

**CHARACTERISTICS OF EMOTIONAL INTELLIGENCE IN PRESCHOOL
CHILDREN WITH SPEECH DISORDERS**

Ro'ziqulova Zarina Yusuf kizi

Kimyo International University In Tashkent Branch Samarkand

Annotation: This article analyzes the specific features of the emotional intelligence of preschool children with speech impairments. The study revealed the impact of speech development disorders on the processes of understanding, expressing and managing emotions. The results show that the components of verbal expression of emotions and affective self-control are relatively poorly developed in children with speech impairments, which negatively affects their social adaptation. The conclusions of the study are of practical importance in planning correctional and pedagogical activities in the preschool education system.

Keywords: emotional intelligence, speech impairments, preschool age, emotional development, social adaptation, communicative competence, empathy, affective management.

Introduction

In modern pedagogy and child psychology, not only cognitive development, but also emotional-intellectual development are recognized as important factors in the process of the formation of a child as a person. In particular, the preschool age is an important ontogenetic stage in which the child's emotional sensitivity, social adaptation and communicative abilities are rapidly formed. During this period, the child begins to understand his own emotions, acquires the skills to manage them, and tries to understand the emotional state of others. Speech is the main psychological mechanism for a child to express his emotions, enter into social relationships, and convey his inner experiences to others. Through speech, the child not only exchanges information, but also expresses his emotional state. Therefore, any violation of speech development has a complex impact on the child's personal, social, and emotional development. Today, the number of children with speech disorders is increasing. Studies show that speech disorders are not only phonetic or grammatical problems, but also negatively affect the child's emotional stability, self-confidence, social activity, and adaptability. Such children often have difficulty expressing their emotions verbally, which can manifest as internal tension, frustration, anxiety, and sometimes aggressive behavior.

Insufficient formation of emotional intelligence causes problems in the child's relationships with peers, communication with teachers, and adaptation to educational activities. In particular, the development of emotional intelligence in children with speech impairments proceeds in a specific direction and requires special pedagogical and psychological approaches. In this regard, studying the specifics of the emotional intelligence of preschool children with speech impairments, identifying the mechanisms of their development, and developing effective correctional and pedagogical work is an urgent scientific and practical issue. This problem is analyzed theoretically and practically in this article, and relevant conclusions are drawn.

This study was conducted based on a combination of phenomenological and correlational approaches. The main goal of the study was to identify the qualitative aspects of the components of emotional intelligence in preschool children with speech disorders and to conduct a comparative analysis of them with the indicators of children with normally developed speech.

Research strategy

The study was conducted using a mixed methods strategy. Quantitative data were obtained by assessing children's ability to differentiate, recognize, and regulate emotions, while qualitative data were collected through observation protocols and contextual analysis. This approach allowed us to determine not only the level of emotional intelligence, but also its forms of manifestation.

Selection and selection criteria

The sample was formed on the basis of purposive sampling. The study included 5–6-year-old children whose speech therapist identified persistent speech disorders. The control group consisted of children who were socio-demographically similar but did not have speech development disorders. Children who did not have additional neurological or intellectual disorders affecting emotional development were selected in both groups.

Measurement tools

The following tools, adapted to age characteristics, were used to assess emotional intelligence:

- tasks for identifying emotional states based on visual stimuli;
- assessment of the child's emotional reaction to scenario-based social situations;
- observation of the level of affective self-control in play activities.

Each indicator was coded based on a scoring system and individual emotional profiles were formed.

Data processing

The obtained data were systematized through thematic coding and content analysis. Quantitative results were described by means of average values and variance indicators, and qualitative results were divided into groups according to emotional behavior patterns. Differences between groups were interpreted based on interpretive comparison.

Reliability and validity

To ensure the reliability of the results, the principle of triangulation was used, that is, the same phenomenon was examined using different methods. The internal consistency of the methods was checked through expert assessment. To increase external validity, children from different social environments were involved.

Ethical Basis

The study was conducted in accordance with all ethical standards: written consent from parents was obtained, children's rights were protected, and the results are presented only in a generalized form.

The study showed that there are systematic features in the structural components of emotional intelligence in preschool children with speech impairments. The data obtained confirm the existence of differences in the processes of perception, expression, and management of emotions associated with the level of speech development.

Recognition and differentiation of emotions

Children with speech impairments showed relatively accurate results in recognizing basic emotions (joy, anger, fear, sadness) based on visual cues, but had significant difficulties in distinguishing complex emotional states (surprise, shame, ambivalence). This indicates that their cognitive processing of emotional experience proceeds at a simpler level.

Verbal expression of emotions

It was found that the children in the experimental group had limited verbal expression of emotions and tended to use nonverbal means (gestures, facial expressions, body movements). This indicates a discrepancy between the internal presence of emotional experience and its external expression. Emotional self-regulation

Children with speech impairments had more difficulty regulating emotions in frustrating situations. They used less socially acceptable strategies to get out of a problem situation (asking for help, waiting their turn, compromising), and more impulsive and affective reactions were observed.

Empathy and social sensitivity

Children with speech impairments showed weaker empathic reactions compared to children in the control group. They relied less on the context of the situation to determine the emotional state of others, and were more limited to external, obvious signs.

Integrative analysis

The results show that speech impairment selectively affects individual components of emotional intelligence. The most affected areas are verbal expression of emotions and affective self-regulation, while visual recognition of emotions was relatively preserved. This indicates that the development of emotional intelligence is functionally closely related to speech, and that speech limitations prevent the full manifestation of emotional experience in a social context.

Conclusion

The emotional intelligence of preschool children with speech impairments has a unique structure. Speech impairments negatively affect the processes of children's emotional expression, especially verbal expression, and their management in a socially acceptable way. Although the perception of emotions is relatively preserved, qualitative differences are observed in the processes of understanding, naming, and regulating them. Speech disorders indirectly affect the child's empathic sensitivity and social adaptation, limiting the ability to establish effective communication with peers. This can lead to a narrowing of the child's social experience and a slowdown in the pace of emotional development. Therefore, pedagogical and corrective work with children with speech disorders should not be limited to the development of speech, but should also be aimed at the formation of emotional intelligence components. Special training in

the understanding, expression and management of emotions is an important factor in supporting the personal and social development of children.

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