their distinctions from others. Speech difficulties lead to psychophysical disinhibition by affecting connections with others, self-esteem, and self-organisation. Children's emotional and personal lives are greatly impacted by oral speech pathology (OHP). Preschoolers with oral speech disorders (ODD) may develop self-doubt and become obsessed with their speech impairment, which can have an impact on their speech activity and interactions with classmates, parents, and other people. Low language and communication skills make it difficult to learn, engage with peers, and perform at job. Comprehending a child's communication process is essential to understanding the uniqueness of a child with disabilities' psychological development. According to L.S. Vygotsky, the primary flaw in an anomalous child's development is a barrier to team communication and the formation of healthy interpersonal relationships. Normalising communication is thought to be a crucial strategy for making up for a child's developmental deficiencies. At various age stages, children with severe speech impairments have decreased communication demands and lack competency in both verbal and nonverbal forms of contact. Negative affective manifestations in communication are a result of this deficiency, which also makes interpersonal connections more difficult. The primary source of discord in a child's mental and intellectual growth is the insufficiency and limitations of verbal communication.[2]

Teaching communication to preschoolers is regarded as a necessary condition for the formation of communicative culture in modern educational theory and practice. Communication levels are lowered by speech underdevelopment, which causes timidity, loneliness, and indecision. Additionally, it adds to unique characteristics in speech and general conduct, which limits social interaction and makes it difficult to participate in communication situations. Researchers like T. N. Volkovskaya, E. R. Mustaeva, L. G. Solovyova, T. B. Filicheva, and others have found that the development of communication in children with general speech underdevelopment is critical to their social adaptation to the environment and influences their personality development. According to their research, children with speech pathology exhibit a number of distinctive symptoms, such as a decreased demand for communication, a lack of interest in social interactions, an inability to cooperate, a lack of variety in communication techniques, and speech negativism. The degree of speech development in children with general speech underdevelopment significantly influences their communicative abilities.[3]. Reduced communication needs, underdeveloped dialogic and monologue speech, and behavioural traits like disinterest in contact and an inability to handle communication situations are all signs of inadequate communication skill development in children with special needs. Due to difficulties connecting with others and a lack of communication skills, children with general speech underdevelopment have disturbances in cognitive processes, mental development, and overall personality formation. The prevalence of situational-business forms, which are typical for normally developing children between the ages of two and four, is one of the main characteristics of communication among older preschoolers with speech pathology. This is attributed to their general mental underdevelopment, low knowledge levels, inadequate self-regulation, and contextual speech skills. important aspects of older preschoolers' speech-based communication. Inadequate communication skill development in children with special needs is indicated by reduced communication demands, underdeveloped dialogic and monologue speech, and behavioural features including disinterest in touch and an incapacity to handle communication circumstances. Children with general speech underdevelopment experience disruptions

