EXCELLENCIA
INTERNATIONAL MULTI-DISCIPLINARY JOURNAL OF EDUCATION

Volume 03, Issue 4, 2025 ISSN (E): 2994-9521

The Importance of Determining the Degree of Expression of the Asthenic State In Parents of a Child With Special Needs

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Abstract

This article presents an in-depth analysis of scientific research conducted across various regions of Uzbekistan to assess the prevalence and intensity of asthenic conditions among parents raising children with special needs. The study utilized a modified version of the MMPI-based Asthenia Scale, collecting data from 124 respondents in Tashkent, Kashkadarya, Samarkand, and Fergana. Findings reveal significant differences in asthenic expression levels across regions, with most respondents experiencing mild to moderate symptoms. The research highlights psychological, physical, and emotional burdens borne by these parents and underscores the necessity for systemic support, timely intervention, and targeted psychological and medical assistance.

Keywords: asthenia, organic asthenia, functional asthenia, disorders.

Introduction

According to the World Health Organization, asthenic conditions are projected to become the second most prevalent health issue globally within the next decade, following cardiovascular diseases.

At present, asthenia is a widespread condition. Various studies suggest that between 10% and 45% of the global population may experience symptoms of asthenia. This condition affects

individuals across different age groups and social strata. Research indicates that approximately 60% of patients visiting general practitioners exhibit symptoms associated with asthenic states.

Asthenic condition is a psychopathological syndrome characterized by fatigue, severe exhaustion, reduced tolerance to physical, mental, and emotional activities, and a noticeable decline in performance capacity.

Clinical Manifestations of Asthenia:

- Physical symptoms: muscle weakness, decreased physical endurance, general fatigue;
- Cognitive impairments: reduced attention span, memory deterioration, increased mental fatigue;
- Psychological symptoms: diminished motivation, weakened emotional regulation, apathy, and low self-confidence.

The emergence of asthenia is often linked to the dysfunction of the reticular activating system (RAS) of the brain, a dense network of neurons responsible for regulating the body's energy resources. This system plays a crucial regulatory role and governs the following vital functions:

- excitation-inhibition processes of the cerebral cortex;
- sleep-wake cycles;
- memory and perception;
- coordination of motor activity and muscle tone;
- regulation of internal organs via the autonomic nervous system;
- processing of sensory information (sensory perception).

When the reticular activating system is overburdened — due to prolonged stress, physical or psychological overload — its ability to regulate these processes diminishes. This leads to physical fatigue, loss of control, emotional burnout, and impaired intellectual performance.

Causes of Asthenic States:

Scientific research has revealed that 45% of asthenic conditions are of organic origin, while 55% stem from functional causes.

Key differences in the progression of organic vs. functional asthenia:

- Organic asthenia:
  - Symptoms worsen in the evening;
  - Persistent and relatively stable manifestations;
  - Symptoms intensify after exertion;
  - Rest or sleep usually improves the condition.
- Functional asthenia:
  - Symptoms appear or intensify in the morning;
  - Fluctuating condition — may feel better or worse at different times;
  - Sleep does not bring relief;
  - Sleep disturbances are frequently observed.

Asthenia Among Parents of Children with Special Needs

Upon analyzing literature and recent observations, it becomes evident that asthenic conditions are increasingly prevalent among parents raising children with special needs. This demographic is particularly vulnerable due to several stress-inducing factors, including:

- Lack of adequate understanding of their child's psychological and educational needs, leading to chronic emotional stress, anxiety, and depression;
- Absence of assistive devices, forcing parents to physically carry their children with disabilities, causing physical strain;
- Parental distress when faced with developmental challenges or a lack of visible progress in their child's education, often resulting in diminished self-confidence and emotional exhaustion.

Despite the relevance and urgency of this issue, no significant empirical research has been conducted in Uzbekistan to explore the prevalence of asthenic conditions in this specific population group. Yet, understanding this phenomenon is critical for involving parents more effectively in the educational and developmental processes of children with special needs.

Research Initiative

To address this research gap, a survey was conducted using a diagnostic methodology based on the Asthenia Scale developed by A.D. Malkova and adapted for clinical-psychological observation by T.G. Chertova, incorporating results from the "MMPI" psychometric inventory.

This survey was carried out among parents of children with special needs in the regions of Tashkent, Kashkadarya, Samarkand, and Fergana. A total of 124 respondents participated in the study.

The Asthenia Scale used in the survey consists of 30 questions designed to assess asthenic manifestations. Responses to each question were rated on a 4-point Likert scale (from 1 to 4 points), indicating the degree of severity.

In the subsequent sections of this paper, graphical diagrams will illustrate:

1. General trends in asthenia indicators among respondents (Diagram 1);
2. Regional variations in the degree and prevalence of asthenic symptoms across each pilot area (Diagrams 2 to 5).

