



## The peculiarities of emotional state of children with speech disorders

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### Abstract:

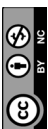
The state of the aggression problem in the junior schoolchildren with typical psychophysical development and disordered speech in the scientific psychological-pedagogical literature of our and foreign countries is analyzed in this paper. The topicality of this problem in remedial pedagogy and special psychology is found out.

The evaluation criteria by types and subtypes of aggression are determined (the self-regulated type includes controlled and competitive subtypes; the latent type of aggression is divided into protective and depressive; the behavioral type includes demonstrative and physical subtypes of aggression). The peculiarities of manifestation (by types and subtypes) of the aggression state, modelling in minds of different types of behavior, the awareness of the internal and external mechanisms of aggression and manifestation of aggression in actions are considered. The aggression manifestation in the junior schoolchildren with typical psychophysical development and disordered speech are studied (henceforth we use the abbreviation: a disorder of speech development – DSD) in the different research fields, specifically, “I am an individual”, “I am in a family”, “I am in the society”. The comparison of the aggression levels among junior pupils with normal physical and psychological development and also in kids with phonetic underdeveloped speech (henceforth we use the abbreviation: phonetic underdeveloped speech – PhUS), phonetic-phonemic underdeveloped speech (henceforth we use the abbreviation: phonetic-phonemic underdeveloped speech – Ph-PhUS) and slovenly manifested general speech underdevelopment (henceforth we use the abbreviation: slovenly manifested general speech underdevelopment – UGSU) is considered.

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## 1. Introduction

Theoretical analysis on the problem of educating and bringing up children with speech disorders indicates that undeveloped speech negatively affects the development of their cognitive processes and emotional-volitional sphere (Harbuzova, 2012; Konopliasta, Sak, 2010; Lievitov, 1967; Savchenko 1992; Sobotovych, 1989; Tarasun, 2004; Sheremet, 2010 and others). Speech disorders with light degree of manifestation, if untimely corrected in preschool age, are complicated over time, and a significant percentage of children with phonetic underdeveloped speech (PhUS) and phonetic-phonemic underdeveloped speech (Ph-PhUS) get into the space of a comprehensive school. At the same time, unresolved speech problems significantly affect the children's internal state, their behavior and cause problems in relationships with parents, teachers, peers; create discomfort for them, cause difficulties in learning (Konopliasta, 2010; Tarasun 2004 and others).



## 2. Purpose and Methodology

To analyse the scientific and theoretical aspects of the problem issue studying, concerning the manifestations of aggression in children. To investigate aggression as a condition, a behavior model of junior children with speech disorders practically.

## 3. Literature Review

The mechanisms, manifestations, causes and consequences of aggression as a phenomenon of the child's emotional state were deeply investigated by foreign as well as domestic scientists in children with normal psychophysical development (Bandura, 2002; Bozovich, 1995; Butner, 1991; Levitov, 1967, 1972 and others), with deviations in behavior, with mental disorders. According to A. Bass, H Durkee (1972). Ye. Iliin and others aggression affects the development of conflictness, hostility, anxiety; the person's ability to control an aggressive state in social situations, the system of communication "mother – child". Leading modern scholars covered the diagnostic aspect of emotional disorders and aggression, their prevention, correction revealed a holistic system of education of the individual.

The detailed analysis of scientific and theoretical approaches to the definitions of aggression suggests that most contemporary and classical scholars have considered the concept of aggression from two positions: aggression is any form of behavior aimed at the offense, causing harm to another living being (Bandura, 2002; Bass, 1995; Berkovitz, 2002; Butner, 1991; Freud, 1989 and others), or "aggression" is one of the forms of activity that can have both positive and negative expression (Levitov, 1962, 1972; and others). Therefore, in our study we consider aggression in children from both sides: as a positive phenomenon, corresponding to vital interest, self-defense, and negative, which is aimed at causing suffering (harm) to another person or himself.

The personality of a child with psychophysical disorders and his/her behavior has always been in the field of defectological science (Konopliasta, 2010; Synov, 2008; Sobotovich, 1989; Tarasun, 2004 and others). Particularly, in studies I. Bekh (2003) and others the problem of aggressive behavior in mentally retarded children was highlighted, their personal and emotional spheres are studied.

