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Communication difficulties in teenagers with health impairments

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Contemporary psychological and pedagogical studies pay special attention to the socialization of physically impaired children, inclusive education and methods of providing such children with a safe environment to assist in their development. However, difficulties in interpersonal communication experienced by children with health impairments have remained beyond the research scope. The authors conducted a comparative analysis of communication difficulties in typically developed teenagers aged 12-13 years (n = 100) and the problems faced by their peers with visual (n = 30), auditory (n = 30), speech (n = 25) and motor (n = 15) impairments. Actual communication difficulties in teenagers were studied in two ways: the subjective component of impaired communication was registered through a content analysis of a sentence completion test and the objective manifestations of impaired communication were identified through expert evaluation of children's communicative behavior (educators and psychologists who had been in close contact with the teenagers acted as experts).

First, the authors identified typical standard communication problems that were characteristic of teenagers aged 12-13 years, that is, problems with aggression, tolerance, the ability to admit wrongdoing and make concessions, empathy, self-control, self-analysis and self-expression in communication. Second, typical communication difficulties characteristic of physically impaired children were revealed: failure to understand meaning; feelings of awkwardness and shame of oneself; expectations of a negative attitude toward oneself; gelotophobia; and manifestations of despotism, petulance and egotism as defensive reactions in situations of impaired communication. Third, the authors described specific communication difficulties in teenagers with auditory, visual, speech and motor impairments.

Keywords: impaired communication, communication difficulties, health impairments, teenagers, objective component of impaired communication, subjective emotional experiences

Introduction

Currently, the issue of *impaired communication in children* is becoming more and more acute. These days, 79% of children and teenagers perceive interpersonal com-

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municative situations as demanding, stressful, difficult, and requiring serious effort and coping skills. Many children and teens develop a fear of close relationships and a need to reduce face-to-face communication to a minimum while substituting interpersonal contact with online communication, gaming and addictive behavior (Samokhvalova, 2015). However, only the natural environment of a communication context enables children to adapt to life in society, obtain the experience of interpersonal dialogue, and learn self-assertiveness and self-expression through communication.

Children's inability to realize and overcome emerging communication difficulties hinders their development as communication agents, deforms self-identity and destroys interpersonal relationships.

Numerous findings by both foreign and Russian psychologists (MacDonald & Carroll, 1992; Bronfenbrenner & Morris 1998; Allard & Williams, 2008; McCormack, Harrison, McLeod, & McAllister, 2011; McLeod, Daniel, & Barr, 2013; Larkin, Williams, & Blaggan, 2013; Kunitsyna, 1991; Bodalev & Kovalev, 1992; Labunskaya, Mendzheritskya, & Breus, 2001 et al.) confirm the specific psychological phenomenon of impaired communication. The term "impaired communication" covers not only speech disorders but also a wide range of linguistic, clinical, social and psychological manifestations that result in inappropriate, dysfunctional, impaired, problematic, uncomfortable and ineffective communication (Labunskaya, Mendzheritskya, & Breus, 2001).

Post-nonclassical psychology, characterized by multiple interpretations of psychological terms and definitions (Martsinkovskaya, 2012), fails to offer a consistent scientific framework to define impaired personal communication; the difference between the terms "destructive communication", "deficient communication", "impaired communication" and "deformed communication" is either vague or imperceptible.

Personality psychology studies deficient communication associated with the subjective emotional experiences of socially isolated people (Weiss, 1973; Zilburg, 2000; Abulkhanova, 2007; Kunitsyna, 2009 et al.) and identifies the psychological features of loneliness, which has a destructive influence on teenagers and adolescents (Kon, 2003; Slobodchikov, 2012; Shagivaleeva, 2014 et al.).

Social psychology studies destructive communication resulting from and leading to disharmony in interpersonal relationships and mutual interactions (Richardson, 2009; Wilson, 2012; Levitov, 2013; Dotsenko, 2015 et al.). Developmental psychology also studies destructive communication, found in children and teenagers, which results mainly in aggression and tendencies toward conflict (Andrienko, 2010; Gerbeev, 2011; Belicheva, 2013 et al.). Such behavior patterns are also a topic of study in childhood social psychology, which focuses on "street kids" and criminal teenage subcultures (Yenikolopov, 2011; Rean, 2012 et al.).

