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The study of the instrumental aggression in the junior schoolchildren with the disordered speech development

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Abstract:

The article deals with one of the most important problems of modern life – children's aggression, which becomes apparent in passively-aggressive, emotionally-destructive behavior and also as a result of physical and verbal insults at school, social-living space, in the child's close surrounding – family, game surroundings, etc.

The presence of aggression in the child's behavior is always the reason of great problems in the process of communication, but the aggressive tendencies aren't to be evaluated only as negative phenomenon. Aggression can rise as well as subside on the background of the child's activity increase. It can become apparent occasionally in all children and it can indicate the kind of child's personal sphere disorder. Thus, aggression can help a child to develop the spirit of initiative. However, it can provoke reticence and hostility as well.

The detailed analysis of the scientific theoretical approaches as for the determination of aggression gives the reasons to confirm that the majority of modern and classical scientists have analyzed the concept of aggression from two points of view: "the aggression" is any form of behavior aimed to the insult, doing harm to another living being, or "the aggression" is one of the forms of activeness, which can have positive or negative manifestation. That's why our investigation is dedicated to the analysis of the children's aggression from two points of view: positive phenomenon, which corresponds to the vital interest, self-defense, as well as negative, which corresponds to the cause of some suffering (harm) to any person or oneself.

According to the results of the summary of the scientific methods, three types of aggression and six subtypes of aggression, and also their symptoms were found out: self-controlled types of aggression include controlled and completed subtypes of aggression; latent type – protective and depressive; behavioral type – demonstrative and physical. There have been discoveries of sides of aggression and the level of aggression shown in the children with normal physical and psychological development and also in the children with phonetic speech disorders (henceforth we use abbreviation: phonetic speech disorders – PSD), phonetic-phonemic speech disorders – PPSD) and mildly manifested general speech disorders (henceforth we use abbreviation: mild general speech disorders– MGSD).

The dependence between the level of speech disorders and peculiarities of different types and subtypes of aggression in the tested junior schoolchildren with normal speech, with PSD, with PPSD and with MGSD is determined. The general level of aggression awareness in junior pupils with normal and disordered speech is studied.

1. Introduction

To prevent the consequences of aggression in the junior schoolchildren with normal and disordered speech, the variety of diagnostic materials needs to be adapted. Most scientists based their researches on the typical diagnostic methods, namely: the projection drawing, the observation, the interviewing of the adults. These methods are convenient but unable to represent the problem and the causes of children's inward anxieties. Particularly it concerns the children with unformed speech development, whose emotional sphere is disordered (Гаврилова, 2012; Конопляста, 2010) and is still insufficiently studied.

The analysis of the scientific literature enabled the formulation of the questionnaire that will allow us to study the level of the instrumental aggression in children of junior school age with normal and disordered speech development. This study will enable the development of the effective correcting exercises that will be aimed to prevent the aggression level in this category of pupils.

2. Purpose and methodology

To substantiate theoretically, to develop and prove experimentally the instrumental aggression development level of the junior schoolchildren with the disorders of speech development. The fundamental principles of Psychology, Pedagogy, Physiology, and Speech Therapy are theoretical and methodological bases of the research; about approach of the systems to the analysis of vocal and psychical development of child in the process of ontogenesis and dizontogenesis; a theory is about aggression as mastered form of public activity; about aggression as mastered form of conduct; a theory is about aggression as natural evolutional-formed internal state.

3. Literature review

Ukrainian scientists realize the main task of the modern comprehensive school in the development of harmonious, spiritual personality, capable of self-perfection and to active participation in the social life of the country. In full it refers to the teaching and brining-up children with the disorder of speech development (Конопляста, 2010; Соботович, 1997; Тарасун, 2004 and others).

Speech defects, which are light due to the degree of their manifestation, but untimely corrected at the preschool age, became more complicated as time passes, and a significant part of children with phonetic underdeveloped speech (PhUS) and phonetic-phonemic underdeveloped speech (Ph-PhUS) is placed into the conditions of the comprehensive school. At the same time, unsolved speech problems influence greatly on the inner state of children, on their behavior; became the reason of the problems in the relations with parents, teachers, coevals; cause the discomfort for themselves and problems in the studying process (Конопляста, 2010; Мартиненко, 2006; Тарасун, 2004 and others).

