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IMPORTANT COMPONENTS OF EMOTIONAL WELL-BEING OF CHILDREN WITH DISORDERS OF PSYCHOLOGICAL DEVELOPMENT

Анотація. Досліджено особливості емоційного благополуччя дітей із затримкою психічного розвитку (ЗПР). Проаналізовано, теоретично обґрунтовано та емпірично перевірено основні фактори впливу, такі як тип сформованої прив'язаності, стилі батьківсько-дитячих відносин та цілісність структури вираження емоцій як матері, так і дитини, а також їх емпатійні зв'язки. Запропоновано вивчення емоційних особливостей дітей із ЗПР не окремо, а в системі, а саме, в діадній взаємодії з матір'ю. Описано особливості діадної взаємодії та взаємного впливу на емоційні складові матерів та їх дітей із ЗПР.

Ключові слова: емоційне благополуччя, діти з затримкою психічного розвитку, прив'язаність, дитячо-батьківські відносини, рівні емоційного вираження, емоції, емпатія.

Аннотация. Изучено и теоретически обосновано понятие эмоционального благополучия и его составляющие. Описана цикличная пятиуровневая система выражения эмоций, которая позволяет на протокольном уровне отследить умение матери и ребенка проживать испытываемые эмоции. Предложена схема изучения и коррекции психоэмоционального состояния ребенка с задержкой психического развития (ЗПР), которая включает выявление эмоциональных особенностей его матери, диадных отношений, типа привязанности, а также детско-родительских взаимодействий.

Ключевые слова: эмоциональное благополучие, дети с задержкой психического развития, привязанность, детско-родительские отношения, диадные взаимодействия, уровни эмоционального выражения, эмоции, эмпатия.

Problem identification. Many authors, who studied emotions, referred to the concept of emotional well-being. V. M. Bekhterev defined it as a “positive neuro-psychic tone” (Bekhterev, 1991), K. E. Izard used the scale of “joy” (Cicchetti, 2015), M. Argyle called it “happiness” and linked it with socio-psychological factors – such as loss of a stable position in society, decrease of self-esteem, growth of psychological tension in the family, and so on (Argyle, 2003). A similar point of view is supported by K. Ochsner, J. A. Silvers, J. T. Buhle and V. A. Trufakin, who emphasized the interdependence of social and psychoemotional problems (Ochsner, Silvers, Buhle, 2013; Trufakin, 1994). Psychophysiological ideas about emotional well-being indicate that the mental and physical health of a person are closely interrelated. According to this, the main cause of the illnesses are stresses and negative emotional experience. The psychoanalytic theory in M. Klein paradigm reveals the causal relationship between emotional well-being, features of personality development in early period and somatic pathologies (Hinshelwood, 2013). In the paper “Early Skin Diseases”,

J. Liljencrantz emphasizes the role of tactile contacts in the formation of emotional stability of the individual (Liljencrantz, 2014). The recently emerged psychoneuroimmunological theory of emotional well-being explores the complex relationship between the psyche, the brain and the immune system, which determines the development of many diseases, including allergic and malignant ones. Experts, studying the relationship of positive experience with activities, assure that emotions penetrate every mental process, accompany all human activities, including knowledge acquisition, motivation, cognition, behavior (Danilova, 2009). P. Lafreniere studies confirmed that positive emotions increase the productivity of cognitive processes, including thinking and remembering (Lafreniere, 2004). But still the emotional well-being concept remains not enough grounded and requires deeper investigation.

The analysis of recent researches and publications. The importance of understanding the above mentioned mechanisms might be ascribed to the severity of pathological impairments, potentiated by problems of an early age, especially in case of unfavourable parent-child relationships and attachment disorders. All forms of psychosomatic and self-destructive behavior, neurotic disorders and emerging personality disorders may be considered to be similar pathological disorders – the consequences of pathological parent-child relationships.

The analysis of pathogenetic mechanisms of psychopathological disorders formation due to deformed parent-child relationships, testifies to the existence of a problem of attachment between the child and the care-giving adult (first of all, between the child and his/ her mother).

The attachment formation for the infant is promoted by the inherent necessity of communication with the person who ensures satisfaction of the child's biological needs in food, security, physical protection. Equally fundamental for the normal development of the child and his/ her attachment is psychological comfort, which forms a child's sense of security and trust to the surrounding world.

