

# SPECIFIC SUBJECT MANIFESTATION OF CHILDREN WITH MOTIONAL DEVIATIONS

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The article refers to the problem of formation personal subjectivity of the disabled. Specific subject manifestations of children are analyzed with motional disabilities (with cerebral palsy children) by means of peculiar features of different activities (play activity and communication). A group of children without motional disorder was compared with the having such according to the indices of intitiativeness, responsibility, and communicative self-dependence. Standardized observation on the children's play showed that they much more rare display initiative in choosing play roles than the children of the control group of the same age. In play situations they also less rarely display responsibility and subjectivity communicating with other children. The level of well-being (the presence of mutual choice in the children's group) is also lower in the group of children with motional disabilities. High level of anxiety in relationships with other children corresponds with the peculiarities.

So, the children with motional disorder display subjective qualities like intitiativeness, responsibility, activity less than healthy children of the same age. The author concludes that there are specific subject manifestations in play and communication of children with motional deviations which differentiate in constructive and pseudocompensating. They provide building a special complex of subjective qualities providing acceptable level of their interaction with the environment. The opportunity to form personal subjectivity of a motionally disabled child is shown by the research, which is equal in its characteristics to children of the same age but without motional disabilities.

*Key words:* personality, subject, subjectivity, subject-being approach, activity, communication, infantile cerebral palsy.

Recently, *subject* and *subjectivity* notions have become often used in scientific and public literature but many principal questions have not yet answered. This firstly belongs to the problem of personal becoming of the disabled specifically with motional disorders which strongly limit possible activity manifestations and thus cannot but limit/specify personal subjectivity.

Study of problems of a person disabled motionally until now has been connected mainly with its clinical aspects [Semionova, 1979], [Mastiukova, 1985], [Kalizhniuk, 1987], [Badalian, 1988], [Mamaychuk, 2000], [Sigurdardottir, S. 2012], [Parkes, J. 2008], [Raina, P. 2005], [Donkervoort,

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M. 2007], [Rentinck, I. 2006], whereas psychological aspect of the problem of a disabled person's subjectivity forming has not been enlightened in researches.

In connection with this the study of a subject position of a person realizing his/her subjectivity under conditions of motional limitations become extremely actual and significant in the frames of subject-being approach [Abulkhanova-Slavskaya, 1983], [Brushlinsky, 2003], [Brushlinsky, 1994], [Znakov, 2000], [Rubinstein, 1997a; Rubinstein, 1997b], [Rubinstein, 1957], [Rubinstein, 1998], [Riabikina, 2001], [Riabikina, 2005].

The need to be a subject is a fundamental property of every human. This is immanent of the essence of social evolution and the condition of human being and a constituent of human personality [Brushlinsky, 2003, c. 272]. When studying the notions of *subject* and *personal subjectivity* special attention is paid to the fact that "a human ... is a creator of his/her history and an arbiter of his life journey", practically performing "activity, communication, behavior, gnosis, anschauung" and other types of human activity [Brushlinsky, 1994, p.31], the activity determined as a "way of self-actualization and self-realization of a person, which provide and keep her/his subjectivity" [Abulkhanova-Slavskaya, 1983, P. 18].

Leadership, responsibility and self-sufficiency reveal substantial determination of a human subject position in a human activity, its subjective component which is what separates it from activity of the living. Subjectivity acts as a determining item of substantial human activity essence and its important system-forming property. This substantial essence of a human activity is also revealed in personal formation with motional disabilities, deepening its capabilities as an operant/acting subject.

As research by Ye.A. Sergienko shows, the favorable period for personal subjectivity formation is late pre-school age of 6-7 y.o., as children of this age scale at a higher level compared with younger children and are capable to relate "their models with the models of the psychological of *the other*", which results in the new level of subjectivity formation [Sergienko, 2005, P. 215].

Physical/motional limitations impose a personality as an activity subject and specify the ways of behavior in overcoming life problems. The analysis of such specificity creates the opportunity to understand psychological mechanisms of subjective feature formation via study peculiar features of different kinds of activity of a motionally disabled person like play activity and communication.

Lack of special works directed at study of subjectivity and its specific revelations for a person with motional limitation, its topical character, theoretical and practical significance, as well as insufficient development of the problem of a motionally disabled person subjectivity, which is determined by specificity of a personal formation, have determined the topic of the research.

