

## DYNAMICS OF THE DEVELOPMENT OF SOCIAL INTEREST IN CHILDREN WITH SPECIAL NEEDS RAISED IN INSTITUTIONS

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Social interest, which is defined within the paradigm of Individual Psychology as a sense of cooperation and a striving to establish mutually beneficial relations with other people, first emerges from the bond between mother and child. The mother's task is to impart and cultivate certain qualities in the child that facilitate the process of adaptation of the individual to the environment. Our study of children with special needs raised in a social institution from 0 to 3 years of age is focused on analyzing the consequences of medical disorders and abandonment on the psychological and social development of children, and in particular on the development of social interest.

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The concept of social interest plays a key role in the theory of Individual Psychology and reflects the deep belief of its founder A. Adler that people are social beings and if they want to understand themselves better, they ought to take into account their relationships with other people and the social and cultural context in which they live [5, 174].

This concept reflects to a great extent the basic beliefs of A. Adler about the nature of this powerful driving force, which underlies all human strivings. The terms "social interest" is derived from the German neologism *Gemeinschaftsgefühl*, whose meaning is impossible to translate into another language with a single word or short phrase. It encompasses concepts and ideas that can be partially understood using phrases like "social feeling", "community feeling" or "sense of solidarity". It also includes the idea of membership in the community of human beings, a sense of self-identification as a part of humankind and a sense of likeness with all representatives of the human races [5, 174].

A. Adler maintains that the preconditions for the development of social interest are innate. Like other inherent dispositions, social interest does not appear automatically, but requires conscious effort to develop.

Social interest develops in the social environment and the other people contribute to this process. The mother is the first person who plays an instrumental role in the development of social interest because the contact between her and the child is the first interaction in the baby's life and exercises the most influence [1, 45]. Her task is to foster in the child a sense of cooperation and a striving for interaction and relations of friendship – qualities that A. Adler regards as intertwined. Social interest facilitates the individual's adaptation to the environment. A. Adler also considers social interest as

a "sense of belonging". According to him, all human failure is attributable to a lack of social interest. He believes that people lacking in social interest approach the tasks of work, friendship and love without the conviction that they can solve these problems through cooperation [3, 138; 155–156]. When social interest is underdeveloped, the individual becomes too selfish and feels like he is a "nobody", a person completely helpless in the face of the challenges posed by the surrounding world.

Our study, which involves special needs children raised at a Children's Medical and Social Care Home from birth until the age of 3, is focused on the analysis of the effects of medical disorders and abandonment on the psychological and social development of the child and in particular on the development of social interest. The research employs the standardized test developed by V. Manova-Tomova, which is based on the Brunet-Lezine test for assessing psychomotor development of a child from 0 to 3 years of age [6, 38].

The analysis of the different measurements of psychomotor development, namely motor skills, speech, socio-emotional development, habits and pre-representational activity, in children with special needs raised in a social institution shows a delay in a number of different aspects, which is most pronounced in regard to speech development and pre-representation activity. Most of these children have not grasped the rules of language and only possess a basic vocabulary consisting of a couple of words; they can formulate simple but agrammatical sentences and demonstrate poorly developed communication skills. Some of the main reasons for the children's psychological problems can be traced to the abandonment by the parents, the absence of the mother, who is the most significant figure in a child's life, and the

effects of the medical disorders they have been diagnosed with.

Children with special needs who are brought up in institutions demonstrate low levels of activity, limited and poor contacts with adults, and, even though they have been surrounded by peers since early childhood, they fail to develop healthy and meaningful relationships with them.

The delay in speech development is the most obvious sign of psychological deprivation and it is most pronounced at the end of the second year.

Despite the excellent living conditions, the high-quality food and the medical care, the living environment is not authentic.

The goal of the study is to investigate the dynamics of psychomotor development and the specific characteristics of communication in early childhood in children with special educational needs raised in a social institution.

