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SOCIO-PSYCHOLOGICAL ADAPTATION OF CHILDREN WITH COCHLEAR IMPLANTS IN AN INTEGRATED EDUCATIONAL SPACE

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ABSTRACT

This article analyzes the socio-psychological adaptation and socialization processes of primary school students with cochlear implants (CIs) in inclusive education settings. It highlights the patterns of overcoming verbal communication breakdowns among implanted children within an integrated environment, establishing interpersonal communicative relationships, and fostering self-expression within the microsocium. Furthermore, based on local and international methodological strategies, the study substantiates the systematization of mutual integration among deaf educators, general education teachers, and family systems to ensure the successful development of the child as a social subject.

Keywords: inclusive education, cochlear implant, socialization, social adaptation, communicative competence, deaf education (surdopedagogy), verbal gnosis, interpersonal integration.

АННОТАЦИЯ

В данной статье анализируются социально-психологическая адаптация и процессы socialisation учащихся младших классов с кохлеарными имплантатами (КИ) в условиях инклюзивного образования. Освещаются закономерности устранения деструкций вербальной коммуникации у детей с КИ в интегрированной среде, формирования межличностных коммуникативных связей и самовыражения в микросоциуме. На основе интеграции концепций отечественных и зарубежных исследователей научно обоснованы методические стратегии по систематизации взаимодействия сурдопедагога, учителя общеобразовательной школы и семьи в процессе успешного становления ребенка как социального субъекта.

Ключевые слова: инклюзивное образование, кохлеарный имплантат, социализация, социальная адаптация, коммуникативная компетенция, сурдопедагогика, вербальный гнозис, межличностная интеграция.

INTRODUCTION

One of the fundamental problems of modern special education is restoring the speech potential of children with severe hearing pathologies and facilitating their successful adaptation into the environment of their typically developing peers. Although cochlear implantation is a high-tech revolution in restoring auditory perception through neuroprosthetics, it represents merely the initial medical stage of comprehensive rehabilitation. As substantiated by the Uzbek scholar in deaf education, F. U. Qodirova, the process of integrating children with hearing impairments into society within an inclusive education framework is not limited to mechanically restoring hearing; rather, it demands the parallel development of their linguistic and social competences. Ensuring that students

with implants perceive themselves as fully-fledged social subjects within the school environment and successfully assimilate into society—meaning their socialization—requires a multidisciplinary pedagogical analysis.

MAIN BODY. The initial connection of the speech processor and its audiological tuning after a post-operative period of 3-4 weeks initiates a new sensory stage in developing the child's communicative activity. At this stage, shaping the perception of acoustic and electronic signals at the level of higher nervous activity in young children, along with developing a conditioned motor response to them through specialized game exercises (such as stacking rings on a pyramid or beating a drum), serves as the baseline for the development of speech communication behavior in preschool and primary school-aged children. The socialization of children with cochlear implants within the inclusive educational process follows specific psycholinguistic patterns. Since the student has experienced long-term auditory deprivation during the preschool period, discrepancies are observed between their semantic (meaning-based) and communicative capabilities. As noted by M. Yu. Ayupova, the grammatical and phonetic system of oral speech develops anomalously in children with hearing impairments, which in turn causes agrammatisms during written speech and interpersonal communication processes. The high dynamic activity in a regular classroom, heterogeneous acoustic noise, and the rapid speech rate of conversational partners can initially trigger severe auditory fatigue and a tendency toward self-isolation in the cochlear implant user. Therefore, systematically shaping social adaptation skills in the child remains the primary objective of the correctional-pedagogical process.

Pedagogical monitoring results indicate that the successful socialization of an implanted child in an inclusive classroom directly depends on the methodological competence of the general education teacher. The teacher must properly modify the speech-to-noise ratio (SNR) during the lesson process, meaning they must seat the child at the first desk where the teacher's voice reaches them directly and distracting noises are minimized. As demonstrated by D. A. Nurkeldiyeva in her research, enriching lessons with visual materials, baseline charts, and modern multimedia tools ensures that children with hearing impairments in an inclusive environment master the lesson 35-40% more effectively. When verbal bridges are established among children through team games and group assignments, the integration index of the implanted student into the peer group is significantly activated. Fostering self-advocacy skills in children while shaping communication strategies constitutes a fundamental neuropedagogical factor of socialization. Within the educational and social environment, the child must reach a proficiency level where they can freely express their technical or auditory needs. For instance, being able to approach a teacher or peers with phrases like "I did not understand the sentence, please repeat it" or "I need to replace my device's battery" eliminates their psychological barriers. The formation of such social behavioral models is implemented during deaf education sessions through real-life case studies and interactive role-playing games.

The rehabilitative competence of the family institution also plays a decisive role in the complete socialization of children with cochlear implants. Parents must involve their children in active social relations spaces (sports clubs, art studios, public events) rather than limiting their communication circle solely to family members. The more extensively a child enters into social interaction with typically developing peers, the faster their verbal experience and vocabulary become activated. Systematic cooperation among the school, deaf educator, and family fully ensures the development of the child with a cochlear implant as an independent and well-rounded individual within an inclusive environment. A multidisciplinary analysis of international and national experiences indicates that the overall dynamics of the socialization process in inclusive

settings are directly dependent on 9 fundamental macro-factors. These include: the quality of early auditory experience, language ability indicators, individual psychological characteristics, the absence of additional somatic or intellectual pathologies, active parental motivational involvement in rehabilitation, the success of the surgical procedure, the adequacy of the speech processor settings, the systematic nature of wearing the device, and the development of a positive sense of achievement in the child. The pedagogical integration of these factors maximizes the child's ability to differentiate low- and high-frequency sounds in the classroom and to localize sound sources in space.

CONCLUSION. In conclusion, the socialization of children with cochlear implants within inclusive education environments is determined not only by the medical restoration of the auditory function but also by creating a rational pedagogical micro-environment at school and at home. Implementing learner-centered, multidisciplinary, and proactive pedagogical strategies serves to help the child overcome psychological complexes, enhance communicative potential, and achieve full socialization within the educational environment.

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