In the process of attachment development, the child gets adapted to the mother, to her reactions, and the mother, in return develops a stable attachment and an adequate desire of taking care of the child. It shows the importance of the maturity of maternal behavior as the basis for the formation of a child's attachment, which defines the basis of the child's mental health as well as the safety and security.

That is why the experience of favourable parent-child relationships during the first year of life is crucial for the psychological, social and personal development of the child throughout the whole life. The basis of mental health of a growing personality is built on the consolidation of the sense of existential security and the ability to solve complex problems, such as the process of survival and primary relationships formation (Piliagina & Dubrovskaiia, 2014).

Dyadic relationship between child and mother regulates the development of internal homeostasis of the person, a primary intersubjectivity, which refers to common values and social understanding. This process begins at birth and helps to develop the important foundation of socializing, including the imitation and reflection processes, that provide a basic sense of social cohesion and mutual

recognition. The shared values is a specific aspect of human sociality that immerses from mutual social exchange, such as empathy. An early dialogue between the mother and the child starts on an affective level. Actions and experience are closely intertwined and only later begin to gradually differentiate. In the early period, as initial ability, babies can copy the facial expression of others. Empathy is in the core of this mutual regulation, which is understood at all levels: linguistic, emotional, behavioral and physical. Empathy is the central factor in human understanding and the basis of communication. The consistent coherence of communicative elements (mutual consistency of movements, voice, eye and facial expressions, pausing) generates the experience of similarity, sense of belonging and feeling of one's behavior predictability (Stern, 2004).

Basing on the analysis of existing views (Cicchetti, 2015), O. Danilova came to the conclusion that human emotions were conditionally manifested at 5 basic levels: 1) level of feelings and experiencing (joy, guilt); 2) emotional-psychological level (smile); 3) body level (facial expressions, movements, gestures); 4) vegetative level (arterial pressure, body temperature, heart rate, pulse, pupil size); 5) social-psychological level (self-esteem, psychological and professional identity) (Danilova, 2009). To achieve the emotional well-being, emotions have to pass through all five levels, beginning with the level of feelings and experiencing and ending with the vegetative one, because these levels form an interconnected and interdependent structure. It's important to emphasize that the social-psychological level is above the first four and it is a general social criterion of an individual psychic stability, while the signs that appear at the previous levels are more related to psychophysiological manifestations. According to the concept of cyclicity of the process of emotional experience of a person, emotion arises at the level of feelings and experiencing and then, after passing through intermediate levels (emotional-psychological and body), ends at the vegetative level. The completion of this cycle ensures emotional well-being of a person. At the same time, the level of feelings and experiencing is expressed also at the body level and energetically saturates the emotional-psychological level. If this does not happen due to various circumstances (social prohibitions, stereotypes and beliefs, family rules, etc.), then the emotion "gets stuck" at intermediate levels. Because of this reason, the so-called "clamps" significantly reduce the tendency to "a positive neuropsychic tone" (Bekhterev, 1991). Emotions which do not receive the vegetative "exit", increase the risk of psychosomatic diseases and psychological problems (Argyle, 2003).

The objective of the present study is to learn the emotion expression of children with disorders of psychological development, age 3–12, and their mothers' for investigating their emotional connections and the parent-child relationship. It is also important for us to find out if they are passing through 4 stages of emotional cycle.

An open controlled study included 43 children (F 80–F 89), aged 3–12, and 43 mothers, aged 22–39.

The empirical method included observation (which was standardized and consisted of separate items, assessed and fixed by the observer), conversation and

structured interview (which were used in the group of mothers and were conducted at the initial stage of the study to establish a contact with respondents), psychodiagnostic method. We used the “Scale of Differential Emotions” for the assessment of ten main emotions according to K. Izard (Cicchetti, 2015). The assessment of the emotional state was carried out using the method of “Self-assessment of emotional states” by A. Wessman and D. Ricks (Griniova & Tereshchenko, 2015; Rogov, 1999).

When describing the results of the investigation, only statistically significant differences in the mean, which corresponded to $p < 0.05$, were considered. The processing of “raw” test indicators consisted of counting the percentage of cases when the “raw” indicators took some significance. The percentages were compared on the basis of Pearson’s χ^2 statistics. For the processing of final indicators, the methods of primary statistical, correlation analyses and homogeneity of samples were used. In the framework of the primary statistical analysis, the arithmetic mean (M) and the mean arithmetic error (m) were determined (Gonchar, 2017).