The subject of the study are the specific characteristics of psychomotor development and communication in young children with special needs raised in a social institution.

The participants in the study are 65 children with special needs, divided into two groups:

1. Children with disorders, who have been given a diagnosis, aged between 15 and 36 months – 15 children.
2. Prematurely born children between 0 and 3 years of age – 50 children.

#### Materials and methods of research

The following methods were used to meet the specific requirements of the study:

1. Psychological test for evaluating psychomotor development in children aged 0–3 years old developed by V. Manova-Tomova [6].
2. Pedagogical observation conducted simultaneously with the testing.
3. Discussion with members of the medical and non-pedagogical staff to collect their impressions concerning the development of the children included in the study.
4. The research employs V. Manova-Tomova's test for assessing the psychomotor development of a child from 0 to 3 years of age. It contains four evaluation criteria for the psychomotor development of children up to the age of 1 (motor development, sensory activity, socio-emotional development and speech) and six criteria for children aged 1–3 years (motor development, skills, habits, representational drawing, socio-emotional development and speech).

#### Organization of the study

Every child underwent individual observation. The children's performance with regard to the criteria for psychomotor development was studied.

The mathematico-statistical processing of the results requires the application of the evaluative logarithm "quotient of development", which is a function of the chronological and the mental age of the child.

$$QoD = \frac{DA}{CA} \cdot 100,$$

where *DA* – refers to developmental age; *CA* – means chronological age; *QoD* – signifies the quotient of development. The method used to calculate the quotient of development is based on roughly the same principles as the IQ test.

#### Results of research and their discussion

The results present the data on the individual characteristics of the observed children, which include the quotients of general psychomotor development and the communication skills of the children with special educational needs. The indicators used in this study are the following:

- Range of normal psychological development during early childhood.
- Mental age.
- Quotient of Development.
- Evidence of delayed mental development in children included in the study.

The primary spheres that characterize early childhood psychological development are analyzed. They are connected with the development of speech and communication, socio-emotional development, play, pre-representational activity, habits and motor skills.

The study employs the classical method of quantitative evaluation of psychological development through the quotient of development, which is derived from the comparison between the mental and the chronological age. The numerical value of this relationship is termed "quotient of development" (QoD).

The different values of the quotient of development obtained in this study allow us to determine the level of psychological development.

Table 1 presents the individual values of the quotient of development in children with early childhood disorders raised in an institution. The following abbreviations are used in the Table:

CP V. Manova – Tomova [6] – Cerebral palsy

NPD – Neuropsychological development

The values of the Quotient of Development are expressed as percentages.

The results of the study show that the quotient of development for the observed children with diagnosed disorders raised in a social institution between the ages of 15 and 36 months falls in the range between 28 and 75%.

The comparison between the values of the quotient of development over the course of the period of observation shows that the general quotient of development in children with diagnosed disorders decreases slightly at the end of this period. The decrease is dramatic only in one of the children – QoD falls from 48 to 28% due to a sharp deterioration of the child's health.

Table 1

Values of the Quotient of Psychomotor Development  
in children with early childhood disorders raised in institutions

Number	Diagnosis	Age in months	General QoD (%)	Speech QoD (%)	Age in months	General QoD (%)	Speech QoD (%)
1.	Microcephaly	15	48	13	24	28	17
2.	CP, deaf	18	53	18	30	36	20
3.	Delay in NPD	21	57	29	36	36	30
4.	CP	24	64	46	36	65	50
5.	CP	18	42	33	30	31	33
6.	Delay in NPD	18	61	39	36	43	31
7.	Delay in NPD	24	61	31	36	46	34
8.	Oral cavity deformation	18	75	61	36	78	67
9.	Hydrocephalus	21	60	50	30	57	57
10.	Hyperviscosity syndrome	21	50	38	36	47	36
11.	Retinopathy	15	42	40	36	45	43
12.	Delay in NPD	18	47	41	30	43	43
13.	CP	21	67	51	36	60	58
14.	Spina Bifida	16	60	59	30	73	67
15.	CP	15	68	50	36	75	57
Average values of QoD			55	39,9		50	43

The results demonstrate that the values of the quotient of development are strongly related to the children's diagnosed disorders.