Clinical Psychology and Special Education identifies communication impairments resulting from a child's ontogenesis (Narayan, 2011; Mersal, 2013; Yankova, 2008; Gorkovaya, 2015; Shipitsyna, 2012; Zaschirinskaya, 2014 et al.) and studies communication problems in children with emotional and conative impairments (Morozov, 2012; Nikolskaya, 2014) and mental retardation (Artemyeva, 2009; Gabueva, 2011; Karpova, 2014 et al.).

In stress-coping studies, deformed communication is considered to be caused by communication stress (Bodrov, 2006; Kitaev-Smyk, 2009; Kryukova, 2010; Sergienko, 2008, Kuftyak, 2011; Saporovskaya, 2013).

The issues of personal impaired communication are a field of study in social psychology and developmental psychology. The Western psychological tradition defines impaired communication as communication disorders (Larkin, Williams, & Blaggan, 2013; Kim & Lombardino, 2013; Bruce, Braidwood, & Newton, 2013), violations of connections in "multi-personal systems" (Barr, McLeod, & Daniel, 2008; McCormack, Harrison, McAllister, & McLeod, 2011), or effects of risk factors (Risikofaktors) that increase the level of children's maladjustment to the social environment (Holtmann, Becker, Kentner-Figura, & Schmidt, 2004; Petermann, Niebank, & Scheithauer, 2000).

Psychological studies in Russia also fail to provide a common approach to the definition of impaired communication; it may be regarded as a consequence of communicative incompetence (Arzhakaeva, 1995; Cabrin, 2005; Lozovan, 2005; Petrovskaya, 2007; Sidorenko, 2008 et al.), a result of subjective emotional experiences (Kunitsyna, 1991; Kan-Kalik, 1995; Parigin, 2003; Yushachkova, 2006), or a merger of subjective emotional experiences and objective communication difficulties (Bodalev, 1992; Kuzmina, 2004; Labunskaya, Mendzheritskya, & Breus, 2001; Kazanskaya, 2012).

The authors regard *impaired communication in children* as an integrated psychological process that takes place when, due to the actual communication level, a person fails to find an effective solution to a communication task without resorting to additional resources, which leads to a variety of communication difficulties and determines the nature of children's interactions (Samokhvalova, 2015).

This research is based on the views of V.N. Kunitsyna, who identified the psychological and process-related aspects of impaired communication (Kunitsyna, 1991). The authors study both *the subjective component*, which manifests itself through negative inner emotional experiences, contradictions and teenage communication complexes, and the *objective component* of impaired communication, which emerges as the destructive influence of evident communication impairments on interlocutors.

The major feature of impaired communication is communication difficulties that arise in personal interaction. These difficulties are defined as subjectively perceived barriers to communication. The barriers overthrow the inner balance of interlocutors, which worsens interpersonal relationships and requires additional inner effort from interlocutors to overcome these barriers.

The *classification of communication difficulties* includes four categories:

- *Basic communication difficulties* are those of empathy and contact-making. They include difficulties related to children's egocentrism and the absence of positive attitudes to another person, inadequate self-esteem, an excessive emotional addiction to an interlocutor.
- *Content-related communication difficulties* are those that stem from a lack of communicative knowledge and the inability to forecast, plan, control or adjust the communicative strategy.
- *Instrumental communication difficulties* are manifested through the child's inability to implement planned communication strategies in an effective

way. These difficulties can be verbal, non-verbal, prosodic, extralinguistic or strategy-related.

- *Reflective communication difficulties* include problems of self-reflection, self-analysis and self-evolution (Samokhvalova, 2011).

Children with health impairments are hit hardest in regard to communication difficulties. For such children, various interpersonal communication disorders are extremely dangerous, as they hinder socialization and restrict adaptive and communicative abilities. According to several authors, children with health impairments live under *constant pressure* (Aisherwood, 2010; Fourie, 2011). As early as preschool age, such children gradually realize that they are "different from others", that they are often laughed at or shunned. They are always on the alert, which provides them with compensatory adaptive defenses. Their interpersonal communication is often characterized by defensive behavior aimed at self-protection and disguising their impairments (Aisherwood, 2010). That is why stress, related to physiological deficiency, is aggravated by interpersonal communicative situations.