It should be noted that not in all categories of children with disordered speech the features of the manifestation of aggression have been studied, although the emotional sphere in general has been considered in research on stuttering, voice defects, congenital incompatibilities of lips and palate. Aggression as a personality feature in children with general speech underdevelopment (GSU). By the systematic studies of the emotional and motivational sphere were covered only senior preschool children with GSU and high school pupils in special schools, and among junior pupils with GSU IV (or UGSU – unsharply manifested general speech underdevelopment) of general school, emotional manifestations and aggression in particular were not studied.

The problem of mechanisms, structure and dynamics of aggression on speech disorders, its insolubility negatively affects the correctional and educational process effectiveness, inhibits the mental development of these children and prevents their socialisation in the micro- and macroenvironment. The theoretical analysis and generalisation of scientific researches show that peculiarities of aggression manifestation in junior schoolchildren with PhUS and with UGSU were not the subject of special research in the field of logopaedic-psychology. Probably, the deep studies of the emotional sphere, aggression in particular, will allow to understand deeper the structure of the logopaedic-psychological dysontogenesis of such children and prevent them from psycho-mental disorders through the psychological and pedagogical conditions and educational-preventive methods.

The analysis of the researches in the field of speech therapy (Belova, 2015, 2016; Havrylova, 2006; Konopliasta, 2010; Savchenko, 1992, Sobotovych, 1989; Tarasun, 2004; Sheremet, 2010 and others) showed that children with DSD, in addition to speech disorders, may experience underdevelopment of mental processes, motivation, will, emotional and personal sphere.

The analysis of the scientific views on the problem of aggression in the psychoanalytical (Kernberg, 1998; Freud, 1989 and others), behavioral (Bandura, 2002), cognitive (Dollard, Miller, 1939; Berkovits, 2002 and others), evolutionary (Lorents, 1994 and others), humanistic (May, 1997; Fromm, 1994) approaches and contemporary psychologists (Butner, 1991) and teachers proves that "aggression" is an integral part of the life of the individual and society.



Most scholars view aggression as a negative action aimed at causing suffering (harm) to another person or to oneself. But a number of scholars (Levitov, 1972; Lorents, 1994; May, 1997 and others) describe it as positive, aimed at overcoming obstacles without the intention to cause harm to another person; and used as means of achieving the goal. This gives us the opportunity to study not only negative manifestations of aggression, but also consider its positive components in children with DSD.

Scientific and theoretical sources on the research problem prove that aggression exists both in the conscious (Adler, 1995; Freud, 1989 and others) and unconscious forms; reveals various views on the essence of aggressive behavior (Bandura, 2002; and others), aggressiveness, aggressive state of personality (Levitov, 1967, Lorents, 1994); defines the studying fields of aggression from the biological (neuropsychological) position as an internally conditioned (“I-Personality”) (Luria, 1958) and from the social – externally conditioned (“I in the family”, “I in the society”) (Bozovich, 1995; Romanov, 2003; Furmanov, 1996 and others).

On the basis of empirical analysis, we have clarified the notion of “aggressive state”, which points to the internal experiences of the individual; “aggressive behavior” as a specific form of human actions with verbal or non-verbal character; “aggressiveness” as a personality feature; “aggression” as an internal cognitive component of aggressive behavior, which combines three components: aggressive state, aggressive behavior and aggressiveness.

Thus, the systematic and dynamic analysis of classical and modern approaches allows to suggest that aggression as an integral component involves internal experiences, personality traits and behavioral responses that can be corrected in children with PhUS, and with UGSU precisely because of their awareness of their state and behaviors.

The basis of the study of aggression in children with DSD were the scientific and methodological developments of Bass, Dark (1957), Di Leo (1973); Burns, Kaufman (1972), Lusher (1995), Rosenzweig (1964), Romanov (2003), Furmanov (1996), etc.. The diagnostic algorithm consists of two blocks. In the first block unconscious aggression was investigated. The diagnostic content of the block was provided by modernised drawing techniques (“A picture of a non-existent animal”, “A picture of my family”, “A picture of my class”) that studied the state of aggression, as well as a modified methodology (“Subjectively-Situational-Illustrated”), which showed the modeling of behavioral patterns in consciousness. In the second block, instrumental (conscious) aggression was studied, namely, the pupils’ understanding of their state and behavior on the questionnaire, and the aggression in actions in the micro- (family) and macrogroups (the team of pupils with whom the child is studying) (by the method of unintended observation).

