



"PSYCHOLOGICAL AND PEDAGOGICAL CHARACTERISTICS OF CHILDREN WITH AUTISM."

Egamberdiyeva Nodira Nazarbayev's daughter

Master's student of the 2nd stage of "Oligophrenopedagogy" of the faculty "Special pedagogy" of Tashkent State Pedagogical University

Article history:	Abstract:
Received: March 13 th 2021 Accepted: March 30 th 2021 Published: April 11 ^h 2021	This article describes the psychological and pedagogical characteristics of children with autism. The article also discusses the symptoms of children with autism in infancy.
Keywords: Early childhood autism, autism, mutism, exolalia, stereotypical behaviors.	

The inclusion of the development of the social sphere in the "Action Strategy for the five priority areas of development of the Republic of Uzbekistan in 2017-2021" confirms the consistent implementation of humanitarian policy in our country. Decree of the President of the Republic of Uzbekistan No. 5270 of December 1, 2017 "On measures to radically improve the system of state support of persons with disabilities" provides for effective solutions to support persons with disabilities in accordance with the objectives set out in the Action Strategy. The Decree sets out a wide range of tasks aimed at improving the living standards and quality of life of persons with disabilities, improving their medical and social rehabilitation, education, and expanding the effectiveness of inclusive education. Modern requirements place responsibilities on the leaders, teachers and specialists of educational institutions to acquire comprehensive knowledge and competencies about the socialization of people with disabilities, as well as new approaches to the educational process, and to incorporate them into their practice. Nowadays, autism is considered not only a medical, social, but also a psychological and pedagogical problem. Autism has probably always existed. Many foreign scientists have worked on children with autism. For example, E. Krepelin, a foreign scientist, distinguished among psychopathic patients patients who are distinguished by their specific behavior and thinking. E. Bleuler viewed "autism" as a symptom of schizophrenia. K. Lanner has identified 5 indicators to distinguish autism from the fact that many experts confuse autism with mental retardation. Indeed, in many cultures we can find traditions that speak of people who are characterized by strange behaviors and a slight lack of intelligence.

"He used to make stereotypical movements with his fingers, play with them in the air and smile. Sometimes he would whisper and sometimes he would shake his head to the side. These 3 movements were repeated in succession. He happily turned everything in his hands. When he was brought into the room, he paid no attention to people at all and quickly turned to things, especially things that could be turned. "

This description, given to a five-year-old boy named Donald, was written 50 years ago by L. Kanner. Later, these observations appeared in L. Kanner's famous work "Autistic disorders of emotional contact", published in 1943. Today, doctors and teachers are facing very similar symptoms to this condition. For fifty years, the symptoms characteristic of autism have not changed.

It is clear from this story that almost all of the protagonists of such a story are boys. Autism is twice as common in boys as in girls.

The psychological and pedagogical characteristics of children with autism are more complex, diverse and unusual than other diseases of mental development, which raises many questions in foreign and Uzbek scientists about the etiology, clinical manifestations and dynamics of autism. Although the exact cause of autism is unknown, according to some scientists, the most common cause is a biological factor. Some scholars have suggested that the cause of autism may be the result of improper learning or a lack of pedagogical care. But there is no solid evidence for this.

The first signs of autism appear in the first months after birth. From this period onwards, the baby experiences a decrease in mental function and muscle tone. The child is indifferent to the environment, weak, does not distinguish his mother well from those around him, does not touch the mother's hands, does not smile, and even if he smiles, it is a meaningless laugh. There is no emotional connection with the mother and others. The child does not respond adequately to the human voice. For this reason, parents often suspect that a child has a hearing or vision impairment. Autism is a disorder that is affecting more and more children. The disease begins in the child at the age of 15 months, when the child begins to show symptoms, and by the age of 3 years the symptoms are fully formed.

Autism is a disorder that is affecting more and more people.

- profound disruption of social relations, ie difficulties in dealing with strangers and objects;

- stereotypical behavioral actions;
- Specific defects in the development of speech (mutism, exolalia, stereotypical monologues, the absence of the first person in the speech, etc.), including impaired ability to use speech for communication purposes;
- Increased sensitivity.

The following psychological and pedagogical features are characteristic of children with early childhood autism:

Disorders of self-defense. Impairment of self-defense is often noted within a year of birth. This is manifested in the child's extreme caution and, at the same time, a lack of fear of danger. In such children, the sense of protection is often misinterpreted depending on the situation. That is, there is absolutely no fear in life-threatening situations, but there is a strong sense of fear in situations that are absolutely harmless on a daily basis.

Social behavior. One of the most common components in children with autism is "loneliness" - alienation, difficulties in social relationships, decreased ability to communicate emotionally with other people, lack of interaction. Such a child's behavior is often characterized by a strong affective state of the outside world, a lack of interest in what is happening around him. Such children look like healthy children. But they have an incomprehensible view of the subject, the situation. that is, there is a gap in the child's vision.

Disruption of interaction with the environment. Humans are primarily a major symptom of autism, and in many cases this symptom is observed in the early stages of autism dysontogenesis. When a child develops autism, he or she may show signs of blindness. In this case, the child looks at the face, not the eyes, or communicates in a completely different direction.

Speech development in children with autism is unique. In addition to communicative impairments, the child also has difficulty constructing speech independently. Instead, the child uses gestures and calls himself in the second or third person. Often mutism (speech rejection) is observed. The child may refuse oral speech, but may use written speech. The child has a slow development of imitation function. The child does not follow simple speech instructions.

In autism, play activities have their own characteristics. Its peculiarity is that the child plays with household items, not toys. He can play long and rhythmically with shoes, shoelaces, paper, keys, wires, and more. Such children do not develop a sense of role-playing games with their peers. Children with autism are different from other children in that they have a "different" world. The child does not feel or interact with others during play.

Obviously, every parent wants to see their child laugh, smile, and pay attention to what is going on around them. Children also want to be the center of attention and always feel the love of their parents. This is not only a sign of love between parent and child, but also a necessary factor for the development of the child. Many parents complain that their children have no interest in toys and only play with them in the same way. If you have any of the above symptoms, your child is more likely to have autism. That is why every parent should pay more attention to their child in every way. It should always be borne in mind that early diagnosis helps the child to adapt quickly to society and to correct speech defects. Taking into account the psychological and pedagogical characteristics of children with autism, a separate correctional lesson plan is developed for each child. These exercises should be started individually and then involved in frontal exercises, depending on the changes observed in the child. At the same time, the defectologist is required to be very careful, as well as to use his pedagogical skills.

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