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ADAPTATION AND INTERNAL DISORDER PATTERN OF ADOLESCENTS WITH DISABILITIES

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Abstract

The article reveals the research results which study adaptive peculiarities and internal disorder pattern of 109 adolescent respondents with visual, hearing, severe speech impairments, with delayed mental development. All the interviewees are characterized with an optimal adaptive level. The adolescents with hearing impairments demonstrate declarable adaptability, which indicates high self-acceptance and acceptance of other people, emotional comfort, internal orientation to self-control. They overcome adaptive difficulties due to obedience. The respondents with delayed mental development are proven to have the opposite adaptive type with critical level in self-acceptance and acceptance of other people, medium emotional comfort. They solve the adaptation problems through domination. Comparative analysis of internal disorder pattern highlights that an authentic difference exists in all the components. The adolescents with visual impairments are better aware of their disorder, its causes and factors; while the teenagers with speech impairments demonstrate a poor cognitive component. The adolescents with delayed mental development are concentrated on physical feelings, their peers with hearing impairments do not observe many physical feelings and discomfort connected with the impairment, thus they are not motivated for changes considering the disability. The study reveals that more interrelations are seen between motivating and physical components of internal disorder pattern and adaption indications. However, the strongest connections are established between a cognitive component and a domination-subordination phenomenon.

Keywords: Disabilities, internal disorder pattern, difficult conditions of personality development, factors of personality adaptation, adolescents with developmental disorders.

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1. Introduction

Study of personal adaptive mechanisms is considered to be a thoroughly worked out theme in both domestic and foreign modern psychology. According to Nalchajyan (1988), socio-psychological adaptation implies an ability to conduct leading activity, self-fulfillment and personal validation.

The fact that the person has some disabilities obstructs the activity, thus it may lead to social stigmatization and interfere into the adaptive process. It is commonly accepted that disabilities cause difficulties in forming I-concept and its specific components. The personality analysis among the adolescents with disabilities depicts inadequate self-esteem, difficulties with building interpersonal relationships in a group of peers, self-hesitation and uncertainty about the future (An & Lee, 2019; Dunaevskaya, 2016).

2. Problem Statement

Modern researches on the adaptive problem indicate actual areas while examining the phenomenon:

1. The researches on adaptation of individuals with disabilities in the modern society. While considering adaptation of disabled people like adjusting to an existing or newly-developed disability, the foreign authors have revealed that an obtained physical disorder makes adaptation more successful (Amaral, 2009; Boyce & Wood, 2011).

2. The researches on socio-psychological adaptation of people with disabilities in educational and professional spheres (Bonaccio et al., 2020; Guimarães et al., 2015; Sevastyanova et al., 2017; Shuvalova, 2016);

3. The researches on diverse adaptation variables and determinants. Adaptive risks and successes in terms of perception and worries over the disorders (Adeeva et al., 2019; Tikhonova et al., 2019), personal characteristics leading to adaptation, I-concept components, self-esteem, aspirational level, positive self-attitude (Akinina, 2015; Kacero, 2019), understanding of social roles, disharmony in the socializing process (Dirk-Wouter et al., 2019) are under study. Low self-esteem and mental disorders among children with chronic diseases (Shorey & Debby, 2020) are highlighted.

Modern researches on inward disorder pattern are indirectly related to problems of personal adaptation among individuals with disabilities. In scientific works internal disorder pattern (IDP) is considered to contain personal perceptions and worries over the disorder they have, while in the structure cognitive and emotional components are distinguished. A significant condition in the phenomenon study is its inclusion in the structure of I-concept. It defines the actual purposes in the research on IPD variants. Thus, the objective is to obtain enough information for predicting personal behavior in diverse life situations.

Numerous studies dedicated to the IPD phenomenon emphasize the significant role of personal traits (Bykova et al., 2017) and the emotional component, determining classification of IPD types (Chebarykova, 2017). Distinguishing 5 types, Chebarykova (2017) reveals features and peculiarities in social relations, motivational and value areas of each variant. According to Gajdukevich (2018), specific cognitive and emotional components occur in acceptance or non-acceptance of a disorder and in the way

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the person regards it. Diverse component combinations enable us to describe possible behavior: passivity – activity; behavioral contrasts; lack of persistence; dominating protective mechanisms, etc.

