

## CHARACTER AND AGGRESSIVE BEHAVIOR OF OLDER SCHOOLCHILDREN WITH INTELLECTUAL DISABILITIES

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**Abstract:** *Analysis of the causes of aggressive behavior in intellectual disabilities revealed that it is related to the accentuation of the character. In the group of mentally retarded schoolchildren, this connection is associated with the influence of high and excitable types of character emphasis. This article examines the complex relationship between character development, intellectual disability, and aggressive behavior in older schoolchildren. From a defectological standpoint, it explores the unique challenges faced by these students and the factors that contribute to the manifestation of aggressive tendencies. The article emphasizes the importance of understanding individual differences, providing tailored support, and promoting positive coping mechanisms to minimize aggressive behavior and foster healthy character development.*

**Keywords:** *mental disorders, aggressive trait, character accent, character development, aggressive behavior, older schoolchildren, defectology, social-emotional learning, behavioral interventions, inclusive education, individual differences, support systems.*

### Introduction

Older schoolchildren with intellectual disabilities often face unique challenges in navigating social interactions, managing emotions, and developing positive character traits. While intellectual disability itself does not inherently predispose individuals to aggression, certain factors, such as cognitive limitations, communication difficulties, and social-emotional learning deficits, can contribute to the manifestation of aggressive behavior. This article explores the intersection of character development and aggressive behavior in this population, offering insights from a defectological perspective.

Age-related crises are often accompanied by the manifestation of inappropriate behavior that contradicts generally accepted socio-cultural norms. Adolescence is a special risk group for the emergence of persistent forms of aggressive behavior. Of special interest in the specified problem is the prevalence of deviant behavior patterns among adult schoolchildren with mental disabilities. Lack of voluntary control with mild mental retardation contributes to increased aggressive behavior. Mental retardation

reflects a disorder of the emotional and volitional sphere. The tendency to aggressive behavior and the influence of anger, secondly, complicate the process of social adaptation of schoolchildren with mental retardation. At the same time, delayed or underdeveloped mental development cannot be considered as the main reason for the tendency of older schoolchildren to engage in aggressive behavior.

#### Main part

It is assumed that the polymorphism of behavioral disorders in schoolchildren with mental retardation is associated with certain types of characteristic accents. The different nature of the relationship between character traits emphasized in mental retardation and intact intelligence determines the difference in behavioral disorders. As it turns out, most of the character traits of mentally retarded schoolchildren tend to emphasize. Thus, the problem of attention deficit hyperactivity among students of a special correctional school is urgent and requires its solution. Adolescents with a hyperthymic character are characterized by more mobility, rudeness, restlessness and indiscipline. The reason for anger is usually that others suppress his desires and intentions. It is interesting that a teenager with a hyperthymic type of character, as a rule, tends to be alone all the time, and is deprived of communication and contacts with peers. such a teenager experiences irritability and even anger. Such an accentuation of character in mentally retarded schoolchildren is enhanced by the effect of the syndrome itself and the painful negative experience of interactions with others.

Let's take a look at the main correlations that have been identified with respect to the types of accented characters. In our case, we are talking about emotional, hyperthymic and cycloid type of connections.

First, it was found that accent and character orientation in the control group was significantly lower than in the group of disabled schoolchildren.

Secondly, the tendency of character traits to become more severe is observed at the same level in relation to hyperthymic, emotional and cycloid character types in both groups. In addition, in the group of mentally retarded schoolchildren, this tendency is more pronounced in relation to the elevated type, and in the case of controls, in relation to the emotional and cycloid types of character accentuation.

Thirdly, the relationship between the highlighted characteristics of the character and the tendency to aggressive behavior was determined. In a group of schoolchildren with intellectual disabilities, the tendency to aggressive behavior is associated with the lability of the higher type of mood and the affective burst of agitated mood. On the contrary, in the control group of schoolchildren, this tendency is associated with the influence of the hyperthymic type and its desire to lead.

### Character Development in Schoolchildren with Intellectual Disabilities:

1. Cognitive and Social-Emotional Differences. Individuals with intellectual disabilities may experience delays in cognitive development, including language acquisition, problem-solving, and abstract reasoning. This can impact their ability to understand social cues, interpret situations accurately, and engage in prosocial behavior.
2. Limited Social Skills and Communication. Deficits in communication skills can hinder their ability to express needs effectively, leading to frustration and potential escalation of conflict. Similarly, difficulties in social understanding can make it challenging to navigate social interactions appropriately.
3. Vulnerability to Bullying and Victimization. Due to their cognitive and social differences, children with intellectual disabilities may be more susceptible to bullying and victimization. This can lead to feelings of anger, resentment, and a desire to retaliate.

There are some factors contributing to aggressive behavior. When faced with challenging situations, children with intellectual disabilities may struggle to manage their frustration and impulsivity effectively, leading to outbursts of anger and aggression. These students may not possess the necessary emotional regulation skills to handle stressful situations effectively. This can lead to maladaptive coping strategies, such as aggression, as a way of dealing with stress and anxiety. The presence of aggressive role models, exposure to violence, or a lack of positive reinforcement for prosocial behavior can contribute to the development of aggressive tendencies. Aggressive behavior can sometimes be a manifestation of underlying emotional distress, such as anxiety, depression, or fear.

Recognizing that each child's needs and challenges are unique, a comprehensive assessment is essential to identify the root causes of aggressive behavior. This allows for the development of tailored intervention strategies that address specific deficits and promote positive change. Programs specifically designed to enhance social-emotional skills, including self-regulation, empathy, and conflict resolution, can equip students with the tools they need to manage their emotions, build healthy relationships, and navigate challenging situations constructively. Positive behavior supports (PBS) and applied behavior analysis (ABA) can be utilized to modify behaviors and establish positive social interactions. These interventions often involve reinforcing desired behaviors, providing clear expectations and consequences, and teaching alternative coping mechanisms. Creating a collaborative partnership between parents, educators, and other professionals is crucial to provide a consistent and supportive environment for students. This partnership fosters understanding, communication, and the implementation of effective interventions across different settings.

**Fostering Positive Character:**

7. Building self-esteem and confidence. By recognizing and celebrating students' strengths, providing opportunities for success, and promoting a sense of belonging, educators can help students develop positive self-images and increase their confidence in their abilities.

8. Promoting Empathy and Social Skills. Encouraging empathy, perspective-taking, and cooperation through role-playing, storytelling, and group activities can foster understanding and acceptance among peers and create a more positive social environment.

9. Teaching Values and Ethics. Explicitly teaching values such as kindness, respect, honesty, and responsibility can guide students towards ethical decision-making and promote prosocial behavior.

**Conclusion**

In conclusion, it should be said that high school students with mental disorders should be approached with individual attention in the course of the lesson. It is necessary to pay special attention to the mental state of each of them. And it is necessary to try to avoid situations that lead to any kind of emotional disturbance and change. It is necessary to support the student's learning taking into account his mental and physical condition.

Understanding the unique challenges faced by older schoolchildren with intellectual disabilities, their character development, and the potential for aggressive behavior requires a nuanced and compassionate approach. Defectological principles can guide educators in providing tailored support, promoting social-emotional learning, and fostering positive coping mechanisms. By creating inclusive and supportive environments, encouraging collaboration between families and professionals, and emphasizing the development of empathy and prosocial skills, we can help these students reach their full potential and live meaningful lives.

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