Social and psychological care for children with health impairments in Russia aims mainly to provide such children with a proper education, whereas their personal fulfilment in interpersonal communication is often neglected. Parents of physically impaired children are also unable to provide them with adequate assistance in overcoming communication difficulties due to a lack of specialized knowledge and competencies. Therefore, children attempt to solve communication problems on their own, and as their abilities to do so are limited, they perceive the world as "alien" and "hostile" (Zashhirinskaja, 2013). Situations of impaired communication accumulate negative communication experiences, add to the development of psychological complexes and loneliness, bring about destructive coping strategies (Kryukova, 2010), and destroy psychological independence and personal emotional stability (Nartova-Bochaver, 2015). That is why it is essential to identify communication difficulties in physically impaired children and provide them with personalized psychological care and assistance in their interactions.

Method

Design

The authors aim to verify the following *hypothesis*: along with communication problems typical of the age group in general, teenagers with health impairments have specific communication problems that differ from those of their conditionally healthy peers. These specific problems cause negative emotional experiences and inferiority complexes; they hinder constructive self-expression and self-actualization in interpersonal relationships among children.

The paper describes the findings of comparative studies of communication problems in physically impaired and conditionally healthy teenagers. The teenagers were divided into four groups according to their impairment: auditory, visual, speech and motor. First, each group of physically impaired children was compared with the control group, which consisted of typically developing peers (Mann-Whitney U-test). The experimental and control groups were similar in the number of respondents, gender and age. Then, the four groups of physically impaired children

were cross-compared with each other to identify specific communication difficulties in physically impaired teenagers (Kruscal-Wallis test).

The empirical data were processed with the SPSS V.19.0 package. The differences between the group profiles on separate communication variables were identified with Mann-Whitney U-test and Kruscal-Wallis test. The teenagers' statements on their subjective emotional experiences in impaired communicative situations were analyzed for content with the help of Fisher angular transformation φ*.

Participants

Two hundred (200) teenagers aged 12-13 participated in the research. Of those, 100 were physically impaired children with intact intellectual faculties and without any experience of inclusive education; they lived with their families and had attended municipal closed specialized schools since the first grade. The groups were as follows:

Group 1 — teenagers with *visual* impairments, namely, moderate and high myopia (n =30, 18 girls and 12 boys studying in a specialized boarding school for visually impaired children);

Group 2 — teenagers with *auditory* impairments, i.e., neurosensory hearing loss, Degree II and III (n = 30, 11 girls and 19 boys from a specialized boarding school for children with auditory impairments);

Group 3 — teenagers with *speech* impairments, namely, uncomplicated cases of general speech underdevelopment manifesting itself in underdeveloped phonetic and semantic aspects of speech, dysgraphia or dyslexia typical of the second and third degrees of speech development (n = 25, 10 girls and 15 boys studying in a boarding school for children with speech and motor impairments);

Group 4 — teenagers with *motor* impairments, namely, infantile cerebral paralysis (n = 15, 6 girls and 9 boys studying in a boarding school for children with speech and motor impairments).

The four control groups included 100 conditionally healthy teenagers aged 12-13, living with their families and attending municipal comprehensive schools without the experience of inclusive education (n1 = 30, 18 girls and 12 boys; n2 = 30, 11 girls and 19 boys; n3 = 25, 10 girls and 15 boys; n4 = 15, 6 girls and 9 boys).

The teenagers' parents gave their voluntary consent for the participation of their children in the research. The parents demonstrated considerable interest in obtaining recommendations on the optimal ways to communicate with physically impaired children. The teenagers participated in the research voluntarily. The empirical data were coded; the research was ecological and met the requirements of anonymity and confidentiality.

Measurements

Expert evaluation of children's communicative behavior

This method of summarizing independent evaluations was used to identify *the objective component of impaired communication*. It enabled the recording of the level of teenagers' communicative skills and the identification of their actual communication difficulties (Samokhvalova, 2011). The experts were adults — psychologists, teachers, and social counselors of specialized and comprehensive

schools — who knew the children well and had the ability to meet with them on a daily basis. In each part of the research, the opinions of four experts were taken into account.