3. Research Questions

The researches on personal adaptation factors among people with disabilities are considered to be relevant (particular attention is paid to the study of IPD as a factor predicting maladaptation). However, the data we possess are mosaic and they need further elaboration and systematization.

4. Purpose of the Study

The research is objected to indicate interrelations between the components of internal disorder pattern and parameters of adaptation among adolescents with diverse variants of dysontogenesis.

5. Research Methods

109 adolescents with disabilities are interviewed for the research. The average age is 14 years old. Among them there are:

- 24 people with visual impairments (further VI, H54 in accordance with ICD-10, Visual disturbances and blindness);
- 18 adolescents with hearing impairments (further HI, H90 in accordance with ICD-10, Conductive and sensorineural hearing loss);
- 37 people with severe speech impairments (further SSI, F80.1 in accordance with ICD-10, Expressive language disorder),
- 30 testees with delayed mental development (further DMD, F06.7 or F83 in accordance with ICD-10, mild cognitive disorder or mixed specific developmental disorders).

The research is based on a survey method and a conversation method. “Inquirer of the social-psychological adaptation by C. Rogers and R. Dymond” (adapted by Osnickiy, 2004), the conversation “The study of inward disorder pattern” by Adeeva et al. (2019) are used. The statistical work is conducted through the program 10.0 Statistica, the correlation coefficient r-Spearman, Kruskal-Wallis H test are calculated.

6. Findings

6.1. Results

The obtained results enable us to speak about specific features of social-psychological adaptation of adolescents with disabilities, shown in the table 1.

Table 1. Average integral figures of social-psychological adaptation in the tested group

Figures of social-psychological adaptation	SSI (n=37)	HI (n=18)	VI (n=24)	DMD (n=30)
1.b. Maladaptability ***	92.23	40.84	90.13	89.74
3.a. Self-acceptance *	16.40	50.79	40.92	42.74
3.b. Self-rejection***	20.57	5.16	18.33	16.71

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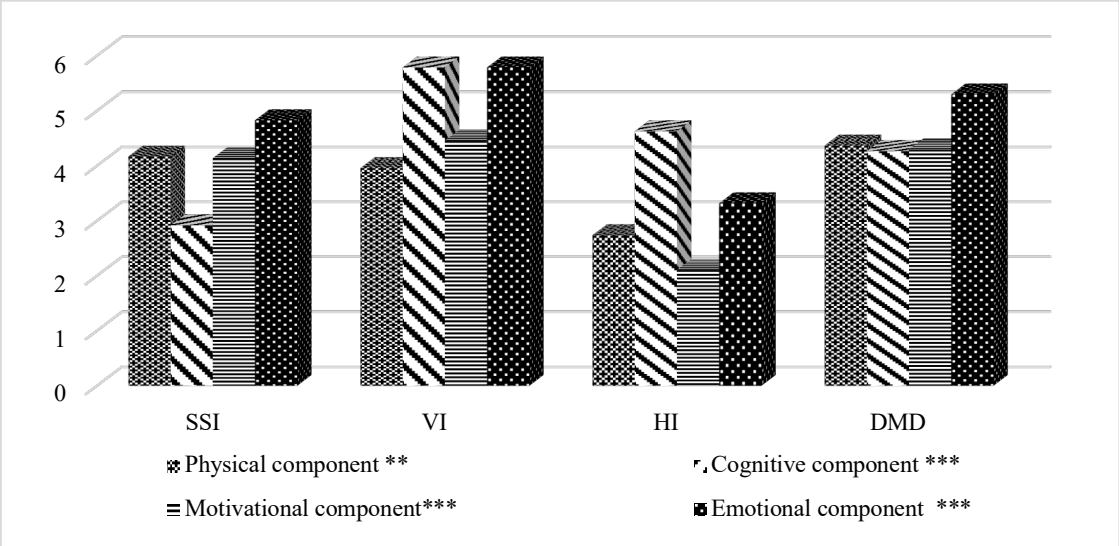
4.a. Acceptance of other people *	17.37	26.11	20.42	24.32
4.b. Rejection of other people ***	21.43	7.53	17.00	18.38
5.b. Emotional discomfort***	43.77	6.11	18.50	17.03
6.b. External control***	7.13	9.84	21.42	21.44
8.Escapism (avoiding problems)***	15.77	9.68	16.00	16.56
Adaptation ***	55.66	78.08	57.70	59.54
Self-acceptance ***	68.91	90.98	69.20	71.10
Acceptance of other people ***	58.27	81.34	57.91	62.56
Emotional comfort ***	54.15	82.69	55.09	60.04
Internality***	56.21	75.79	62.31	62.91
Intention to dominate *	53.21	40.11	49.21	43.00

