

INTELLECTUAL FORMATION OF VERBAL ASSOCIATIONS IN CHILDREN WITH APHOTIC DISORDERS

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Abstract

The main objective of this article is to consider the intellectual formations of verbal associations in children with aphotic disorders. In particular, the study of the intellectual formation of verbal associations in children with aphotic disorders. As well as intellectual formations of verbal associations in children with aphotic disorders in adolescence.

Key words

aphasia, speech development, verbal association, intellectual formation, exercise, associative connections.

Аннотация

Главная задача данной статьи рассмотрение интеллектуальных формирований вербальных ассоциацией у детей с афотическими нарушениями. В частности изучение интеллектуальное формирование вербальных ассоциацией у детей а афотическими нарушениями. А также интеллектуальные формирования вербальных ассоциацией у детей с афотическими нарушениями в подростковом возрасте.

Ключевые слова

афазия, развитие речи, вербальное ассоциация, интеллектуальное формирование, упражнение, ассоциациативных связей.

The purpose of the article was to consider the intellectual formations of verbal associations in children with aphotic disorders. In modern linguistics and psycholinguistics, there are a huge number of directions for the development of research. In particular, the study of the intellectual formation of verbal associations in children with aphotic disorders. But at present this aspect has been little studied. The study of verbal associations has been the subject of analysis since ancient times. Aristotle, in ancient times, proposed classification by association. First, we will define association. When studying scientific works over the past 30-40 years and their theoretical generalization allowed us to highlight that

Association is a certain connection between mental phenomena that occurs under certain conditions. It is spoken of in cases where one event entails another. The term “association” was proposed in 1690 by J. Locke (Martinovich, 1997).

Karaulov Yu.N. notes that each word not only exists in our minds, but it is represented within the framework of a verbal network in which it reaches out through hundreds of threads to other words of the language. This associative-verbal network represents the speech readiness of a native speaker to update his vision of what is happening.

Kabanovskaya E.Yu. determined that verbal associations also include the study of the associative meaning of a word;

- determination of semantic proximity between words;

- study of the influence of various factors on the associative behavior of subjects (especially during adolescence) and, in particular, work on associative material of ontogenesis;

- study of associative memory and organization of a person’s internal lexicon;

- research of the associative process in connection with the processes of speech generation and perception;

- studying the features of the associative process in conditions of bilingualism and trilingualism and applying the results obtained in the methodological field of teaching a foreign language.

A verbal association can reflect both a real connection between phenomena or objects, and a connection that arose as a result of a person’s subjective experience (Solokhina, 2004). This experience can be either purely personal or the experience of the environment with which the person is associated. For example, in our country white is associated with ceremonial events, while in Japan it is considered the color of mourning (Frumkina, 2001). The psychological basis of such relationships can be very deep and broad. If for most people the word “love” is associated with very warm feelings, then for an individual it can be a reflection of a very painful and tragic relationship.

Thus, the nature of associative connections is determined by a whole complex of factors: the individual experience of the subjects, the peculiarities of culture, the specific political structure of the country in which they live, the state in which they find themselves, age, gender.

It is this issue that must be considered from the point of view of the intellectual formation of verbal associations in children with aphotic disorders in adolescence. And adolescence is understood as a special period of human development, the uniqueness of which lies in its intermediate position between

childhood and adulthood. It covers a fairly long period of life. It begins at the age of 11-12, and ends in different ways: from 15 to 17-18 years. At the age of 12-15, children begin to develop personal qualities; against the background of physiological and mental development, intellectual formation begins to stand out clearly. The physiological characteristics of the child change - he moves from childhood to adulthood. It is a stage in individual development located between childhood and early adolescence. It covers the period from 10-11 to 13-14 years. The main feature of adolescence is sudden, qualitative changes affecting all aspects of development.

Adolescence is characterized by rapid growth and development of the whole organism. Intensive body growth is observed, skeletal ossification continues, and muscle strength increases. The control of the cerebral cortex over instincts and emotions improves. However, excitation processes still prevail over inhibition processes.

The leading motive for a teenager's behavior is the desire to find his place among his peers. The lack of such an opportunity very often leads to social adaptation and crime. The assessments of peers begin to take on greater importance than the assessments of teachers and adults. The teenager is maximally confirmed by the influence of the group and its values; he becomes very anxious if his popularity among his peers is at risk.

It is during adolescence that the child first realizes that speech determines cognitive development. Teenagers most often ask themselves the question: "How to write correctly?", "What's the best way to say it?" This sensitivity of adolescence to speech development. In this article, we would like to draw attention to the development of the intellectual formation of verbal associations in children with aphotic disorders in adolescence. Currently, this issue has been little studied, and there is very little material on working with speech deviations.

