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Psychology of Personality: Real and Virtual Context

DYNAMICS OF THE INTERNAI DISORDER PATTERN: GENTRAL CHARACTERISTICS AND NOSOLOGICAL FEATURES

Tatiana Adeeva (a)*, Svetlana Khazova (b), Inna Tikhonova (c),
Ulyana Sevastyanova (d)
*Corresponding author

(a) Kostroma State University, 156007, Mayakovskogo str, 103/9, Kostroma, Russia, adeeva.tanya@rambler.ru
(b) Kostroma State University, Kostroma, Russia
(c) Kostroma State University, Kostroma, Russia
(d) Kostroma State University, Kostroma, Russia

Abstract

The problem of the internal pattern of the disorder (IDP) is considered in the article. IDP is considered to be a complex integrative construct. A disorder, or a defect, implies both one's attitude to it, a complex of one's physical sensations caused by it, one's awareness of the causes and opportunities to change the situation, one's future scenarios of their self-actualization, and one's assessment of their life prospects. Dynamic features of the internal pattern of the disorder in various variants of impaired development in children and adolescents are determined. Ontogenetic dynamics in the cognitive component in a context of different disorders are observed. We discovered a progressively increasing awareness of one's distinctiveness and challenges and extending scope of knowledge about those among the elementary schoolers and adolescents. We identified nosological features of inward disorder pattern dynamics. The cognitive component have lower indices in the adolescence delayed mental development and severe speech disorders groups as compared to the other ages. The delayed mental development adolescents have the lowest indices of the physical and sensitive IDP components among all the three age groups. Increased indicators of the emotional component were registered in groups of preschool children and adolescents with visual impairments. Increased indicators of the motivational component of the internal pattern of the disorder in the group of children with visual impairment were revealed. We did not detect the ontogenetic dynamics of the sensitive and physical components in children with delayed mental development and visual impairments.

Keywords: Delayed mental development, inward disorder pattern, severe speech disorders, visual impairments.

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1. Introduction

Personality development problem is one of the most burning questions at different stages of society development. The main challenge is to identify the factors and reasons affecting the development and stimulating or arresting one's self-actualization. One's disabilities are specific conditions for a personality development which can be both of great risks and potential.

Modern psychological research papers on inward disorder pattern (IDP) are occasional. The phenomenon is mainly studied in a context of I-concept specificities. The analysis of disabled people's self-esteem and self-attitude is a primary focus.

Some studies identify the impact of one's sensory disorder severity on their self-esteem. The authors observe a mostly low self-esteem among children, especially adolescents (Koneva & Kuznetsova, 2015; Pinquart & Pfeiffer, 2013; Petrenko & Vaishvilaite, 1993). Akinina (2015) highlights the importance of people's with hearing impairment positive self-attitude and impact of their self-esteem specificities on their self-actualization. Self-acceptance and self-confidence correlate with traits which are significant for a successful socialization. The critical requirement for one's positive self-attitude is their environment attitude.

Children with delayed mental development (DMD) are characterized by exaggerated and fluid self-esteems and insufficient self-criticism (Huurre et al., 1999). Much lower self-esteems are reported by elementary school graduates as compared to their undergraduate peers. The graduates apply parameters which are common for their environment. The results generally lack low I-concept indices (Koneva & Raevskaya, 2016; Mohammed AL Zyoudi, 2010).

Children and adolescents from this disorder group tend to demonstrate exaggerated self-esteems and speak of their positive traits. They are unable to esteem their personalities adequately and «satisfy a system of social demand». Some scholars believe one's awareness of their cognitive disorder is possible in case of a minor disorder form and can cause their various negative behavioral responses (Bykova et al., 2017; Huurre et al., 1999).

Some studies describe IDP dynamics by means of self-awareness development specificities. Many scholars identify hostility and disintegrated I-image among children and adolescents with cerebral palsy (CP). While describing their individuality, children are hardly likely to mention their appearance, competencies, skills, and interaction with adults and peers. (Dobrovolskaya, 2004; Dyakov, 2014; Zhdanov & Rogozina, 2006). Early (12-13 year old) CP adolescents demonstrate a lower ability for self-identity as compared to those without CP. The indices level out in both groups by late adolescence age (Dyakov, 2014). Children with visual impairment start giving significantly lower self-esteems by early adolescence (Pinquart & Pfeiffer, 2013). Kropachyova (2008) observes a high adequate self-esteem among DMD children at the beginning of elementary school and its fall by the end. The author suggests that their self-perception depends on their academic success and progressively on their peers' attitude.

Gaidukevich (2011) considers IDP a key requirement and a determinant of personality development in a situation of different disorder forms. It is related to one's personality socialization specificities.