Note: The table shows indicators of socio-psychological integration that have significant differences in the criterion Kruskal-Wallis H test; * - $p \leq 0.05$; ** - $p \leq 0.01$; *** - $p \leq 0.001$

In general, all the tested adolescents demonstrate high social adaptation. It is necessary to remark that the adolescents with HI reveal reliably high integral indications of social-psychological adaptation. They have the highest points in self-acceptance. The adolescents are satisfied with communication and they accept other people; they declare high emotional comfort and an ability to inner self-control, demonstrate predominant tendency to dominate. The adolescents with delayed mental development are distinguished by low adaptability, they declare self-rejection and emotional discomfort, which is combined with obedience (the figures in the primary scales are under average statistical norms). The testees with visual impairments and SSI demonstrate similar average integral indicators and reveal favourable social adaptation. However, the adaptation profile of the adolescents with severe speech impairments highlights low domination and predominant obedience.

The analysis results of component completeness in the tested groups are represented in the figure 1.



Note: The table figure indicators of socio-psychological integration that have significant differences in the criterion Kruskal-Wallis H test Note: * - $p \leq 0.05$; ** - $p \leq 0.01$; *** - $p \leq 0.001$

Figure 1. Average values of component completeness in internal disorder pattern in the tested groups

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Authentic differences among the tested groups are indicated in each component of IPD. The physical component is more distinctly expressed among the adolescents with delayed mental development, whereas their peers with HI demonstrate few physical feelings and discomfort; they do not show motivation to changes, considering the disability. The teenagers with severe speech impairments reveal a poor cognitive component. The testees with visual impairments realize their disability. They are differentiated by intensity in the motivational and emotional components.

The results indicate weak correlative interrelations between social-psychological adaptation and intensity of the IPD components. Paying attention to the most significant indicators, we may state that the motivational and physical components demonstrate more authentic ($p \leq 0.05$) interrelations with the adaptive indicators. The motivational component is related to the level of adaptation ($r = - 0.28$), self-acceptance ($r = - 0.28$) and acceptance of other people ($r = - 0.28$), emotional comfort ($r = - 0.28$). The physical component possesses some correlative interrelations with adaptation ($r = - 0.24$), acceptance of other people ($r = 0.26$), internality ($r = - 0.21$). The cognitive component has weak negative connection with obedience ($r = - 0.31$) and weak positive connection with an intention to dominate ($r = 0.31$). The physical component demonstrates weak negative connection with acceptance of other people ($r = - 0.30$), whereas the motivational component has weak positive connection with self-rejection ($r = 0.30$).

6.2. Discussion

The obtained data enable us to state high integrative indications of social-psychological adaptation among the tested adolescents with disabilities. As long as the research is based on the method of self-assessment, we may declare that the adolescents consider their personalities appropriate for social demands, feel harmony with the society. Such results raise doubts but can be explained by limited social experience, lack of critical thinking, which influences adequate assessment. We admit the impact which isolation from peers with typical development have on some tested adolescents – most respondents attend a school for pupils with disabilities. Unambiguously, it may be marked that it is not connected with the tendency to falsify personal information, because the indicators in the scale Falsity are within normal limits.