Experts performed standard observations of teenagers' communicative manifestations in potentially difficult communicative situations, giving each participant points in accordance with certain criteria and registering these points. The observations were carried out in various situational contexts, which fell into two categories.

1. *Communication with peers:* situations of interpersonal conflicts with peers, situations of meeting and cooperating with new people, situations of aggression from peers, situations of opposing the opinion of the majority, situations of standing up for one's opinion, situations of persuading peers, and situations of asking classmates for help.

2. *Communication with adults:* situations of dealing with comments from teachers or school administration and asking adults (teachers, psychologists) for help, situations of having to prove their opinion to adults, situations of admitting one's fault.

The chart included 16 basic items describing teenagers' communicative development, each of which was assessed on Likert scale from 1 to 5. The items were as follows:

- *basic items* included rapport, emotional generosity, readiness to help and to accept help, empathy, peacefulness;
- *content-related items* included the ability to plan interactions, communication adequacy, initiative, self-control in communication;
- *instrumental items* included the ability to cooperate, the ability to resolve a conflict, persuasive abilities, the ability to use communicative devices;
- *reflexive items* included the ability to analyze communication outcomes, the ability to accept and correct communication errors.

At the final stage of the research, after observing teenagers in different contexts of school life and extracurricular activities, each expert recorded the total points for each criterion of the teenager's communicative behavior. All the points given by experts were processed to calculate the average. The empirical data were verified for coherence and consistency. The final data were used to make *individual profiles of communicative behavior and actual communication difficulties*. Low and extremely low values for a particular item signified certain communication difficulties.

The projective method of incomplete sentences

This method, based on the principles of projective research and content analysis (McAdams & Zeldow, 1993; Holaday, Smith, & Sherry, 2000), was used to identify *the subjective component of impaired communication*: inner negative emotional experiences in the teenagers, contradictions, or negative emotions the teens experienced while interacting with adults and peers. The obtained empirical data were subject to content analysis in four categories:

- importance of communication for the teenager;
- subjective reasons for impaired communication;

- objective causes of impaired communication, resulting from specific features of an interlocutor;
- desired methods of the teenager's communicative self-fulfillment.

The teenagers were asked to independently complete six sentences in writing with their own ideas, reflecting their thoughts, feelings or actions:

1. *To me, communication is…;*
2. *Sometimes I have difficulties in interactions, such as…;*
3. *Sometimes I find it difficult to interact with another person because I….;*
4. *I find it unpleasant to talk to a person who…;*
5. *I would like to get rid of some things that make communication difficult to me. They are…;*
6. *To get rid of my communication problems, I would like to learn….*

Results

During the first stage in which empirical data were processed, each group of physically impaired children was compared with the control group, which had an equal number of participants. It was found that communication difficulties were more vividly observed in physically impaired teenagers ($p \leq 0.002$ according to the Mann-Whitney test).

At the first stage, using the criterion of Kruscall-Wallis (this criterion enables the comparison of more than two groups), four groups of physically impaired children were compared to each other, which enabled us to identify specific communication difficulties in physically impaired teenagers.

Communication difficulties in visually impaired children

The results of the expert evaluation of communicative behavior in visually impaired children demonstrated that the most essential problems for such teenagers are related to *entering the contact* ($H = 27.262$, $p = 0.004$). It took them a long time to scrutinize their interlocutor; they analyzed possible behavior patterns and were often lost in new conditions of communication. Other typical difficulties included empathy-related problems, i.e., the teenagers found it hard to understand the interlocutors' emotional state and target their communicative acts at them ($H = 22.940$; $p = 0.001$), and a lack of readiness to *accept help* from healthy children and unfamiliar adults, often perceived as *"strangers"* ($H = 36.891$; $p = 0.001$). In situations of impaired communication, teenagers often experience *self-control problems* ($H = 20.035$; $p = 0.002$); they are often annoyed, offended and can start crying and displaying inappropriate behavior. It is worth mentioning that they *do not admit their communication errors* ($H = 23.543$; $p = 0.003$); they are prone to self-justification and fantasies, which they often mistake for reality. This could be regarded as a defensive mechanism that enables teenagers to minimize the negative effects of the communicative situation.