The features of the emotional sphere of children with disorders of psychological development were determined by many authors. K. Lebedinskaia pointed out that the emotional-volitional sphere of children with disorders of psychological development was at the early stage of the development of a healthy child, and was characterized by increased mood, spontaneity and expressiveness of emotions, and the game character of interests (Lebedinskaia, 2011).

Disorders of psychological development of psychogenic origin, in the absence of parental care, were expressed by not formation of volitional skills, the ability to hold back the affect, thirst, desire. And there were lack of independence, initiative and activity among the families with an authoritarian parenting style. The somatogenic infantilism was due to the capriciousness, self-doubt, timidity which arose from the awareness of inferiority (Table 1, Table 2).

Table 1.

Emotional states of children with disorders of psychological development and their mothers’

Children		Indicators	Mothers’	
M \pm m	p-meaning		M \pm m	p-meaning
3,9 \pm 0,2	0,66	Tranquility-anxiety	3,8 \pm 0,2	0,66
5,1 \pm 0,2	0,007*	Energy-fatigue	4,1 \pm 0,3	0,007*
5,0 \pm 0,2	0,05*	Elevation-depression	4,3 \pm 0,2	0,05*
4,6 \pm 0,2	0,77	Confidence-helplessness	4,7 \pm 0,2	0,77
18,6 \pm 0,8	0,12	The general index of emotional state	17,0 \pm 0,7	0,12

Footnote. * – $p < 0.005$

Cerebral-organic type showed the immaturity of the emotional-volitional sphere with manifestations of organic infantilism and immaturity of the cognitive sphere.

T. A. Vlasova highlighted the delayed development of the cognitive sphere and speech, immaturity of the emotional-volitional sphere in the form of psychic and psychophysical infantilism, disorders of cognitive activity – due to asthenic

and cerebroasthenic conditions, decrease of intellectual capacity, increase of mental exhaustion (Vlasova, & Pevzner, 1973).

Table 2

Main emotions of children with disorders of psychological development and their mothers'

Children		Indicators	Mothers'	
M±m	p-meaning		M±m	p-meaning
5,0 ± 0,3	0*	Interest	8,2 ± 0,4	0*
5,0 ± 0,4	0,72	Joy	4,8 ± 0,4	0,72
5,3 ± 0,3	0,44	Surprise	5,7 ± 0,3	0,44
3,9 ± 0,2	0,44	Grief	4,2 ± 0,3	0,44
3,5 ± 0,2	0,94	Anger	3,5 ± 0,2	0,94
3,4 ± 0,1	0,35	Disgust	3,6 ± 0,2	0,35
3,3 ± 0,1	0,11	Contempt	3,7 ± 0,2	0,11
4,3 ± 0,2	0,14	Fear	4,9 ± 0,3	0,14
5,4 ± 0,3	0,10	Shame	4,7 ± 0,3	0,10
3,5 ± 0,2	0,05	Fault	4,1 ± 0,3	0,05
1,3 ± 0,04	0,09	The general coefficient of well-being	1,45 ± 0,05	0,09

Footnote. * – $p < 0.005$

The immaturity of the emotional and volitional sphere of studied children, with disorders of psychological development, was expressed in the questionable adequacy and power of expression. Those emotional manifestations were the part of a psychophysical infantilism. Children were prone to emotional dependence and excessive long-lasting attachment to mothers, because of their increased suggestibility and lack of independence. They did not understand and perceive the emotions of others and often frightened of their own emotional manifestations, they were easily exhausted mentally and tired.

The mother-child dyadic interaction was strong enough, but not often comfortable. Mothers were caring, controlling and tense, with the decrease of self-respect and self-esteem. They experienced a wide range of emotions, mostly negative ones, such as anger, helplessness, disappointment and tried to hide them from other people. That issue became important factor of attachment attunement, which could drive children to emotional distress, as well as the disharmonious style of parenting, destructive maternal patterns. It was indicated as hyperprotecting parenting style and reflected too close concentration of the mothers on their children. We observed the deformation of family roles: mothers did a lot to stimulate the development of their children, relied on that hope, behave directly, what exacerbated frustration and neurotization of their children. It's important to note that with the maturing of children, mothers spent less efforts, time and attention to reinforcement of their children development; they also dislodged their own emotions and were characterized as hypoprotective.