Clinical psychology has generally done insufficient research on the IDP phenomenon. The academic focus is on the emotional and evaluative components of disabled people's self-awareness and I-concept. The existing IDP research lacks a comprehensive approach and age dynamics data.

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2. Problem Statement

Our academic interest in the problem is justified by the need for a comprehensive study of disabled people's I-concept specificities and that to define what impact IDP has on a process of one's socialization and developmental risks management.

IDP is considered to be a complex integrative construct. A disorder, or a defect, implies both one's attitude to it, a complex of one's physical sensations caused by it, one's awareness of the causes and opportunities to change the situation, one's future scenarios of their self-actualization, and one's assessment of their life prospects. The sensitive component involves a complex of one's sensations related to their defect while the physical one implies an individual's assessment of their physical activity and qualities. The cognitive component is one's awareness of the defect causes, their health limitations, and its manifestations. The emotional component is one's attitude to their defect. The motivational component characterizes a structure of one's motives and possible changes in it caused by the disorder.

Being transformed in an individual's mind, IDP becomes a factor that forms one's I-concept, their self-awareness at each disorder stage and, thus, affects on their self-attitude, social relationships and socialization specificities, and activity motives.

3. Research Questions

To identify the features of inward disorder pattern dynamics among children and adolescents.

To identify general characteristics of inward disorder pattern dynamics among children and adolescents with different developmental disorders.

To identify nosological features of inward disorder pattern dynamics.

4. Purpose of the Study

Aim of the research to identify general IDP characteristics and nosological IDP features among children of different ages and having different disorders.

The sample consisted of 202 participants. Of these, 59 respondents suffer from visual impairments: 12 are preschoolers, 24 are elementary schoolers, 23 are adolescents. Those with DMD include 54 participants: 14 are preschoolers, 15 are elementary schoolers, 25 are adolescents. The group with severe speech disorders consists of 89 children: 20 are preschoolers, 33 are elementary schoolers, 36 are adolescents.

5. Research Methods

The Study of Internal Disorder Pattern» conversation technique by Adeeva (2019). It allows to determine specificities of IDP components. The children's answers were processed using content analysis.

Statistical analysis: research data were calculated using 10.0 Statistica software, Mann-Whitney U-test, Kruskal-Wallis H-test.

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6. Findings

The study reveals IDP features among children with delayed mental development during their middle childhood and adolescence periods. DMD is characterized by retardation and dysfunctions and manifests itself in an individual's infantilism, impeded cognitive activity and behavior control, and insufficiently independent mental functions. However, the study gives an optimistic view of learning and socialization challenges coping among these children. Different facilities are available for all of them on an equal footing with their non-disabled peers. The children have no physical limitations.

The results show that DMD respondents have reliable age specificities of the IDP cognitive component (Table 1).

Table 01. IDP component indices (DMD children and adolescents)

	Preschoolers	**Elementary schoolers**	**Adolescents**
Physical and sensitive *	5.57	4.73	4.38
Physical and sensitive *	2.86	5.73	4.19
Motivational	4.21	3.53	4.19
Emotional	4.93	4.87	5.28

Note: reliable divergences between the indices are * $p<0,05$

The motivational and emotional components take no age-related transformations. We identified specificities of the physical and sensitive IDP component the adolescence group in contrast to the preschoolers which can suggest that age transition in this disorder group involves desensitization and less intense focus on one's physical sensations ($U=422$, $p\leq0,05$). The analysis of the respondents' answers indicates that those with DMD complain about pains (64% of the preschoolers and only 19% of the adolescents) and weariness after intellectual work (100% and only 35% relatively). The age-related specificity of the IDP cognitive component indices indicates the respondents' fuller awareness of their distinctiveness and elementary school challenges ($U=133,5$, $p\leq0,000$). The possible explanation is higher standards for one's intellectual and academic success. As a result, children become aware of the challenges they face to satisfy their education programme requirements. Thus, only 21% of the preschoolers know about their disabilities and realize what the root of the problem is while the same percentage believes that the root is "only me". They use such phrases as «I do not understand the task», «I feel exhausted». However, 87% of the elementary schoolers identify their disability («a problem with my development», «I forget what we know and have learned», «I do not understand my teacher's explanations», «I feel lazy»), 67% consider themselves the source of the problem as they «feel worn out», «do little at the classes», «do not feel like studying», «did not know some sounds before».

The adolescents demonstrate a poorer awareness of their disability ($U=513,5$, $p\leq0,000$). Only 68% agree that they suffer from a disability and meet learning challenges while less than 50% view themselves as the source of their troubles. We suggest that it can be attributed both to the cases of development compensation mechanism and a generally poorer academic performance among the peers which makes the respondents consider their challenges common. It can also be a result of a denial defense mechanism. All the adolescents who are aware of their disability deduced it: «I realized it», «I understood there was something wrong, it happened again and again at the lessons» «a bad academic performance», «I start

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squinting and racking my brains». The basis for this conclusion is a comparison of one's achievements and the challenges they face with those of their non-disabled peers: «based on the grades», «I have worse trouble doing tests».