in cognitive processes, mental development, and overall personality formation as a result of interpersonal issues and a lack of communication skills. One of the primary features of communication in older preschoolers with speech pathology is the predominance of situational-business forms, which are common for normally developing children between the ages of two and four. Their general mental underdevelopment, insufficient knowledge, poor self-regulation, and contextual speech abilities are blamed for this. The prevalence of situational-business forms, which are common for children who are usually growing between the ages of two and four, is a pathology that is linked to their general mental underdevelopment, low knowledge levels, inadequate self-regulation, and contextual speech abilities. According to studies based on interpersonal interaction markers in preschool groups, children with speech problems are more likely to be classified as "unaccepted" and "isolated." Children who have speech problems are especially vulnerable to harmful social influences. Teachers and other kids make fun of them since they are isolated from the other kids in the group and don't participate in games or group activities. This causes the sensory-volitional domain to deteriorate, causes anxiety, lowers self-esteem, and ultimately leads to problems with personality development. Difficulties with speech development prevent full communication, which lowers interest in interaction and encourages negativity. Comprehensive and prompt interventions by experts including speech therapists, speech pathologists, and psychologists are crucial to promoting the harmonious development of such youngsters. All facets of speech and cognitive functions, such as attention, memory, thinking, imagination, and perception, should be the focus of these assessments. The long-term significance of the problem of speech abnormalities in children is linked not only to their effects on cognitive functions and personality development, but also to the fact that these disorders make learning and socialisation more difficult for the kid in the future. Their pragmatic skills seem to be comparatively good, in contrast to the syntactic delays and deficiencies seen in children with Down syndrome. A group of four children with Down syndrome, whose Mean Lengths of Utterance (MLUs) ranged from 1.7 to 2.0, were compared to an MLU-matched group of four typically developing children in a cross-sectional study by Coggins, Carpenter, and Owings in 1983. According to the study's findings, children with Down syndrome showed a comparable variety of speech acts or communicative intents to their ordinarily development. Nonetheless, differences were found between speech acts with instrumental functions (mostly requests, like "want water" or "cookie") and those with interpersonal functions (like "see this"). According to the study, children with Down syndrome were less likely than the usually developing group to engage in requesting behaviour. Nonetheless, the two groups' rates of comments, responses, and objections were roughly equal. Children with Down syndrome were compared to two groups in a more comprehensive study by Beeghly: one group was made up of young MLU-matched typically developing children, and the other group was made up of somewhat older mentally age-matched typically developing children. In line with Coggins' study, the results showed that children with Down syndrome had fewer asking behaviours than intellectually age-matched generally developing children. Nonetheless, they behaved more like the language-matched group when making requests. [4] It has been hypothesised that children with Down syndrome utilise requests less frequently due to their lower levels of arousal and passivity. According to research, children with typical development do not show developmental changes in their capacity to take turns in discussions as their language skills increase (Bloom et al., 1976). Children have an innate understanding of the necessity of verbally responding to their mothers' words, and as their language skills grow, so do their conversational abilities. As the number of turns increases, they get better at keeping up a discussion. Beeghly found that, in comparison to language-matched controls, children with Down syndrome excel at sustaining a conversation topic for extended periods of time and exhibiting appropriate turn-taking behaviour, underscoring this aspect of language as a relative strength. In a similar vein, young toddlers with Williams syndrome show competence in maintaining conversations while interacting with adult examiners. In contrast, a number of descriptive studies have shown that males with fragile X syndrome struggle to keep up a conversation. They frequently use improper language and have a tendency to persevere longer than people with nonspecific impairment. [5]. Children who are normally growing show sensitivity to their conversational partners from the very beginning of language development. If their companion does not respond, even a two-year-old may alter or repeat an utterance (Foster,

1990). In a similar vein, when a listener asks for clarification on a previous part of the message, children with Down syndrome would rather revise than repeat. Additionally, children with Williams syndrome show competence in conversational mending. Throughout the early school years, the capacity to express and adapt language according to the listener's background, social role, and comprehension level continues to grow, reflecting a sophisticated integration of social, cognitive, and linguistic accomplishments. Children with intellectual disabilities have challenges at these advanced levels that go beyond their language and cognitive abilities.

CONCLUSION

In conclusion, children with intellectual disabilities learn the fundamentals of pragmatic language skills, but they are less likely to demonstrate the more nuanced features of conversational competence. When compared to ordinarily developing children, the general picture of early language development in children with intellectual disabilities shows strong evidence of both parallels and differences, as well as a number of delays. While this may not be the case for children who are severely and profoundly handicapped, it is clear that children with intellectual disabilities generally follow the same set of universal principles when learning word meaning. The kinds of phonological mistakes that these kids make and those that are seen in kids who are typically developing also share many characteristics, suggesting that there are universal elements of the speech articulation process. Additionally, it has been noted that throughout the early stages of language development, children with intellectual disabilities pick up syntactic and morphological knowledge in the same sequence as their regularly developing peers. It has been demonstrated that children with intellectual disability can pick up fundamental pragmatic skills. However, this cohort is less likely to exhibit more nuanced features of conversational skill. When comparing children with intellectual disabilities to their peers who are generally developing, these findings show both similar developmental routes and subtle variances in their verbal and communicative abilities.

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