

THEORETICAL AND METHODOLOGICAL ANALYSIS OF THE PROBLEM OF INTELLECTUAL DEVELOPMENT OF PERSONALITY IN PSYCHOLOGICAL AND PEDAGOGICAL LITERATURE

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Abstract. The study reveals the essence and content of the concept of "violation of intellectual development of the individual"; a theoretical analysis of the scientific literature, which gave grounds to identify five main approaches to identifying the problem of intellectual disability: medical, defectological, pedagogical, psychological, psychological and pedagogical; based on the generalization of these scientific approaches, mental retardation is revealed as a group of pathological conditions characterized by a violation of systemic interaction between intellectual and affective spheres, cognitive activity, manifested in general mental retardation with dominant intellectual defect and complications in social adaptation.

It is determined that the psychological and pedagogical approach to the study of mental retardation in the scientific literature is decisive and universal for our work and covers the study of personal characteristics of the child; the dominance of the individual approach and the widespread use of the achievements of the humanistic paradigm; orientation of modern science on three principles: humanization, fundamentalization and integration.

Key words: methodological approaches; disorders of intellectual development of personality; essence; causes; forms and degrees of mental retardation.

ТЕОРЕТИКО-МЕТОДОЛОГІЧНИЙ АНАЛІЗ ПРОБЛЕМИ ПОРУШЕННЯ ІНТЕЛЕКТУАЛЬНОГО РОЗВИТКУ ОСОБИСТОСТІ В ПСИХОЛОГО-ПЕДАГОГІЧНІЙ ЛІТЕРАТУРІ

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Анотація. У дослідженні розкрито сутність та зміст поняття «порушення інтелектуального розвитку особистості»; здійснено теоретичний аналіз наукової літератури, який дав підстави виокремити п'ять основних підходів до визначення проблеми порушення інтелектуального розвитку: медичний, дефектологічний, педагогічний, психологічний, психолого-педагогічний; на основі узагальнення цих наукових підходів розумову відсталість розкрито як групу патологічних станів, що характеризується порушенням системної взаємодії між інтелектуальною та афективними сферами, пізнавальної діяльності, що виявляється в загальному

психічному недорозвитку з домінантним інтелектуальним дефектом та ускладненнями в соціальній адаптації. Визначено, що психолого-педагогічний підхід до вивчення питань розумової відсталості в науковій літературі, є визначальним та універсальним для нашої роботи та охоплює дослідження особистісних характеристик дитини; домінування індивідуального підходу та широке застосування надбань гуманістичної парадигми; орієнтацію сучасної науки на три принципи: гуманізації, фундаменталізації та інтеграції.

Ключові слова: методологічні підходи; порушення інтелектуального розвитку особистості; сутність; причини; форми та ступені розумової відсталості.

Relevance of the study In the light of European integration processes, strengthening of humanistic tendencies of education and upbringing of the younger generation, which take place in modern Ukraine, special attention is paid to education and socialization of children with special educational needs. The level of civilization of the country is determined by the attitude to "special" children, their needs, psychological and pedagogical correction and support.

According to the United Nations, there are approximately 450 million people in the world with obvious mental and physical disabilities. According to the World Health Organization (WHO), the birth rate of children with disabilities in the world reaches 13%. Among them, 3% of children are born with intellectual disabilities, and 10% - with other physical and mental disabilities, and in total in the world almost 200 million children with disabilities.

Thus, the problem of education and upbringing of children with intellectual disabilities (mentally retarded children) does not lose its relevance and scale, especially in Ukraine, which is experiencing acute moments of political and socio-economic development. Constitution of Ukraine, international normative documents "Universal Declaration of Human Rights" (1948); "UN Convention on the Rights of the Child" (1989); "UN Convention on the Rights of Persons with Disabilities" (2006); Order of the Ministry of Education and Science of Ukraine "On approval of the Concept for the development of inclusive education" (from 01.10.2010 № 912) aimed at ensuring equal access to quality education for children with special educational needs, to create conditions for successful adaptation and integration into society

through the use of personality-oriented teaching methods, taking into account the individual characteristics of educational and cognitive activities of such children.