The analysis of unfinished sentences showed that visually impaired teenagers often perceive the communication process as *a problem, challenge, and a way to carry one's point.* The most typically mentioned communication difficulties are *fear*

of misunderstanding, anxiety, and shyness. Their own disadvantages are *fast speech, low voice, and stubbornness*. Such teenagers sometimes consider themselves to be *cleverer than others*. They do not like to communicate with those who *shout and scold, make critical comments, hide something, and don't want to talk* or those who are *cheeky*. They dream of getting rid of *shyness*, learning to *command others*, and *speak loudly and beautifully*.

Communication difficulties in teenagers with auditory impairments

In impaired communicative situations, *teenagers with auditory impairments* were prone to *verbal aggression* ($H = 20.570$; $p = 0.002$); their loud voice was accompanied by disruptive, chaotic non-verbal manifestations (gestures, face expression, extra-linguistic communicative devices). Such children were inclined to "attack" and suppress interlocutors, and if interlocutors objected, *protesting behavior patterns* were displayed ($H = 25.163$, $p = 0.002$). Such children are expressly individualist, autonomous, *unwilling to cooperate* with peers ($H = 14.358$; $p = -0.003$), and jealous of the results of their activities and of those adults with whom they have established contact. In interactions, they are often on the alert, anxious, and strained. They produce the impression of expecting an attack. In the authors' opinion, this is the cause of *communication inadequacy* ($H = 30.144$; $p = 0.001$) and defensive aggression.

Typical statements of teenagers with auditory impairments characterized communication as follows: *it's scary; tension, anxiety; and it requires effort to understand others*. The dominant difficulties are basic (i.e., connected with *intolerance, touchiness, or irritation of the teenager*) and instrumental (related to *inexpressive speech* and *inability to keep the conversation going*). Such teenagers find it difficult to communicate with those who are *cleverer and study better*, *do not look into your eyes, laugh often, withhold something*. They want to learn to *speak correctly and calmly*, *understand others, or not to be so sensitive*.

Communication difficulties in teenagers with speech impairments

Teenagers *with speech impairments* were unwilling to be *proactive* in communication ($H = 6.8$; $p = 0.03$) and were often shy and timid. They were prone to submit to adults or those peers who are more successful in communication or to demonstrate conformity. They disliked taking *responsibility* ($H = 11.37$; $p = 0.003$), avoided situations that involved making decisions or supporting points of view. This behavior may have been related to *difficulties of persuasion* ($H = 11.59$; $p = 0.003$). Such teenagers avoid predictably "difficult" interactions and tend to replace speech with nonverbal means of communication or "meaningful" silence. They are unconfident, gullible, and disinclined *to correct their communication errors* ($H = 12.29$; $p = 0.002$) because they are certain that they will fail.

This group demonstrated the most negative perception of communication by teenagers. They described it as *horror! like hell, and a pointless thing, as nobody understands anything*. Many teenagers spoke of psychosomatic manifestations: *a headache starts, the stomach rumbles, there is some hammering at my temples*. The teenagers understand that the problem lies in themselves (*I speak badly; I am difficult to understand*). However, they prefer to communicate not with adults whose

speech is correct and clear, but with children who have similar speech impairments (*it's easier to talk to them; nobody laughs, and they are the same*). Such teenagers would like to eliminate *jealousy of others*, *stammering*; they want *not to spit when talking*, *replace their ugly mouth*, learn *not to feel shy*, to *make friends*, to be able *to start the conversation*.