The mechanisms, manifestations and reasons of aggression as a phenomenon of the emotional state of a child were thoroughly examined by the foreign and native scientists among the children with regular psychophysical development (Bandura, 1973, 1979, 2002; Horney, 1966; Берковиц, 2002; Божович, 1968; Бютнер, 1991; Solomon, 1995 and others), with the deviant behavior, with mental disorders (Семаго & Семаго 2000; Kernberg, 1998 and others). In the opinion of Buss (1957), and others, aggression influences on the development of conflictness, hostility, anxiety; on the personal ability to control th aggressive state in the social situations; on the communicative system "mother – child". The major modern scientists explained the diagnostic aspect of emotional disorders and aggression, the prophylaxis and correction of them (Атемасова, 2010; Долгова, 2009; Оклендер, 1993; Романов, 2003; Фурманов, 1996 and others), disclosed the integral system of the personality's bringing-up (Бех, 2003).

The detailed analysis of the scientific theoretical approaches as for the determination of aggression gives the reasons to confirm, that the majority of modern and classical scientists have analysed the concept of aggression from two points of view: the aggression is any form of behavior, aimed to the insult, doing harm to another living being (Anderson, 2002; Bandura, 1973, 1979; Bushman, 2001; Buss, 1957; Eron, 1987; Geen,1983; Ramírez, Andreu, 2006; Берковиц, 2002 and others); or "the aggression" is one of the forms of activeness, which can have positive as well as negative manifestation (Лоренс, 1994; Мей, 1997; Фром, 1994 and others). That's why our investigation is devoted to the analysis of the children's aggression from two points of view: positive phenomenon which corresponds to the vital interest, self-defense as well as negative, which corresponds to the cause of suffering (harm) of the other person or oneself.

To understand how the junior schoolchildren with different levels of speech development realized their aggression as for the state and behavior, we have formed the questionnaire, based on the analysis of the famous psychologists and scientists' works, who studied aggression according to its form, state, type and the protection component (Атемасова, 2010; Мойсева, 2010; Руденко, 2013).

The junior schoolchildren were questioned after their completing the tasks of the modified methods. The chosen research method consisted of six frustrating questions that encouraged the junior schoolchildren to demonstrate their attitude towards the community and the family.

We formed three first questions: "How do you feel, when you lose in the computer (or other) games?", "How do you react to the punishment of the parents?", or "How you treat the children who offended you?" – that reveal the attitude of the tested child towards people and events. The following questions determined the child's evaluation as for the surrounding people's attitude towards it: "How will your parents react to your bad behavior?", "How will children treat you if you behave badly?' and "How will pupils treat you, if you receive the low mark during the lesson?". The meaning of the tested pupils' answers gave the opportunity to study their inward anxieties and outward aggressive reactions, which correspond to the certain type and subtype of aggression (the self-regulated type the controlled subtype, the self-regulated type the competitive subtype, the latent type the depressive subtype, the behavioral type the demonstrative subtype, or the behavioral type the physical subtype).

We could not pick out immediately responses that would indicate the presence of one or another subtype of aggression in the children; therefore, firstly we tested the questionnaire and correlated the children's responses, which we found, with the states and types of behavior modelling. It allowed us to classify the pupils' responses at the beginning of the research, according to the distinguished types and subtypes of aggression.

Thus, the forms of expressions with the meaning of the self-regulated aggression type of the controlled subtype ("It's not MY fault, I was told to do so"; "It'll never happen with me ...", "I'll not play ... I was forbidden to communicate with you" etc.) characterised the level of pupil's awareness of his/her behaviour, the ability to control their own emotional expression; understanding the feelling of comfort; competitive subtype (I'm better than he ...", "I did so, because I know it'll be OK ..." etc.) indicated the deliberate evaluation of the own positions, clear target setting, the demonstration of the content of the own achivements, the analysis of the situations to the own advantage.