Analysis of recent research and publications. Problems of socialization, education of mentally retarded children are of great interest to specialists of our country for the last 80 decades. Thus, one cannot ignore the fundamental, brilliant works of famous scientists on the issues of correctional education and upbringing of children with oligophrenia at different stages of development of oligophrenic pedagogy (V. Bondar, L. Vavina, L. Vygotsky, O. Graborov, G. Dulnev, I. Yeremenko, L. Zankov, H. Zamsky, V. Karvelis, M. Kozlenko, N. Kolominsky, V. Lubovsky, O Luria, S. Mironova, S. Mirsky, G. Mersiyanova, J. Namazbayeva, B. Pinsky, V. Sinyov, K. Turchynska, O. Khokhlina, J. Schiff, etc.).

Despite the wide representation of the problem in the scientific literature, little thought remains in the correction of thinking in children with intellectual disabilities of older preschool age as one of the sensitive periods for the further formation of personality.

Formulation of the purpose of the article to theoretically analyze and generalize methodological approaches to defining the definition of "mental retardation", "intellectual disability"; to clarify the essence and content of concepts, to reveal and characterize the essence, causes, forms, degrees of symptoms of intellectual development disorders.

Results of the research. Historical retrospective analysis of theories of mental retardation shows that this issue has been studied by many sciences: physicians, psychologists, geneticists, sociologists, ecologists, nutritionists, lawyers. This explains the diverse palette of terms for the definition of "mental retardation", "intellectual disability", attempts to define it. L. Shipitsyna trying to limit the "terminological chaos" of definitions of "mental retardation" gives examples of diversity and versatility of existing concepts: "... dementia, oligophrenia, mental retardation, mental retardation, mental subnorm, mental

deficiency, special child, etc. Analyzing the history of the formation and development of the concept of "mental retardation" can not ignore the fact that the doctrine of mental retardation reaches the depths of the centuries. As researchers emphasize [5, p.49] "the first description of congenital dementia, to denote which was then most often used the term" idiocy ", was developed in the late eighteenth century."

"Idiocy" as a form of mental illness, a kind of psychosis, which is reduced to the dysfunction of the mind or feelings, in the early twentieth century, defined by F. Pinel.

The concept of "dementia" was described in detail by J. Esquirol in 1838, who clearly distinguished between congenital and acquired dementia. The scientist first separated mental retardation from mental illness. According to J. Esquirol, mental retardation is a stable condition, a consequence of developmental disorders, which is necessarily accompanied by an intellectual defect. J. Esquirol was the first to distinguish two types of mental retardation: oligophrenia and dementia.

Theoretical and methodological principles of understanding the nature of mental retardation were formulated by the luminaries of defectological thought: I. Guggenbühl, E. Segen, J. Itara, J. Demora, O. Decrolli, B. Menel.

Academician V. Sinyov, analyzing clinical studies of mental retardation in the XIX - early XX century, identifies two areas of understanding the essence of dementia. Representatives of the first, clinical direction B. Morel, F. Galton, D. Burneville studied the causes of abnormal development. Interestingly, B. Morel, F. Galton, 90% of the main factor in mental retardation considered heredity. According to them, mental insufficiency inevitably leads to social inferiority. Therefore, such persons must be isolated from society and not allowed to have children. Mental retardation as a process of degeneration, the disintegration of the human personality is defined by V. Solier, J. Voisin, V. Manyan. On this basis, the theory of "moral efficiency" emerges, in which immorality and mental retardation have a common hereditary etiology.

The term "oligophrenia" first appeared in E. Krepelin's theory in 1915, which became decisive for solving the problem of mental retardation. The scientist tried to combine all clinical forms of congenital dementia, synthesizing definitions with different clinical pictures, etiology and morphological changes. Thus, E. Krepelin combined in the term "oligophrenia" conditions that have a common pathogenic basis - a total delay in mental development, using a clinical method.

The second direction, according to V. Sinyov, to determine the essence of mental retardation is called psychological and pedagogical. His representatives A. Binet, T. Simon, G. Troshin and G. Rossalimo solved the problem of developing the principles of selection of mentally retarded children in order to identify them in ordinary schools and send them to special classes. What is important is the fact that the approach of these scientists (A. Binet and T. Simon) [1] was based on the idea of mental development as a process of innate properties. According to these representatives of the psychological and pedagogical direction, a mentally retarded child develops more slowly and does not go through all the stages of development that are characteristic of a normal child.