According to the primary sources (Buss, Durkee, 1957; May, 1997; Ramírez, Andreu, 2006; Rosenzweig, 1964; Romanov, 2003; and others) three types and six subtypes of aggression, which later were provided with methodological content and filled with qualitative indicators to determine the criteria of evaluation in the chosen research methods, have been identified. Due to the analysis of theoretical and methodological literature, positive aggression was presented in the self-regulated type (controlled and competitive subtypes of aggression), which were indicated by works of Lorenz, 1994; May, 1997; Furmanov, 1996 and others. Negative aggression was analysed in the latent (protective and depressive subtypes of aggression) and behavioral types (demonstrative and physical subtypes of aggression) (Buss, Durkee, 1957; Romanov, 2003 etc.).

The diagnostic algorithm allowed to study the manifestation features (by types and subtypes) of the aggression state in junior schoolchildren with DSD in three areas of study (“I-Personality”, “I in the family”, “I in the society”); modeling in consciousness different types of behavior, awareness of the internal and external mechanisms of aggression and manifestation of aggression in actions. The determining of the levels (by scale of scores) for each of the aggression indicators, noted in the diagnostic method as the aggression marker and their comparison with normative indicators of development are provided in the process of diagnostics.

## 4. Results

The analysis of the research materials made it possible to draw conclusions about the common and distinct manifestations of aggression in the studied category of children. The obtained data indicate that controlled (N-73.7% and DSD-75.1%), competitive (N-72.8% and DSD-69.3%), demonstrative (N-82.2% and DSD-83.1%), protective (N-82.4% and DSD-88.3%) aggression subtypes in junior schoolchildren with DSD are approaching the indicators of children with normal psychophysical development. And depressive (N- 62.9%



and DSD-74.3%) and physical (N-49.8% and DSD-67.4%) are prevalent in students with logopathy (respectively 11.4% and 17, 6%) more than among students with normal speech. Especially this imbalance was observed among children with UGSU, their rates significantly differed from the norm by 6.4% in physical and by 18.3% in depressed subtypes of aggression. In our opinion, the expressed, symptomatically complicated subtypes of aggression (depressive and physical) are caused by the psychophysiological features of these children. Systemic underdevelopment of speech structures has probably affected the internal and behavioral disorders.

The obtained results showed that aggression among junior schoolchildren with typical psychophysical development and with DSD was manifested in various spheres of research (“I-Personality”, “I in the family”, “I in the society”). In our opinion, this was influenced not only by social and educational factors, features of temperament and character, but also by the development of the speech sphere and its formation. Thus, in the sphere of “I-Personality” aggression most often appeared among pupils with UGSU (69.2%) and (56.2%) rather than in other categories of junior schoolchildren (40.6%); in the field “I am in the family” -among pupils with normal speech (50.9%) rather than among children with DSD (43.3%); in the sphere “I am in the society” – among children with PhUS (58.3%) rather than in other categories of pupils (on average – 41.0%).

In determining the levels of aggression among junior schoolchildren, the criteria for evaluation are the types and subtypes of aggression, and the indicators vary according to the choice of methodology. Thus, while investigating the state of aggression, the qualitative characteristics of aggression were taken into account; while modeling of behavior types – the student’s choice of the behavior; awareness of aggression – the content of the answer; manifestations of aggression in actions – nonverbal and verbal behavioral reactions. Due to these criteria, the levels of aggression development among studied children were determined: high, medium, low.

The results of the confirmatory experiment proved that in most cases, children with normal psychophysical development and with DSD showed low, average and high levels.

A comparative analysis of the study results showed the following:

- the more difficult speech disorder the child has, the deeper is its inner experiences, as indicated by the high level of aggression in most children with UGSU (62.5%). Less this condition was observed in students with PhUS (47.8%), with normal psychophysical development (40.2%) and (42.4%). The average and low levels among schoolchildren with PhUS (57.5% and 0%) and (47.8% and 4.3%), unlike pupils with UGSU (25.0% and 12.5%), approached the indicators of children with normal speech (58.3% and 1.3%);
- the deeper is the degree of speech underdevelopment, the more difficult it is for children to model the best ways out of conflict situations, this proves the high level in the modeling of behavior types: students with normal psychophysical development -9,3%, with PhUS – 6,0%, with – 17,3 % and from UGSU – 50.0%. It is interesting to note that the average level was more shown by children with PhUS (63.6%) than pupils of other categories (39.5%), which indicates their lack of knowledge for solving problem situations, and low level – pupils with normal speech (51.0%) rather than with DSD (34.9%);
- the level of awareness of their behavior and internal experiences was predominantly average in all studied children(46.0% on average) and low (51.9% on average), which, in our opinion, is not sufficient to regulate their internal state of aggression and behavior;
- the manifestation of aggression in life situations, mainly in all the studied pupils, was on average level (91.2% on average). Low levels were not detected in general. However, it has been observed that pupils with PhUS (18.1%) used aggression in their behavior more than others.