The analysis of the IDP components specificity among the preschoolers, elementary schoolers, and adolescents suggests the following conclusions. The Kruskal-Wallis H-test of the results identifies reliable divergences on the cognitive (H=13,7, p=0,001) and motivational (H=6,9, p=0,03) IDP components among the respondents with speech disorders (SD) and none on the sensitive and physical ones.

We compiled the highest indices on the cognitive component among the elementary schoolers (M = 4,33, SD = 1,67) of all the other age groups (the preschoolers: M = 3,65, SD = 2,03; the adolescents: M = 2,91, SD = 1,63). The SD preschoolers start being aware of them just before school. They like their speech therapy sessions aimed to treat their disorders and feel optimistic about them because their parents and teachers constantly remind them of the therapy remarkable effectiveness because of high sensitivity of the age group. An efficiently designed system of therapeutic and pedagogical assistance contributes to a disabled child's effective coping.

The elementary schoolers are more fully aware of their disorders, the causes, and prevention measures. The source of the high defect awareness is the differentiated grading scale of one's academic performance and the challenges these children meet while acquiring knowledge of the Russian language and reading: «some troubles with Russian», «it is difficult to read fast», «I am not good at writing big texts» (70%). Thus, 73% of the elementary schoolers admit that they have a defect and know the cause where 30% of them deduced it and 33% learned it from others.

By their early adolescence, they are fully aware of their defects and the effects these have. By this time, most part of the challenges in speech development and native language mastering processes have been overcome, e.g. the adolescents (only 13%) report a few with speech development process and 46% of them say they do not notice their defect and are reminded of it by adults (their teachers and parents insist on regular special speech therapy sessions in the educational institutions the respondents attend to cope with their disabilities). They understand that they are to go through particular life experience when they have to adjust their lives to disability specificities. They tend to worry about their life plans and future careers: «I would like to be a cook», «I would like to have a job», «I can and want to be an artist», «I want to find a job. I can give out leaflets for now», «I would like to have a decent job but I am not sure if I can do it». All these children are aware of SD prevention measures: 60% are preschool children, 27% are elementary schoolers, 33% are adolescents.

The adolescents demonstrate a stronger motivation (M = 4,14, SD = 1,06) to overcome their disabilities as compared to the other two groups, (preschool: M = 3,4, SD = 1,27; elementary school: M = 3,39, SD = 1,27). 33% of the SD adolescents want to change their physical qualities which are not related to the disorders, 36% would like to change their personality traits. They mention their «appearance» and desire «to give up smoking», «to gain some weight to look better», «to become clever», «to have positive changes in my character», «to be kinder». Most of the SD adolescents (44%), as compared with the preschool (15%) and the elementary school (21%) groups, consider health important and would like themselves and their relatives to be healthy and happy. As for their defects, they believe in a positive

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change: 85% are preschoolers, 76% are elementary schoolers, 39% are adolescents. These dynamics can be attributed to age specificities and personality formations of this period.

Mann-Whitney U-test identifies reliable divergences in the emotional IDP component. Elementary schoolers are more likely to have a high level of anxiety over their emotional experience and impression they have on the environment than preschoolers (U = 217; p = 0,03).

The physical and the sensitive components do not widely diverge from each other. The respondents from all the age groups do not report any negative physical states and describe themselves as quite strong and resilient. The children's fears are not caused by their disorders but are typical for the age.

We identified great divergences between the cognitive, emotional, and motivational IDP components in all the three age groups of children with visual impairment (Table 2).

Table 02. IDP component indices (children and adolescents with visual impairments)

	Preschoolers	**Elementary schoolers**	**Adolescents**
Physical and sensitive *	3,44	4,26	3,95
Cognitive*	4,44	5,87	5,79
Motivational	3,22	3,26	4,46
Emotional	5,44	4,69	5,79

Note: reliable divergences between the indices are * p<0,05

The preschoolers have the highest cognitive IDP component indices (U=53.5, p<0,035) of all the other parameters in this age group. The answers concerning their impairments grow in number and become more diverse. Almost 70% of the children can quite accurately identify the cause of their impairment, whether it is a functional or a structural defect: «*My right eye has no crystalline lens*» (an 8 year and 6 month old boy), *«I got a disease – hence, my inflammation*» (a 9 year old boy). As we expected, this group consider a limited use of personal devices to be key prevention measures and eye surgery, glasses, regular medical procedures, and checkups to be an effective therapy.