We can not ignore the achievements of medical sciences in the late nineteenth - early twentieth century. (on the plasticity of higher nervous activity, its compensatory capabilities in its organic lesions) and their bright representatives V. Bekhterev, I. Pavlov, I. Sikorsky, etc., who created a methodological basis for the development of correctional support training.

In general, in the early twentieth century. in the works of K. Grachev, O. Graborov, V. Kashchenko laid the foundations of modern domestic oligophrenic pedagogy.

The scientist M. Suprun in his fundamental doctoral research notes that "in 1923 in the largest cities of Ukraine (Kyiv, Katerynoslav (Dnipropetrovsk), Odessa, Kharkiv) medical and pedagogical offices were established. Their work in Kyiv was headed by A.V. Vladimirsky, in Katerynoslav - I. Levinson, in

Odessa - M. Tarasevich, and in Kharkiv - I. Apler and others.

These primary centers of pedagogical science and practice carried out the study of neuropsychological hygiene of childhood; study of all categories of defective children; provided medical and pedagogical advice to teachers of special educational institutions; developed a system of methods and forms of education and upbringing of abnormal children; conducted constant training of defectologists and pedologists "[6, p.163].

With the establishment of the Experimental Defectological Institute in 1925, headed by L. Vygotsky, a new stage in the development of both correctional pedagogy and social psychology began; this was the beginning of classical scientific research in various branches of special pedagogy. L. Vygotsky calls the main defect in mental retardation the inability to master their own behavior.

The scientist saw the essence of mental retardation in the violation of the systemic interaction between the intellectual and affective spheres. Fundamental and decisive is the position of L. Vygotsky on the complex structure of the defect. Disorders of nervous activity cause the appearance of primary abnormalities at the stage of natural development. The secondary defect (insufficiency of higher mental functions) arises on the basis of the primary due to unfavorable social conditions. Determinant for our study is the position of Lev Semenovich that the organization of appropriate special conditions of education prevents secondary deviations. The scientist establishes regularity: the earlier the diagnosis is made and the special help is given, the dynamics of development will be better (L. Vygotsky). L. Vygotsky's thesis that the defect cannot be perceived exclusively from the negative side, only as a shortcoming, sounds optimistic. A certain defect, according to the scientist, causes forces in the body aimed at overcoming it. These forces sometimes provide not only compensation but also overcompensation for the defect.

Summarizing the thorough work of medical, psychological and pedagogical sciences, we can conclude that at the present stage we can

distinguish five approaches [4.p.16-19] on mental retardation. Their essence and content are presented in table 1.1.

Table 1.1.

Scientific approaches to the study of mental retardation in psychological and pedagogical science

Scientific approach	The essence of the approach	Representatives
Medical approach	Understanding mental retardation not as a disease, but as a special condition that occurs in a child as a result of violation of certain body systems	J. Itar, P. Kabanis, F. Pinel teachers (W. Ireland, I. Weise, J. Demor, O. Decroly, M. Montessori, E. Segen). psychiatrists (V. Antonov, O. Balikin, O. Bernstein, V. Bekhterev, V.Kashchenko, P.Kashchenko, P.Kovalevsky, O.Kozhevnikov, S.Korsakov, I. Merzhhevsky, V. Serbsky)
Defectological approach	research of abnormal development of the child with the further development of technologies of training and education at various pathologies of development. The basis of the defectological approach is the idea of human usefulness, according to which educational influences were aimed at educating an active and socially useful member of society.	D. Azbukin, P. Belsky, P. Blonsky, E. Bain, R. Boskis, A. Vladimirsky, L. Vygotsky, V. Gander, O. Graborov, K. Gracheva, G. Dulneva, A. Elizarova-Ulyanova, L. Zankova, V. Kashchenko, B. Kovalenko, A. Krogius, N. Kuzmina-Syromyatnikova, M. Lagovsky, K. Lebedinsky, O. Luria, A. Meshcheryakova, N. Morozova,