Conclusions. After studying the emotional peculiarities and connections of mothers and children with disorders of psychological development, their attachments, parent-child relationship, we have made the conclusion that their

attachment styles often were strong, but not harmonious; in its turn, parent-child relationship was characterized by hyperprotection and later by hypoprotection. The significant features of mothers, i.e. being asthenic and not recognizing their emotions, reflected in behaviour of their children. So there were noticed the difficulties in passing through the stages of emotional cycle. Mothers' unfulfilled hopes reinforced negative feelings and in order to "love" their children, they needed to understand and accept the naturalness of their own negative emotions.

The general prognostic factors of the emotional state of children with disorders of psychological development were their interest, surprise, grief and fear. All those emotions formed the zone of proximal development for children and psychological correction targets for specialists. The perspectives for further research may concern the levels of empathic therapeutic communication in psychological correction process, such as understanding the dysfunctionality of client's personal relationships, psychological awareness, derived from direct empathy and hermeneutic empathy, which could be developed due to the understanding, emerging from its own resonance (Clark, 2014).

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ХАРАКТЕР ЗВ'ЯЗКУ ЧАСОВОЇ ПЕРСПЕКТИВИ ТА ЗАДОВОЛЕНОСТІ ЖИТТЯМ У МОЛОДІ

Анотація. Розглянуто й обґрунтовано актуальність дослідження проблеми чинників задоволеності життям у молодому віці і її зв'язку із усвідомленням часу та часової перспективи молоді. Наведено результати емпіричного дослідження, згідно з якими переважна більшість молодих людей мають середні та високі рівні задоволеності. У 32 % досліджуваних виявлено дезінтеграцію у переживанні часу, тобто різницю між психологічним та хронологічним віком, при цьому більшість з них спрямовані у майбутнє, яке вбачається їм найбільш активним, відкритим, стрімким, світлим, порівняно із теперішнім та минулим.

Ключові слова: час, часова перспектива, компетентність у часі, задоволеність життям.

Аннотация. Рассмотрены результаты исследования связи временной перспективы и удовлетворенности жизнью у молодых людей. Описаны результаты эмпирического исследования, в соответствии с которыми молодые люди, у которых психологический возраст соответствует хронологическому, низкие показатели негативного оценивания прошлого и фаталистического восприятия настоящего, высокие показатели компетентности во времени, позитивной оценки прошлого, гедонистического восприятия настоящего и осознания перспектив будущего, более удовлетворены жизнью.

Ключевые слова: время, временная перспектива, компетентность во времени, удовлетворенность жизнью.

Постановка проблеми. Задоволеність життям як суб'єктивний інтегральний показник якості життя представляє собою великий інтерес для сучасної психології, виступаючи найважливішим внутрішнім фактором людини, що визначає її соціальну активність, відносини з іншими людьми і ставлення до самої себе як до особистості. У свою чергу, у зв'язку з прискоренням темпу життя, збільшенням обсягу інформації, необхідністю

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Important components of emotional well-being of children with psychological development disorders

Background. Children with psychological development disorders have got specific origin and peculiarities of emotional problems. It's very important to assess both child's and mother's emotional cycle expression. Significant factors of child emotional well-being include attachment type, parent-child relations and the stages of emotion expression.

The objective of the present study is to learn the emotion expression of children with psychological development disorders and their mothers for investigating their emotional connections and the parent-child relationship.

Method. An open controlled study included 43 children (F 80–F 89) aged 3–12, and 43 their mothers aged 22–39. The empirical method included observation, conversation, structured interview and psychodiagnostic method. We used the “Scale of Differential Emotions” according to K. Izard and the method of “Self-assessment of emotional states” by A. Wessman and D. Ricks.

For the processing of final indicators, the methods of primary statistical, correlation analyses and homogeneity of samples were used.

Results. The immaturity of the emotional and volitional sphere of studied children was expressed in the questionable emotional manifestations expression, that were part of psychophysical infantilism. Children did not quite understand and perceive the emotions of others and often frightened of their own emotions, were easily exhausted and tired.

Conclusion. The significant features of mothers, being asthenic and not recognizing their emotions, reflected in behaviour and emotional well-being of their children.

Keywords: emotional well-being, children with developmental delay, attachment, the parent – child relationship, levels of emotional expression, emotions, empathy.