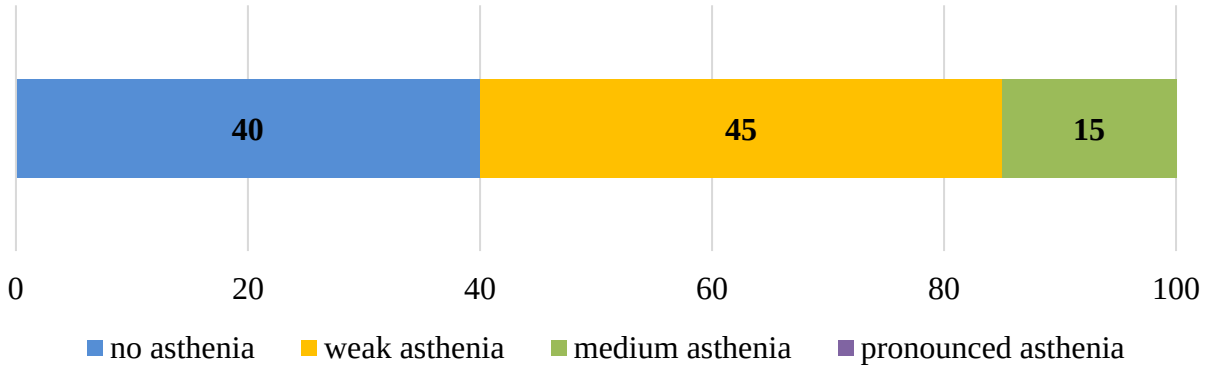

Fig. 1. General Distribution of Asthenic Conditions and Severity Levels among Respondents

Based on the data collected from the experimental study, which involved 124 respondents (100%), the following distribution was observed:

- 50 individuals (40%) showed no signs of asthenia;
- 55 individuals (45%) were identified with mild asthenia;
- 19 individuals (15%) exhibited moderate asthenia;
- No cases of severe or pronounced asthenia were recorded.

When the results were segmented into specific diagnostic ranges, the distribution appeared as follows:

- Range 1: 50 respondents (40%);
- Range 2: 55 respondents (45%);
- Range 3: 19 respondents (15%);
- Range 4: No respondents were recorded.

The indicators were further analyzed across each pilot region, represented in subsequent diagrams.

Regional Analysis of Asthenic Conditions

- **Tashkent City**: Out of 31 total respondents:
  - 12 individuals (39%) reported no asthenic symptoms;
  - 13 individuals (42%) exhibited mild asthenia;
  - 6 individuals (19%) displayed moderate asthenia.
- **Kashkadarya Region**: Among 32 participants:
  - 7 individuals (22%) reported no symptoms;
  - 21 individuals (66%) showed mild asthenia;
  - 4 individuals (12%) experienced moderate asthenia.
- **Samarkand Region**: From 31 respondents:
  - 23 individuals (74%) exhibited no asthenia;
  - 8 individuals (26%) were identified with mild asthenia;
  - No moderate or severe conditions were found.

- **Fergana Region**: The highest levels of asthenic symptoms were observed here:
  - 8 individuals (27%) were symptom-free;
  - 13 individuals (43%) had mild asthenia;
  - 9 individuals (30%) were diagnosed with moderate asthenia.

Commonly Reported Symptoms among Parents of Children with Special Needs

The most frequently confirmed symptoms during the survey included:

- Working under extreme physical strain;
- Difficulty in maintaining attention on a task;
- General muscle weakness;
- Persistent low mood or sadness;
- Aversion to noisy environments;
- Chronic headaches;
- Feeling tired upon waking;
- General physical fatigue;
- Sleep disturbances due to intrusive anxious thoughts.

These indicators emphasize the urgent need for preventive measures and interventions.

Preventive Measures and Recommendations

1. **For individuals experiencing physical overstrain** (e.g., athletes, labor-intensive workers):
   - Full recovery and rest are critical.
   - Medical rehabilitation, including massage therapy, timely treatment of musculoskeletal disorders, use of orthotics, physiotherapy, and relaxation techniques, are recommended.
2. **For those engaged in intense mental activity** (e.g., students, researchers, academics):
   - Rest is best achieved by switching to different types of activities, particularly physical ones.
   - Therapeutic physical exercises, active recreational activities, and aerobic workouts can offer significant benefits.
3. **For individuals frequently experiencing psychological stress**, emotional trauma, or living under harsh circumstances:
   - Professional psychological support is essential.
   - Psychological counseling, psychotherapy, and clinical treatment should be provided when necessary.
4. **For individuals with chronic conditions leading to organic asthenia**:
   - Compliance with medical guidelines and continuous treatment is required.
   - Consultation with medical specialists for tailored care is recommended.
5. **For those suffering from sleep disorders**:
   - Sleep hygiene must be prioritized.
   - Recommended practices include:
     - Consistent sleep schedule (preferably before midnight);
     - Regular wake-up times;
     - A quiet and dark sleeping environment;

- Avoiding screen time and stimulants (e.g., tea, coffee) before bed.

In severe cases, medical evaluation and treatment may be needed, and specialist consultation is highly advisable.

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