		L. Neumann, N. Nikashina, L. Novikova, M. Pevzner, M. Postovskaya, P. Pochapina, B. Preobrazhensky, O. Rau, N. Rau, F. Rau, V. Selikhova, I. Sokolyansky, D. Feldberg.
Pedagogical approach	The focus is on the technologies of education, upbringing and adaptation of a mentally retarded child to social norms, rules and needs. Emphasis is placed on the ability of children with mental retardation to regulate activities, overcoming obstacles that arise in the process of its implementation, determining the psychological conditions for the formation of the child as an active subject of educational and cognitive activities.	L. Zankov, V. Lubovsky, O. Luria, M. Pevzner, V. Petrova, B. Pinsky, S. Rubinstein, I. Solovyov, G. Sukharev, J. Schiff
Psychological approach	Research of mental processes; specifics of emotional and aesthetic development; study of emotional and motivational spheres, behavioral reactions of children with mental retardation;	E. Yevlakhov, M. Zverev, A. Lipkin, I. Belyakov, G. Zapryagaev, S. Liepin, V. Petrov, V. Sumarokov, J. Schiff O. Agavelyan, T. Vlasova, M. Kolbay, V. Lubovsky, N. Nepomnyashcha, L.

		Peresleni
Psychological and pedagogical approach	Research of personal characteristics of the child; the dominance of the individual approach and the widespread use of the achievements of the humanistic paradigm; orientation of modern science on the three principles of humanization, fundamentalization and integration.	N. Belopolska, G. Deeva, I. Korobeynikov, Y. Matasov, L. Mednikova, V. Paladiy, O. Slepovich, L. Ufimtseva

All these approaches, presented in Table 1.1., clearly demonstrate the evolution of views on the mental retardation of the individual. Numerous works concern the development of criteria for underdevelopment, which was caused by the need, the need for a comprehensive definition, an objective analysis of mental retardation. A. Treadgold developed criteria for the diagnosis of oligophrenia. From the beginning there were three: intellectual, biological and social.

But then the scientist stopped taking into account the intellectual criterion, explaining it by the fact that intellectually handicapped children differ greatly in performance. He considered the social criterion to be decisive. To date, it is not scientifically substantiated that social competence is the only criterion for mental retardation.

The previously mentioned A. Binet and T. Simon [1] proposed three degrees of backwardness. A. Binet has a method of assessing mental disability for children according to age.

According to W. Stern [9], it is necessary to determine the level of development using the intellectual coefficient.

The latter is expressed as a percentage of the ratio of the mental age of the

child, determined by the test, to his biological age. According to the definition of V. Stern, the intellectual coefficient of an idiot is up to 20%; imbecile - up to 50%; moron up to 70%.

We can not ignore the method of psychological diagnosis of G. Rossolimo. He identified three areas of mental activity: mental tone (attention and will), memory (different types) and higher processes (different forms of thinking).

Not being able to dwell on one criterion of mental retardation, forces scientists to look for ways to recognize and diagnose inferiority. In 1941, E. Doll identified six criteria for mental retardation: 1) social incompetence; 2) mental retardation; 3) retardation of general development; 4) stability of the condition; 5) the constitutional origin of backwardness; 6) incurability (incurabilitas; Latin incurabilis incurable; syn.) State of mental retardation.

We should mention S. Garrar and J. Richmond, who singled out two important criteria of mental retardation: 1) low level of intellectual functions; 2) violation of adaptive behavior. At the end of the twentieth century, T. Jordan cited 15 different approaches to the definition of mental retardation, which indicates the great diversity and divergence of the presented category.

All the versatility of the analyzed approaches to the criteria of mental retardation has significantly enriched the idea of mental retardation, but according to L. Spitsyna "almost none of the proposed criteria (can not serve diagnostic purposes)." To date, the determination of the level of intellectual disability is measured by psychometric testing and calculation of the intellectual coefficient IQ (correspondence of mental age to the passport).

The WHO ICD has identified four types of intellectual disability:

- mental norm - 100- 70;
- mild degree of mental retardation - 69-50;
- moderate (average) degree - 49-35;
- severe (pronounced) - 34-20;
- deep degree - 20 and below.

Recent psychological and pedagogical studies of scientists dealing with the problem of mental retardation are multifaceted and full-scale scientific research. The main definitions of the definition under study in psychological and pedagogical research are summarized in table 1.2.

Table 1.2.

Analysis of the main definitions of the definition of "mental retardation" in the psychological and pedagogical literature.