The goal of the research is to reveal the specificity of subjectivity revelation for children with motional limitations.

The object of the research is a motionally disabled child of 6-7 y.o.

The subject being specific manifestations of subjectivity in different kinds of activity like play activity and communication).

For *diagnostic investigations* the following techniques were applied.

1. To discover specific manifestations of subjectivity of children with motional defections “*Study of play activity and the level of aspirations of 1-7-y.o. children*” technique by Uruntaeva was applied.

2. To discover specific manifestations of subjectivity in communication of a child with motional limitations the following techniques were used: “*Study of interrealitions between children in a kindergarten group*” by Uruntaeva and Afonkina and *Anxiety test* by Temmpl, Amen, Dorky.

The research of peculiar manifestations of personal subjectivity was carried out on the base of the Center for rehabilitation medicine and infantile rehabilitation for children with cerebral pathology, Krasnodar. The series was 50 children of 6-7 y.o. with different forms of cerebral palsy. 50 normally developing children of kindergarten No. 8, Krasnodar were included in the research to compare the results.

“*Study of play activity and the level of aspirations of 1-7-y.o. children*” technique by Uruntaeva was applied to reveal specific manifestations of subjectivity in play activity of children with motional deviations.

The need to be a subject is immanent of every human both with motional limitations and without them, the intensity of the need and opportunity to reveal differing. Approaching play activity as a universal mechanism of personal formation process, we have analyzed such personal characteristics of personal child’s activity as responsibility, leadership role and self-consistency, which allowed extracting the types of manifestations of these and other properties and qualities determining specific features of a person and its active representation.

Observations of play of the children with motional deviations (hereinafter 1<sup>st</sup> group) and the children without motional deviations

(hereinafter 2<sup>nd</sup> group) was carried out with the use of “*Study of play activity of 3-7-y.o. children*” technique by Uruntaeva. Developing a story-role play of the children of both groups different information sources were traced to use: children’s knowledge of everyday life, adults’ narratives, children’s personal experience gained out of the frames of home and family, etc. (“Hospital”, “Barber’s”, “Pilots”, ”Family”, “Playing house”, etc.).

In view of the fact that the study of subjective manifestations in play activity of children with motional deviations (1<sup>st</sup> group) was carried out in comparison with children without motional activity deviations (2<sup>nd</sup> group) who are statistically normal in their mental development, we found it necessary to firstly represent the results of the 2<sup>nd</sup> group.

The most pronounced specific manifestations of a subjectivity of child with motional disabilities in play activity are marked at characterizing situations of selection and role distribution.

At the stage of choosing roles and at the stage of performing them a child tries to satisfy his/her need to be a subject of communication and gnosis and then actualizes it manifesting independence and leadership role (in the 2<sup>nd</sup> group) or, vice versa, demonstrating dependence wanting in initiative (in the 1<sup>st</sup> group).

86 p.c. of preschool children of the 2<sup>nd</sup> group demonstrate initiative in choosing roles manifested in aspiring to organize joint play, which is the reflection of the need to actively realize the opportunities of their selves.

Manifestations of subjectivity are observed not only in the group of motionally disabled children (12 p.c. of cases). Despite the fact that the selection of roles for these children is limited due to involuntary isolation at home, when choosing the plots connected with medical themes (“Hospital” game) and adults’ everyday life (“Playing house” game), a child *independently* and according to *his/her own initiative* chooses a parv. Independent choice by the children of the 1<sup>st</sup> group determined by *being informed* (personal experience) in a definite professional or everyday adult activity, and also in affirming the priority of being informed as they are more and oftener than children without motional disabilities stay isolated either in hospitals or at home.

Such personality quality like *responsibility* is marked not only in the 2<sup>nd</sup> group of children (88 p.c.), but also in the 1<sup>st</sup> group (24 p.c.). The responsibility in the group of the disabled is manifested in special ways: 1) responsibility can be formal, i.e. manifested univocally dependent on an external leadership (tutor help), and then involuntary, i.e. limiting the subject initiative; 2) responsibility manifests through the orientation at apparent

success and high aspirations despite the fact that the child does not possess the skills to concord his/her activity with the group activity. These manifestations of formal responsibility mislead the formation of a disabled child personality and promote forming fictitious subjectivity (pseudocompensating mechanisms) and are treated as an attempt of self-actualization in a play environment.