They mostly lack awareness of activity limitations caused by the defect. On the one hand, they mention: **«**(I cannot) *play catch because I am slow and it takes hard effort for me»* (a 9 year old girl). On the other hand, they do not associate the limitations with their defects. Approximately 80% of the children choose careers based on their interests but take no profession requirements into account, e.g. they speak of hairdressing, police service, firefighting. They see no connection between learning, play activity, and physical activity challenges they face and their disorders. This group either has trouble identifying the causes, or mentions a lack of locomotive skills and unapproachable tasks as those. The adolescents find the causes and are aware of vision loss prevention and visual stability maintenance measures. Almost 40% of the respondents try to take their vision conditions into consideration when being asked about their future jobs and hobbies: «I would like to be a doctor… I do not know, maybe, a teacher too, «An economist but they have considerable eye strain, so, I do not know…».

The emotional IDP component has the highest indices (U = 114; p = 0,000) in the adolescence age group. The elementary schoolers with total vision loss mention their distinctiveness caused by their impairment: «*I am just like others but my health is not so good*», «*I stand out because of my height, eyesight*». Those with partial visual impairments are most likely to respond to their defect with neglect. Nearly 25% of them are absolutely satisfied with themselves and do not want to change anything about

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their physical condition while the same percentage thinks otherwise: «*to have an eye surgery*», «*to be healthy*», «*I would like to have my good eyesight and walk back*», but they do not associate this distinctiveness with their impairments. The adolescents give more diverse descriptions of their personalities and behavior. About 30% of them mention features and traits which are affected by the impairment and want to improve their health.

We observe changes in the motivational IDP component in the adolescence age group (U = 156; p = 0,01). The elementary schoolers mostly have material motives - they want new clothes, toys. The desire to get what they want is prevailing (84%). Almost 57% tend to do different activities: sport, music, creative work. Roughly 25% mention their impairments and express a desire to cure them.

The adolescents retain the tendency to take up activities: «I want to learn how to draw», «to write poems», «hand-to-hand fighting». They report a desire to develop some traits: «I want to learn how to give a public speech», «to have an effective communication». Almost 40% mention other people: «I wish my grandpa were able to walk again», «Mom had better eyesight», «all people were healthy», «there would be no war». Approximately 40% would like to improve their vision or maintain their health, visual stability.

The indices of the physical and sensitive components stay the same at all the ontogenesis stages. Most of the respondents say they feel good, comfortable, and sometimes tired after physical activity. Their fears are mostly typical for their age or caused by their traits and previous experience (those of darkness, heights, sickness). Roughly 30% give the following answers: «*…I am afraid to feel a stomachache … I got scared one night, I fell ill, ran a fever*». About 10% are afraid of external stressors: «*I am afraid of loud music and do not like being spooked…*». 56% of the adolescents deny having fears; 26% mention fear of pain; 4% are afraid to «get an earful from the parents».

The respondents prefer rather high assessments of their physical quality. The elementary schoolers describe themselves as quite strong, nimble, and fast. Approximately 22% speak of their sluggishness and daily activity challenges. The adolescents report none of these. It can be a result of their adjustment to learning activity, to the environment's demand, and to their disorders. Besides, the environment the respondents spend most time in is made up of children with visual impairments which determines the criteria for the respondents' assessments.

7. Conclusion

7.1. We identified general characteristics of inward disorder pattern

Ontogenetic dynamics in the cognitive component in a context of different disorders are observed. We discovered a progressively increasing awareness of one's distinctiveness and challenges and extending scope of knowledge about those among the elementary schoolers and adolescents. It can be attributed to the specificities of identity development process as well as a new social development situation (especially during elementary school age). It is a result of one's adjustment to the environment's demand and activity requirements

7.2. We identified nosological features of inward disorder pattern dynamics

The cognitive component have lower indices in the adolescence DMD and SD groups as compared to the other ages. As for the DMD group, it can be a result of a decrease in the respondents' awareness of

their disorders which is likely to be caused by denial defensive mechanisms to accept oneself. In contrast, the SD group lower indices indicate their heightened awareness and a strong probability to cure their defects.

The DMD adolescents have the lowest indices of the physical and sensitive IDP components among all the three age groups. It is a positive tendency and demonstrates a fall of the respondents' sensitivity, increased suggestibility, and stable neural activity.

We registered increased indices of the emotional component in the SD preschool group. It is likely to be a result of a new social situation for a child to develop in, their intense involvement in a new social environment, and quite full awareness of their distinctiveness.

We registered increased indices of the emotional IDP component in the visual impairment adolescence group as well because of the respondents' awareness of the effects the disabilities have on their life plans.

We registered increased indices of the motivational IDP component in the visual impairment group. This reveals a strengthened motivation to improve or maintain one's physical and vision health.

We explored no ontogenetic dynamics in the sensitive and physical components among children with SD and visual impairments which is due to the defects' structure.

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