Author	The essence of the concept of "mental retardation"
L. Vygotsky	Difficulties of transition from natural to cultural stage of mental development. This is manifested in the defective systemic interaction of speech and thinking, because of which thinking remains specific, and speech does not acquire cognitive and regulatory functions. The main defect - the inability to master their own behavior, the essence of mental retardation - a violation of the systemic interaction between the intellectual and affective spheres.
S. Rubinstein	Persistent cognitive impairment due to organic brain damage
M. Pevzner	A type of underdevelopment of complex forms of mental activity, which occurs in the defeat of the rudiment or organic lesions of the central nervous system at different stages of fetal development of the embryo or in the early stages of life.
G. Sukhareva	A group of different conditions according to the etiology and pathogenesis of painful conditions, which are united by one common feature: they all represent a source of dysontogenesis of the brain (sometimes the whole organism).
V. Kovalev	A group of different states, of different degrees and for a variety of reasons, which violate the age-appropriate functioning of the individual in society due to a defect in cognitive abilities.
V. Lubovsky	A group of congenital or acquired at an early age (mostly up to 3 years) changes in mental states, characterized by general clinical signs of lesions of the cerebral cortex, which has a diffuse nature.
A. Paliy	Congenital or acquired underdevelopment of cognitive

	functions, the quantitative and qualitative characteristics of which can vary greatly.
V. Sorokin	The state of general mental retardation.
D. Isayev	The set of etiologically different hereditary, congenital or early acquired persistent non-progressive syndromes of general mental retardation, manifested in the complication of social adaptation due to the predominant intellectual defect.
V.Synyov	Expressive, irreversible systemic impairment of cognitive activity, which occurs due to diffuse organic damage to the cerebral cortex. The presence of three signs: organic diffuse brain damage; systemic intelligence disorder expressiveness and irreversibility of this disorder.
ICD-10	A state of delayed or incomplete development of the psyche, which is primarily characterized by impaired abilities that are manifested during the maturation of the psyche and provides a general level of intelligence, as cognitive, speech, motor and social abilities.
L. Shipitsina	1) intellectual functioning at a much lower level; 2) deterioration of adaptation, ie low personal efficiency in their cultural group due to unsatisfactory social skills and responsibilities, difficulties in communication, incompetent daily service, lack of personal independence and autonomy.
G. Alimov	a specific mental state in which the cognitive development of an individual is limited to a certain level of functioning of the central nervous system. This is an atypical development, which is characterized by dysfunctions of both the cognitive sphere and the sphere of emotions, behavior, will, physical development in general.

As we can see from Table 1.2., Researchers emphasize that mental retardation is a heterogeneous condition, it has many causes associated with developmental disorders during puberty. Some definitions of the presented definition have much in common in the approaches.

However, we emphasize that most of the analyzed studies do not fully cover the issue of mental retardation. The question of correcting the thinking of

mentally retarded individuals, in particular older preschoolers, remains open. Note that the study of technologies for correcting the thinking of mentally retarded preschoolers is of great scientific and practical interest.

We join the definition of L. Shipitsina, who clarifying the definition of G. Sukhareva believes that:

- mental retardation due to genetic influences should not be confused with dysontogens;

- hereditary mechanisms leading to intellectual retardation are fundamentally different from those that hinder harmonious maturation during pregnancy or after birth;

- defect not only of the prerequisites of intelligence, but also of the individual as a whole is not an absolute sign of mental retardation;

- mental retardation may be due to the predominant defeat of older tumors that stand in the way of experience and learning [5, p.17].

Thus, summarizing scientific approaches to the problem, we conclude that mental retardation *is a group of pathological conditions characterized by a violation of systemic interaction between intellectual and affective spheres, cognitive activity, manifested in general mental retardation with a dominant intellectual defect and complications in social adaptation.*

Consider how in modern medical, psychological and pedagogical science the causes, forms, types, types and signs of mental retardation are revealed.

The causes of mental retardation are various. Their clear definition affects the diagnosis and understanding of the essence of the latter. Scientists distinguish two main groups of causes of mental retardation: exogenous and endogenous.

Endogenous causes include adverse gene and chromosomal mutations. In this large group, children may have a moderate and mild degree of mental retardation [5, p.20], but are dominated by severe and profound degrees of underdevelopment in general and underdevelopment of the brain. There are many exogenous causes: chronic diseases of the mother during pregnancy

(hypertension, diabetes, cardiovascular disease, hepatitis, alcohol, smoking, drug use, etc.); pathological pregnancy, pathological childbirth; infections during pregnancy; increased radioactivity of the biosphere.