Three adaptation profiles, based on the nosological features, can be defined among the testees. The first variant may be called declarable and hyperthymic adaptation. It is common among the adolescents with HIs. In this adaptation profile all the indications are excessive; self-acceptance and acceptance of other people are assessed as utterly positive. Emotional problems are neglected, high ability to behavioral internal control is stated. The intention to lead and dominate is presented, which can be considered as a way of solving social difficulties. In our opinion, this adaptation type is associated with excessive and non-critical self-esteem, a compensatory attempt to demonstrate the state “I am Okay”. Probably, it is connected with rejecting limits which are caused by disabilities. The adolescents with HI are inclined not to “notice” physical limitations and discomfort, they do not want to admit the necessity of considering the disability in education and communication; they demonstrate poor emotions, connected with the disability.

The second adaptation profile is typical for the adolescents with delayed mental development. It reflects selective, critical self-esteem. Although, generally, social-psychological adaptation demonstrates

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an optimal level, we shall state that the respondents are selective with self-assessments and they admit the problems and difficulties they face. They declare personal dissatisfaction, self-discontent, indecision, inclinations to emotional discomfort. They admit predominant obedience, difficulties with leadership in a group. Internal disorder pattern of the adolescents with DMDis distinguished by willingness to share their problems. The teenagers with delayed mental development are most concentrated on their physical feelings – fatigue, migraine, although they do not have any physical limitations. We suppose, this phenomenon may be regarded as a psychosomatic component of personal dissatisfaction. On the one hand, the type with critical selective assessment of social inappropriateness can be explained by sensorial scarcity and limited social experiences. On the other hand, it is caused by inclusive environment and self-recognition (numerous indications were presented in the conversation).

The third variant of an adaptive profile is characterized with equally average indications which are related to the respondents with visual and speech impairments. It is complicated to define specific peculiarities, some singular alarm features are observed. The adolescents with VI demonstrate comparatively low acceptance of other people, while the adolescents with severe speech impairments have predominant obedience. The pattern, reflecting a disability, is specific in each nosological group. If the adolescents with VI realize their health problems and limitations (they can describe emotions and worries, connected with the disability), their peers with SSI are not aware enough of their disorder. The only feature, uniting them, is a moderate expression of the physical component. We suppose that concentration on physical feelings or its lack may affect social-psychological adaptation.

The analysis of correlative connections partly proves it. Numerous verifiable feelings and discomfort may lead to adaptation decrease, rejection, orientation to external control, dependence. Excessively intensified motivational component is connected with low self-acceptance and acceptance of others, adaptive difficulties, emotional discomfort. Thus, we may state that willingness to overcome limitation occurs with the disabled adolescents only when realized disharmony between social demands and personal needs exists. The cognitive component of internal disorder pattern may evoke problematic social adaptation, which is connected with a subordination– domination state. The adolescents with disabilities who realize their disorder are more likely to demonstrate leadership traits, solve problems of social adaptation through domination. Such data prove the results obtained in the survey which was conducted among primary school children with visual and SSI. We have revealed that deficiency in the cognitive component is connected with hostility to adults. Alterations of the motivational system can be evoked by increased anxiety and neurotic symptomatology (Tikhonova et al., 2019).

7. Conclusion

- Reasonably high social-psychological adaptation among the adolescents with disabilities is revealed in diverse dysontogeneses. It is explained by the respondents' insufficient social experience, exclusion, personality immaturity and low criticality.
- Three profiles of social-pedagogical adaptation are defined: the first type is characterized by high adaptation indications, rejection of problems and overcompensation; the second type features average adaptive indications, emotional discomfort and self-rejection; the third variant depicts average

adaptive indications, subordination to others, concentration on their imperfection. The adaptation profiles are connected with a dysontogenesis variant and education.

• Most correlations are revealed between the motivational and physical components of IPD and adaptation indications. Painful physical feelings lead to increased disharmony in relations with society. Social inadaptability may result in forming somatovegetative symptomatology. Necessity and motives to self-development presumably feature an adolescent with self-rejection. The cognitive aspect of IPD affects aggressive and dominating traits.

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