## 5. Conclusions

The obtained results allowed us to state that the more difficult the speech defect is, the more often the junior schoolchildren undergo the depressive and physical subtypes of aggression; they experience the aggressive states at a high level and simulate different types of behavior. In order to bring children-logopaths from a state of depressive and physical aggression, it became necessary to create some psychological and pedagogical conditions and educationally-preventive methodology aimed at preventing their aggression.





## REFERENCES

- Adler, A. (1995). *Practice and theory of individual psychology*. Moscow: PCB.
- Bandura, A. (2002). *Exercise of personal and collective efficacy in changing societies. Self-efficacy in Changing Societies*. Cambridge: Cambridge University Press.
- Belova, O. (2015). The study of the aggression state of the junior schoolchildren with the disorders of speech development. *International Journal of Pedagogy, Innovation and New Technologies*, Vol. 3, No. 2, 32-37.
- Berkovitz, L. (2002). *Aggression: causes, consequences and control*. St. Petersburg: Prime Euro Sign; Moscow: Olma Press.
- Bozovich, L. (1995) *Problems of Personality Formation: Selected psych. works*. Moscow: Voronezh.
- Burns, R., Kaufman, S. (1972). *Actions, style and symbols in Kinetic Family Drawing (K-F-D): An interpretative manual*. New York: Brunner/Mazel.
- Buss, A., Durkee, A. (1957). An inventory for assessing different kinds of hostility. *Journal of Consulting and Clinical Psychology*, 21, 343-349.
- Butner, K. (1991). *Living with aggressive children*. Moscow: «Pedagogy».
- Di Leo, J. (1973). *Children's drawings as diagnostic aids*. New York: Brunner/Mazel.
- Dollard, J., Miller, N., Doob, L., Mowrer, O., Sears, R. (1939). *Frustration and aggression*. New Haven: Yale University Press.
- Freud, Z. (1989). *Psychology of the Unconscious: Sat. Works*. Moscow: Enlightenment.
- Furmanov, I.A. (1996). *Children's aggressiveness: psychodiagnostics and correction*. Minsk: Ilyin VP.
- Havrilova, N. (2012). *Classifications of speech disorders*. Avg. soc. ped. No. XX, part 1, O. Havrilov, V. Spivak (eds.), Kamieniec-Podolsky: Medobory, 293-315.
- Kernberg, O. (1998). *Aggression in personality disorders*. Moscow: Class.
- Konopliasta, S., Sack T. (2010). *Logopsychology: Educational tool*. Kiev: Knowledge.
- Levitov, N. (1967). Frustration as one of the types of mental states. *Questions of Psychologists*, No. 6, 118-129.
- Lorenz, K. (1994). *Aggression*. Moscow: PROGRESS.
- Luria, A. (1958). *The role of speech in the regulation of normal and abnormal behavior. Problems of higher nervous activity of a normal and abnormal child*. Moscow: APS RSFSR, Vol.2, 78-80.
- Lusher, M. (1995). *Signals of personality: Role-playing and their motives*. Moscow: Voronezh.
- May, R. (1997). *Love and will*. Moscow: Refle-beech; Kiev: Wackler.
- Ramírez, J.M.; Andreu, J.M. (2006). [Aggression, and some related psychological constructs \(anger, hostility, and impulsivity\); some comments from a research project](#). *Neuroscience and biobehavioral reviews*. No30 (3), 276-91.
- Romanov, A. (2003). *Igrotherapy: how to overcome aggression in children: diagnostic and corrective techniques*. Moscow: School Press.
- Rosenzweig, S. (1964). *Investigating and appraising personality*. In: T. G. Andrews (ed). *Methods of Psychology* (539-568). New York: Wiley.
- Savchenko, M. (1992). *The technique of correction of phonemic pronunciation defects in children*. Kiev: Education.
- Sobotovich, E. (1989). The concept of common language preparation of children for school. *Defectology*, No. 1, 2-7.
- Tarasun, V. (2004). *Logo didactics: teach. guide for higher education teach. institutions*. Kiev: Kind of National ped. to them. MP Dragomanov.