An analysis of recent publications shows that many scientists have identified another cause of mental retardation. This is, so to speak, a social factor, or rather the antisocial conditions of the child's development in the family. The fact is that in the first years of a child's life (up to 3 years), even minimal damage, infections can negatively and adversely affect the development of thinking, intelligence of the child. Brain development is known to continue intensively for another three years after the birth of a baby. The social well-being of the family comes first, when adults must ensure the safe living of the child.

The main thing is to create an atmosphere of security, psychological comfort, to prevent falls as a result of which a concussion can occur; physical injuries as a result of corporal punishment of adults who are in a state of affect. According to L. Shipitsyna, in poor, antisocial families there are more cases of mild mental retardation. Interestingly, severe and profound degrees of mental retardation are approximately evenly distributed among other segments of the population. Joining the point of view of many scientists, we believe that the unfavorable living conditions of the child - one of the dominant factors and causes of mental deprivation. Inattention to the child's development, pedagogical neglect, dissatisfaction with the basic needs of the child in love, protection, support; emotional deafness of adults, authoritarianism, which is on the verge of cruelty - all this negatively affects the general and mental development of the child. The consequences of mental deprivation can be varied and unpredictable: delayed speech development, abnormalities in personality formation, aggressive behavior, low intelligence, autism, mild mental retardation.

Recently, we have witnessed fundamental changes in medical, psychological and pedagogical research on forms of mental retardation. Along with the traditional view of the nature of this disorder (as a result of organic

brain damage), more and more researchers are preferring sociocultural factors and children's adaptation to the environment. Against this background, among the clinical forms of mental retardation distinguish oligophrenia and dementia. Thus, in the studies of E. Mastjukov and L. Shipitsina oligophrenia was defined as a manifestation of early cerebral desontogeny with the predominance of underdevelopment of the frontal cortex. It also includes several groups of intrauterine persistent intellectual disorders caused by intrauterine brain underdevelopment. Another form of mental retardation is dementia, which is interpreted as an uneven insufficiency of various cognitive functions that may occur after a period of normal intellectual development. Characteristic signs of dementia are considered to be pronounced disorders of mental capacity, memory, attention, regulation of behavior, motivation personal and emotional disorders. A great contribution to the theory of oligophrenia was made by M. Pevzner [3], which proposed the author's pathogenetic classification of oligophrenia, clearly presenting the relationship between etiopathogenesis and clinical manifestations of intellectual disability.

We made an attempt, based on the analysis of the literature, to summarize the symptoms of mental retardation in the following table 1.3.

Table 1.3.

Symptoms of mental retardation

The degree of mental retardation	Characteristics of the degree of mental retardation
Mild mental retardation (IQ 65-50)	<p>Speech: the word is not used as a means of communication in full; characteristic phonetic distortions, lag of the active vocabulary from the passive, overloaded with stamps; difficulties in transmitting information; adjectives and prepositions are rarely used.</p> <p>Attention: unfocused, requires great effort for its concentration, fixation, unstable, characterized by a high degree of distraction.</p>

	<p>Thinking: concrete, limited by direct experience, uncritical, inconsistent, depends on immediate needs. The role of thinking in behavior, lack of planning of the activity on stages is weakly expressed.</p> <p>Memory: delayed memorization, instability, blurred reproduction, underdevelopment of logical indirect memorization; mechanical memory can be preserved and even well formed.</p> <p>Emotions: insufficiently differentiated, inadequate (there may be violent joy or incontinence of anger and aggression) Feelings: high feelings are formed with great difficulty (aesthetic, moral, gnostic, etc.)</p> <p>Behavior: weakness of motivation, lack of initiative, inability to control their motivations, weakness of social and personal motives, suggestibility and stubbornness, actions are not purposeful, impulsive, there is no struggle of motives.</p> <p>Psychomotor development: delayed rate of development of locomotor functions, unproductive and unfocused sequence, anxiety movements. Clumsiness, poorly formed subtle and precise movements, gestures and facial expressions.</p> <p>Social adaptation: independence in self-care, can master practical and home skills. Possible employment in the field of practical activities, including unskilled labor. They can master the professions of painter, carpenter, locksmith, seamstress and more. In rural areas, a mild degree of mental retardation alone may not make it difficult to adapt to society. But the limitations of role functions in society are clearly expressed.</p>
	<p>Speech: slow development of</p>