In order to reveal subjectivity in *communication* of the preschool with motional disturbances an experimental investigation was organized. The goal of the acknowledging experiment was the study of subjectivity manifestation in communication of motionally disabled children of late preschool age (hereinafter 1<sup>st</sup> group) compared with the children without motional disturbances (hereinafter 2<sup>nd</sup> group).

Based on the data collected in the course of “Secret” play technique by Uruntaeva, well-being level of children in both groups was revealed. Worth mentioning that the quality of relations is positive (high level) negative (low level) influences the intensity of subjectivity manifestation and the opportunity to implement the need to be a subject in relations with another human.

The 2<sup>nd</sup> group manifested high level of well-being of relationships (65 p.c., 7 mutual choices) and high index of reciprocity (78 p.c.), which is the indication of the fact that the level of well-being of relationships is high and the group of the children has a microgroup.

The 1<sup>st</sup> group of the children has low level of well-being of relationships (12 p.c., 1-2 reciprocal choices) and low index of reciprocity (13 p.c.), which is the indication of the fact that children do not know each other enough and there are no preferences due to the lack of joint actions and involuntary isolation at home or in hospitals where necessary conditions for peer influence are absent.

Not only speech abnormalities and unformed communicative skills play the negative role lowering the opportunity to implement the need to be a communication subject, but disadvantaged emotional background expressed in increased level of anxiety manifested as shyness, self-insecurity during the process of developing contacts.

Children of the 2<sup>nd</sup> group (83 p.c.) display *adequate medium level of anxiety* Temmpl, Amen, Dorky (anxiety index 20 – 50 p.c.), allowing the preschool children of the group to successfully adapt in different psychotraumatic situations.

Children of the 1<sup>st</sup> group display high level of anxiety (84 p.c. of cases), due to the number of pathogenic factors like cerebral-organic insufficiency

and social factors (often hospitalization, isolation). In 12 p.c. of cases in the 1<sup>st</sup> group medium level of anxiety is discovered, which is due to the fact that a child realizes his/her disability and wishes to overcome it, which allows to choose adequate constructive and effective behaviors.

Different levels of anxiety characterize determined emotional experience in a sphere of social interaction (peer influence and communication with parents). Negative emotional experience of the preschool of the 1<sup>st</sup> group was mostly connected with the situations of interaction with children of the same age.

A part of children (14 p.c.) was determined in the 1<sup>st</sup> group who were observed to communicate with each other displaying high interest in joint activity. They also displayed the aspiration to reproduce adult relations which results in high demand in partners to play with. This stimulates communication process, and a child firstly shyly then more decisively communicates: 1) children begin negotiate with loyalty and tactfulness in communication in respect to the children of the same age; 2) a child coordinates its actions with the actions of the others; 3) is ready to give in avoiding conflict situations.

Specific manifestations of subjectivity in communication of the 1<sup>st</sup> group children (13 p.c.) are observed for the children when individually selecting additional ways of communication like manual communication (gestures, signs), and “graphic ways”.

So, the need to be a subject is implemented by a child with motional disabilities in the *process of play activity* and in *communication*. Specific manifestations of subjectivity are differentiated in constructive and pseudocompensatory.

In *play activity* specific features of subjectivity manifest in the following: often there's no goal orientation in initiative actions, motivational moment prevails as the wish to claim oneself; limitations of subjectivity are observed connected with limitations in the knowledge about different spheres of life (knowledge about hospital and family everyday relationships prevails); formal character of responsibility (mandatory, limiting the initiative of the subject) due to being lead from outside by an adult dominating position.

To *pseudocompensatory* manifestations manipulating other people can belong as tools of attaining the planned (delegated subjectivity); choosing principal play parts without taking into account te child's capabilities; the wish to be a leader without skills necessary for the status (false leadership); affection to the younger children (false leadership); non-constructive aggression egarding the play partners.

In communication peculiar manifestations of subjectivity are connected with the following: initiating the need to exchange experience; aspiring to jointly solve the problems without adults (self-sufficiency, leadership role); knowing how to choose additional ways of communication like gestures, signs, graphic means.

To the restricting factors of subjectivity development belong the following: absence of preferences in the process of establishing contacts with children of the same age due to the lack of joint activity; short spontaneous contacts due to involuntary isolation at home; aggressive behavior regarding environing children and attempts to suppress opinion of children of the same age.

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