The results show that the average values of the quotient of speech development in children with diagnosed disorders are lower than the average values of the quotient of general psychomotor development. At the beginning of the observation period, the average quotient of general psychomotor development of children with diagnosed disorders stands at 55%, while the average quotient of speech development is 39,9%. At the end of the observation period, these values are as follows: average quotient of general psychomotor development 50%, average quotient of speech development – 40%.

The results for prematurely born children, shown in Table 2, are similar. Even though they have not received a diagnosis, at this stage of their development they also have special needs because of their preterm birth, which requires special care. Overall, the average values of the quotient of development in this group are higher than those in the children diagnosed with disorders. These values, however, are still much lower than those of normally born children raised in a family. The lowest values for prematurely born children are seen in speech development again, where the average value of the quotient of development is only 51,42%, which can be characterized as critically low.

Table 2

Average QoD of psychomotor development for prematurely born children raised in institutions from 0 to 3 years old

	Criteria	Average quotient in %
A	General psychomotor development (PMD)	74,66
B	Speech	51,42
C	Motor development	85,48
D	Sensory development	70,00
E	Socio-emotional development	82,50
F	Skills	81,39
G	Habits	79,13
H	Representational drawing	63,42

### Discussion

The analysis we performed shows that development is an irregular and uneven process, especially in early childhood. It depends on the intensity of the external influences, as well as on the power of the internal dispositions and the rate of maturation of the nervous system. The results of the research we conducted lead to the inference that the quotients of development in children with special educational needs who are diagnosed with disorders or are prematurely born and raised in institutions decrease over the course of early childhood. The results of this study demonstrate that the quotient of psychological development in children with special educational needs brought up in institutions is determined by the extremely complex interaction between the internal conditions, i.e. the overall state of the child, and the external impact of the environment.

The children with disorders included in the study manifest a lower quotient of development, which is linked to the slower rate of compensation in their development.

The decrease in QoD noted during certain periods of their development is not caused by a general delay in all tested indicators. In most cases, it is the result of a delay in one or several indicators that are heavily influenced at certain times by the institutional form of child rearing.

One of the main reasons for the lower levels of QoD in children with special educational needs raised in an institution could be the insufficient social and emotional interaction at the institution, as well as the lack of diverse experiences in the environment that would otherwise stimulate sensory activity.

The low level of the quotient of speech development is especially pronounced, which indicates a poor grasp of the rules of language, resulting from an environment that does not sufficiently stimulate language development.

The primary driving force behind speech development during that period is the emotional environment in which the child is growing up, his attachment and affection for the people closest to him: the child imitates his loved ones, he wants to understand what the people who are constantly around him and in contact with him are telling him. However, this type of influence is far too limited in a social institution.

The values of the quotient of speech development in children with special educational needs are the first to decrease in ontogenesis.

Very few of these children can reach the values of this quotient for normally born and healthy children.

Our observations show that the first words appear at approximately the same time in normally developing children and in children with mental disorders, but there are significant differences when it comes to formulating the first sentences and mastering the rules of grammar. The first phase of speech development in a child between the ages of 1 and 3 years consist of uttering single words. The emergence of the first words and the accumulation of additional vocabulary is a long process for children with special needs raised in institutions. In many cases, these words are not fully vocalized or they are not fully understood by the child. In an attempt to fulfill his wishes, the child with special needs learns words such as “give” or equivalent gestures of indication. The process of learning the names of the surrounding objects only begins near the end of the second year of life.

During the second phase of speech development, which roughly coincides with the first half of the second year, the child can express a wish with a single word, tries to connect two words in the form of a sentence and asks his first questions.