<p>Moderate mental retardation (IQ 49-35)</p>	<p>comprehension and use of speech, limited development of speech with defects, non-verbal and grammatical. Vocabulary is poor, consisting of words and expressions that are often used.</p> <p>Attention: disturbed, unstable, such a person is prone to distraction, which limits the achievement of any goal. Even gaming is difficult.</p> <p>Thinking: concrete, inconsistent, rigid, not the ability to create abstract concepts.</p> <p>Memory: underdevelopment, the presence of mechanical memory.</p> <p>Emotions: can be friendly, amiable, or angry and aggressive.</p> <p>Feelings: obstacles in the formation of high feelings</p> <p>Behavior: has a wide range - from friendliness to stubbornness and laziness. Impulsive unexpected actions, unrestrained sexuality can be observed.</p> <p>Psychomotor development: coordination, accuracy, pace of movements suffer. The latter are slowed down, awkward, which prevents the formation of the running mechanism and prevents learning to jump. Difficulty mastering skills that require fine finger movements.</p> <p>Social adaptation: independence of residence is achieved in rare cases, but such people are mobile, physically active, capable of simple physical work (subject to careful formulation of tasks, providing qualified control), communication with other people. The best solution for such people is family life.</p>
<p>Severe mental retardation (IQ 35-20)</p>	<p>Speech: serious underdevelopment, minimal use for communication</p> <p>Attention: disturbed, unstable.</p> <p>Thinking: very specific, rigid, no</p>

	<p>ability to generalize. Memory: can distinguish people who treat them well. Emotions: elements of socialization of emotions. Feelings: not developed. Behavior: not controlled. Psychomotor development: underdevelopment of psychomotor functions, neurological pathologies: paralysis, paresis, etc. Social adaptation: cannot exist on their own, need constant help and support</p>
Deep mental retardation (IQ below 20)	<p>Speech: Speech comprehension and use are limited. Instead of speech, separate inarticulate sounds. Attention: not developed. Thinking: lack of ability to elementary thought processes. Memory: not developed. Emotions: not developed. Feelings: not developed. Behavior: has a primitive character. Psychomotor development: motor reactions are chaotic, unfocused, stereotypical oscillations can be observed, for no reason. Social adaptation: complete dependence on others</p>

Analysis of recent research and publications shows that today there are more than twenty types of taxonomy of mental retardation. Traditionally, mental retardation was divided by the depth of intellectual disability into three stages:

- 1) dementia - a mild degree of mental retardation;
- 2) imbecility - the average degree of mental retardation;
- 3) idiocy - (severe mental retardation).

The limits of our study do not allow us to reveal the many characteristics of taxonomy. We will limit ourselves to the fact that in the classification of mental retardation ICD 10 WHO (1994) in the section "Mental retardation" is

presented as follows:

- mild mental retardation;
- moderate mental retardation;
- severe mental retardation;
- deep mental retardation;
- other mental retardation;
- unspecified mental retardation;
- minimal behavioral disorders or their absence;
- significant behavioral disorders that require attention and treatment;
- other behavioral disorders;
- behavioral disorders are not defined.

In the presented classification of mental retardation, as we see, all various factors, degree of expressiveness of intellectual defect are considered.

Conclusions from the study and prospects for further exploration in this direction. So, summarizing all the above, we note that there are five main approaches to defining the concept under study: medical, defectological, pedagogical, psychological, psychological and pedagogical. Summarizing scientific approaches to the presented problem, we come to the conclusion that the violation of intellectual development (mental retardation) this is a group of pathological conditions characterized by a violation of the systemic interaction between the intellectual and affective spheres, cognitive activity, which is manifested in general mental retardation with a dominant intellectual defect and complications in social adaptation.

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ФОРМУВАННЯ ЕКОЛОГО ДОЦІЛЬНОЇ ПОВЕДІНКИ У ДІТЕЙ СТАРШОГО ДОШКІЛЬНОГО ВІКУ: ЕКСПЕРИМЕНТАЛЬНЕ ДОСЛІДЖЕННЯ

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