The forms of the expressions with the meaning of the latent aggression type, the controlled subtype ("I could be the first too, if I hadn't been hampered ...", "I'm not going to do this task, because I can't do it right ...", "I'm not going to communicate with those pupils, because they offend me and always do bad things, such as...", etc.) indicated the children's awareness of their weaknesses; higher criticism; understanding of the existence of the people more successful and authoritative than the questioned children; the ability to transform themselves in their dreams – from helplessness to well-known heroism; the depressive subtype ("Nobody wants to communicate with me...", "I can't do it right ...", "I don't need anyone. I am fine the way I am..." etc.) characterized the awareness of their own feelings and the dependence on them; the perverted understanding of the situation (everyone seems to be against them).

The forms of expressions with the meaning of the behavioral aggression type of the demonstrative subtype ("I am able to do this better, than others...", "I have everything...", "I do what I want ...", etc.) characterized understanding of the behavior and state in the junior schoolchildren only at the level of achievement of their own needs, the awareness of their own uniqueness and individuality; the physical subtype ("If he does that again I'll beat him up...", "I hit him because he called me names...", "It serves him right, he'd better not touch me...", etc) indicated the understanding of their anxieties and the attempt to keep their own position in their environment; the awareness of their actions aimed at the inward self-defense.

The response, which indicated the presence of one or another type and subtype of aggression, was estimated in 1 point or in 0 points if there was none. The obtained data of the instrumental aggression were recorded to the arranged form of the research; according to them the type and subtype were calculated and the sum of all the scores indicated the General level of the instrumental aggression in the child.

4. Results

The analysis of the results of the instrumental aggression study. In the process of the research by method of interviewing, the children with normal and disordered speech development perceived the questions adequately, providing clear and honest answers recorded in the form of the research. The emotional content of their responses indicated their awareness of certain types and subtypes of aggression. Thus, the controlled aggression subtype of the self-regulated type was best perceived in the children with normal psychophysical development (48%) and PSD (phonetic speech disorders) (45%), the aggression of this subtype was less perceived in the pupils with MGSD (mild manifested general speech disorders) (38%) and PPSD (phonetic-phonemic speech disorders) (26%).

The junior schoolchildren characterized with this subtype of aggression easily contacted with the experimenter, answered all the proposed questions confidently and clearly. For example, to the question "How do you feel when you lose in a computer game or in other games?" the majority of children answered that they did not feel the discomfort of loss, were able to continue the game easily; to "How do you react to the punishment of the parents?" they were trying to apologize to their parents in order not to upset them; to "How will you treat the children who offended you?" they were trying to discuss a conflict situation with their peers peacefully; to "How will your parents react to your bad action?" – their parents were explaining the consequences of bad action"; to "How will children treat you, if you do a bad thing" the children were convinced that they can't do any bad actions, so they thought they will be forgiven; to "How will the pupils treat you, if you get low mark at the lesson?" – the majority of pupils said that they studied well, and for that reason classmates always treated them well.

The awareness of the competitive subtype of the self-regulated type of aggression was observed mainly in the children with PPSD (56%) and PSD (55%), and less understood by the pupils with normal speech development (49%) and with MGSD (31%).

The responses of these pupils were characterized with openness, integrity and meaningfulness of their actions. Thus, for example, to the question "How do you feel when you lose in a computer game or in other games?" the children said that the defeats in games didn't bother them and they would be continuing playing until they won; to "How do you react to the punishment of the parents?" they apologized to their parents, promising not to upset them in the future; to "How do you treat the children who offended you?" – the tested children noticed that they did not pay attention to such children, or were trying to explain why they were wrong; to "How will parents react to your bad action?" – the majority of pupils noticed that adults always explained them the consequences of their actions; to "How will children treat you, if you do a bad action" – the children believed that the peers would be able to understand their intentions; to "How will pupils treat you, if you get low mark at the lesson?" – the children said, that any classmate wouldn't react to their low mark because they studied well.

The defense subtype of the latent type of aggression was better perceived in the pupils with MGSD (81%), less – in the pupils with normal psychophysical development (50%) and with PSD (48%) and the least of this subtype was seen in the junior pupils with PPSD (34%).