There are several factors that determine how the development of verbal intelligence will proceed: heredity, environment, temperament and character. Some reasons that affect a child's intelligence are difficult to change. But they can be corrected.

Observing children with speech development disorders in adolescence, it can be noted that many have a low level of cognitive activity, children have little interest in anything, do not always show interest in new things, and the material is difficult to assimilate and remember. There are many developed exercises and methods for working with such children of preschool and primary age, but little has been studied for adolescent children.

When working with adolescents with speech development disorders, you must first study the medical history,

Since speech is a complex mental function, deviations in its development and disruption are usually a sign of serious changes in the state of the central nervous system. This means that not only speech suffers, but also all higher mental functions as a whole. Children with speech pathology tend to have greater or lesser learning difficulties. Severe speech disorders include dysarthria, alalia, aphasia, general speech underdevelopment (levels 1 and 2 of speech development), stuttering, and rhinolalia. The defect is impaired sound pronunciation. A child may have all sounds isolated, but in speech the child still distorts them. Even the assigned sounds are not used in speech and are not reinforced during their automation.

Childhood aphasia is a complex of pathological conditions of the central nervous system in which children and adolescents with previously formed speech skills suddenly develop a partial or total loss of them. The main age of occurrence of such disorders is from 3 to 14 years.

Aphasia is a language dysfunction that may involve difficulty understanding or expressing words or nonverbal equivalents of words. It develops as a result of damage to the speech centers in the cerebral cortex, as well as the basal ganglia or white matter through which the pathways pass. The diagnosis is established on the basis of clinical symptoms, neuropsychological and neuroimaging (CT, MRI) studies. The prognosis depends on the nature and extent of the lesion, as well as the age of the patient. Specific treatment has not been developed, but correction of speech disorders contributes to faster recovery.

Unlike speech disorders in adults, the development of aphasia in children is more difficult to diagnose, especially in early preschool age. Late detection of pathology leads to the fact that a previously completely reversible process requires long-term treatment. This treatment is especially difficult in adolescence.

The development of adolescent speech, together with the development of memory, attention and thinking, has a positive effect on both the quality of learning material when reading and the success of learning at school. The development of speech in adolescents is primarily carried out through breathing and diction training.

On the development of childhood aphasia, we reviewed many materials from the research of neurolinguists and leading experts in this field, in particular, Rosenfeld F.S., 1946; E.G.Simenitskaya, 1985; Traugott N.N., Kaidanova S.I., 1985; Khrakovskaya M.G., 1999; Renata Whurr, Sarah Evans, 1999; F.William Black, 200

speech therapists, we selected several types of exercises they recommended for the development of speech in adolescents with speech development disorders.

Based on the selected exercises, a set of exercises was compiled. We have included speech development exercises in our complex of developmental classes for teenagers with speech development disorders. They were identified by speech therapists at the stage of primary education, confirmed by a medical diagnosis.

The first task is to achieve a minimum result in speech development.

Performing simple breathing and articulation exercises improves diction, improves auditory attention, and makes speech clear, clean, firm and confident. The development of speech and articulation will help a teenager clearly and clearly express his thoughts, read difficult words with ease, and actively expand his vocabulary.

The second task that the development of adolescent speech solves is improving literacy. The children enjoy playing what are called “speech” or “verbal” games, developing verbal and logical thinking, which draw the child’s attention to the structure of the word, the correctness of its spelling, the peculiarities of its use in speech, contribute to the “visualization” of the spelling of the word and improve literacy.

Taking into account the peculiarities of the speech of people who stutter from a psycholinguistic point of view, both the choice of a semantic strategy for a speech utterance and the selection of lexical units and grammatical constructions that correspond to the main strategy of the utterance paradigm are important for them. Thus, the correction process must include work on the development of the planning function of speech. It is customary to begin such work by teaching those who stutter to pronounce statements to themselves. Internal pronunciation (according to A.A. Leontiev) makes it possible to select the necessary vocabulary and grammatical structures before “switching on” sounding speech, which organizes internal speech planning as a whole (including the motor program).

Teaching teenage children how to plan a speech utterance begins with elementary speech tasks, constantly complicating the tasks. The speech utterance program is built on the basis of a speech sample proposed by a speech therapist using visual and situational material.

Thus, the development of speech in schoolchildren in adolescence solves such problems as: the ability to speak and listen, attention to the word in one’s own speech and the speech of the interlocutor, the ability to formulate one’s thoughts clearly and understandably, enriching one’s vocabulary and improving literacy.

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