Once they have acquired a vocabulary of 5–6 fully understood words, the observed children with special needs can use these words, but very few of them can formulate a sentence. One and the same word could have a different meaning depending on the intonation, the child’s body language and the situation in which it is uttered.

Almost half of the special needs children included in the study have not developed independent speech. The average level of speech development among these children at the age of 2,5 to 3 years old corresponds to the speech development of normally born and healthy children at 40 weeks old (Table 1). The time when the second phase appears and the extent to which it is fulfilled depend not only on the rearing and the social conditions in which the children with disorders are developing, but also on the development of their medical condition (the emergence of secondary disorders).

The vocal characteristics of speech are also affected by the conditions of deprivation. Babbling in babies develops under the influence of the speech they hear and the emotional interaction. Both factors are limited in a social institution, resulting in insufficient stimuli. The “complications” in the development of the vocal characteristics of speech that appear later in life are connected with unclear pronunciation and speech sound disorders. They are caused by the lack of opportunities for children with

special needs to practice their speech and the lack of specialists in this field working at the social institutions.

The third characteristic of speech, namely the social one, is also deeply affected. Children experience difficulties mastering speech as a means of communication.

The analysis shows that there is a discrepancy between the children's speech expression and the actual social situation. According to K. Marinova, most children living in an institution are not able to convey with words their experiences, feelings, emotional states [7].

According to F. Daskalova, from the perspective of psycholinguistics the moment when the first two-word sentence is uttered and used in the child's communication is considered a marker of having learned to talk [4].

The delay in speech development in children with special needs raised in an institution affects all aspects of speech.

A.A. Rean claims that emotional detachment, uncommunicative behavior and self-isolation could be caused by the development of hospitalism and emotional deprivation in the child [8, 76].

The research and observations on the psychomotor development of special needs children show that even when they have the same diagnosis, their individual development is different. This supports A. Adler's thesis that the development of children with different disorders is unique for each individual.

Having obtained certain results from our research, we attempted to interpret them using established theories.

A number of authors like H. Wallon (1988), T.B. Brazelton (1982), N. Verrier (2005) and D.B. Chamberlain (1988) explain to some degree why the loss of the mother causes a delay in the general psychological development of the child, but no explanation has been provided as to why this delay is most pronounced and critical in terms of the development of speech. Obviously there is a good reason why A. Adler emphasizes the irreplaceable role of the mother for the development of social interest in the child.

Speech is a special human ability with many important functions and it can develop only in the presence of other people. One of its most significant functions is the interactive, social function, which directs and expresses the child's interest towards other people. Adler claims that: "Speech...is not achieved by an individual, but emerges from the cooperation of all. Speech would be unthinkable without interest in others. Speech is a connection between two or more people to communicate what they mean" [2, 172].

A. Adler emphasizes the importance of speech and language for the cooperation with others. People are social beings and communication lies at the heart of social interaction and the development of social interest. This idea is the basis of the key concept of Individual Psychology about the nature, development and role of social interest as a community feeling and a foundation for cooperation between people. Social interest requires active communication, interest directed towards the other people in the surrounding environment and understanding of these people. As a child's basic needs for food, water, warmth and security are satisfied at the social institution, he does not find it necessary to develop richer, more meaningful speech. At the social institution, he does not use or very slowly learns how to use speech as a means of cooperation and connection. Evidence in support of this thesis can be found in the fact that children in social institutions exhibit relatively well-developed passive speech, while their active speech is much more lacking.

### Conclusion

The results of this study confirm A. Adler's idea that the ontogenetic development of special needs children is distinct for every individual. The psychomotor development of the children included in the study is atypical and characterized by deviations from the norm in regard to all evaluation criteria. However, the delay is most critical in terms of speech development, which is regarded as a form of expression of the child's social interest. The main underlying reasons for this are the children's special needs, the deprivation of maternal care and the limited linguistic environment.

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