The children with the analyzed subtype of aggression answered the questions hesitantly, duplicated the responses of their peers, in the conversations often blamed others in their problems and failures, in particular, to the question "How do you feel when you lose in a computer game or in other games?" they answered that defeat and failure were always disappointing to them; to "How do you react to the punishment of the parents?" – the pupils said, that they were very upset by punishment, they could cry for a long period of time and didn't talk with the close people; to "How do you treat the children who offended you?" – the pupils answered that they cry and complain adults; to "How will parents react to your bad action?" – the majority of pupils noticed that their parents were angry and scolded them; to "How will children treat you, if you do a bad action?" – the tested children said that children could offend them, or would cease to communicate with them; to "How will pupils treat you, if you get low mark at the lesson?" – the peers started to make fun of them and insult them.

The depressive subtype of the latent type of aggression was better perceived in the pupils with MGSD (81%), less – in the pupils with PPSD (61%), with PSD (45%) and with normal psychophysical development (42%).

In the responses of such pupils, we observed the feeling of insecurity, lack of interest; they did not want to communicate with the experimenter. To the question "How do you feel when you lose in a computer game or in other games?" they said that they often got tired of games; if lost, they ceased to play; to "How do you react to the punishment of the parents?" – the pupils answered that they might take offence at the parents and not speak with them for a long period of time; to "How do you treat the children who offended you?" – the junior schoolchildren claimed, that they didn't communicate with their offenders; to "How will parents react to your bad action?" – the tested children said that parents often blamed them unfairly; to "How will children treat

you, if you do a bad action?" – the pupils with the depressive subtype of aggression were sure that classmates were always trying to hurt them, even if they did them no harm; to "How will pupils treat you, if you get low mark at the lesson?" – they would be laughed at and insulted by the "bad" words.

According to the indicators of the research, we determined that the demonstrative subtype of the behavioral type of the aggression was perceived mainly in the children with normal psychophysical development (59%) and with PPSD (52%), less this subtype was demonstrated by the pupils with PSD (39%) and with MGSD (37%).

The children with the demonstrative subtype, while answering the proposed questions, were often telling the stories from their own lives, boasting of their achievements, they were over-active and uncontrollable during the research. To the question "How do you feel when you lose in a computer game or in other games?" they answered that any losses pissed them off; they played only those games where they could win; to "How do you react to the punishment of the parents?" – the children told that they had to justify themselves, to prove their innocence to the parents; to "How do you treat the children who offended you?" – they indicated that they could stand up for themselves and even punish the offender; to "How parents will react to your bad actions?" – the majority of the children noticed that their parents punished them, scolded them, forbidden them to play and to watch TV; to "How will children treat you, if you do a bad action?" – the tested children were sure that the peers could blame them in such situations, insult them and backbite; to "How will pupils treat you, if you get low mark at the lesson?" – the classmates often made fun of them and said the "bad" words.

The physical subtype of the behavioral type of aggression was perceived mainly in the children with MGSD (13%) and the schoolchildren with normal psychophysical development (12%), less – in the pupils with PSD (6%) and with PPSD (4%).

The responses of the junior pupils with the physical subtype of aggression were not always sincere. They were dominated by the excessive self-confidence, ambitions. Thus, for example, to the question "How do you feel when you lose in a computer game or in other games?" pupils emphasized that any loss made them angry, so at this point it was better not to fall under their hands because they broke things, beat everything up etc.; to "How do you react to the punishment of the parents?" – the children with this subtype of aggression said that they talked back, called close people, were able to hit; to "How do you treat the children who offended you?" – in general, they "gave it back", beat, called; to "How parents will react to your bad action?" – the majority of the children answered that they were often beaten and punished at home; to "How will children treat you, if you do a bad action?" – the tested children were proving that they could be beaten and called with the obscene words; to "How will pupils treat you, if you get low mark at the lesson?" – the junior schoolchildren mentioned that peers could kick them, throw things towards them or say spiteful things.

Thus, in the process of the test data analysis we determined that the different subtypes of aggression were prevailing within each category of junior pupils. As opposed to the pupils with normal speech, the children with PSD demonstrated mainly depressive, defensive, demonstrative and competitive subtypes of aggression. The controlled subtype was shown less, and the physical subtype was demonstrated in the least number of pupils.

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