Communication difficulties in teenagers with motor impairments

Children with *motor impairments* were less *responsive* ($H = 8.02$; $p = 0.02$) and *ready to cooperate* ($H = 12.76$; $p = 0.001$). They found it hard to respond quickly to interlocutors' requests or remarks and were easily hurt by criticism, unwilling to make concessions and coordinate behavioral strategies (being used to assistance in moving, they often expected concessions and assistance in communication). Problems of *self-control in communication* were typical ($H = 12.29$; $p = 0.002$). Greater psychical exhaustion and easy fatigability prevented children from concentrating on communication or *analyzing their own communicative behavior* ($H = 16.66$; $p = 0.001$). Their limited social circle and restricted independence prevented the accumulation of communication experience and the exploration of new, more effective role strategies in interaction. Such teenagers are easily excited, oversensitive to environmental irritants and moody — all of which result in emotional expansiveness, *aggression and unwillingness to make concessions* ($H = 13.26$; $p = 0.002$).

Children with motor impairments are quite pragmatic as far as communication is concerned. They consider it to be *an opportunity to demand that which belongs to them, ask for help, or a way to solve a problem*, sometimes as an instrument of manipulation (*it's possible to use others for your own purposes, to cause pity*). They have difficulties in communication when they fail *to attract attention to themselves, find a defender, or act according to the situation*. Difficulties related to self-control occur more often (*I can't pull myself together, can't keep silent, or can't refrain from being harsh*). Such teenagers are reluctant to admit and rectify their own mistakes (*let others fit in*). They do not want to communicate with *healthy children*, with *leaders*, with *top students*, or with *smart guys*; they often say *it's unfair! Why do others have everything and I have nothing*? They want to learn to *be the heart and soul of the group, to crack jokes, be cool, and not to be shy*. The most violent teenagers want *to feel nothing*, *learn to avenge, be able to hurt the offender*.

Communication difficulties in typically developing teenagers

The research revealed that typically developing teenagers are more likely to experience problems in their choice of *verbal and non-verbal means of communication* ($H = 26.467$; $p = 0.003$) and in *communication planning* ($H = 22.163$; $p = 0.002$). Compared to physically impaired teenagers, typically developing ones mostly had *basic communication difficulties*, related to a decrease in *rapport* ($H = 7.4$; $p = 0.03$) and *empathy* ($H = 11.12$; $p = 0.003$) or to *emerging aggressive interaction forms* ($H = 12.29$; $p = 0.002$).

It is worth mentioning that both physically impaired children and their typically developing peers experience *similar communication difficulties* — aggression, intolerance, the inability to admit wrongdoing or make concessions, difficulties with empathy, self-control, self-analysis and self-expression in communication. The

same difficulties were revealed to be present in the representative sample (n = 540), which enables the authors to argue that these communication difficulties are typical of the age group in general, determined by the laws of continual genetic developmental (Sergienko, 2012) and can be overcome by solving typical key age-related problems of communication.

Subjective emotional experiences of teenagers in impaired communicative situations

The content analysis of the sentence completion test showed that physically impaired teenagers demonstrate higher degrees ($p \leq 0.002$) of emotional experience related to an impaired communicative situation. In comparison to the respondents from control groups, physically impaired teenagers are more often inclined to perceive interaction as a stressful process fraught with problems that requires effort to overcome. Such teenagers are anxious when they find themselves interacting in an unfamiliar situation with people whom they hardly know or understand; they are excited, shy and afraid to express their opinion. They think up of feeble excuses and discriminate against interlocutors. The subjective reasons for impaired communication, according to physically impaired teenagers, lie either in their own emotional expansiveness, aggression, and irritability or their shyness, inner barriers, proneness to conformity, and infirmity. Physically impaired teenagers felt uncomfortable while interacting with an aggressive interlocutor: visually impaired children were oversensitive to criticism ($\varphi^* = 2.252$; $p = 0.001$), teens with auditory impairments disliked it when interlocutors were reticent about something ($\varphi^* = 4.677$; $p = 0.000$), children with motor impairments were afraid of being physically abused ($\varphi^* = 2.235$; $p = 0.007$), and teenagers with speech impairments could not tolerate verbal aggression from interlocutors ($\varphi^* = 1.992$; $p = 0.02$). Most physically impaired teenagers believed that they could cope with their own communication difficulties if only they were "like everybody else", i.e., the realization of the disability negatively affects self-identity and communicative self-presentation. At the same time, visually impaired teenagers dreamt of becoming brave, fearless, easy-going, and proactive ($\varphi^* = 5.354$; $p = 0.000$). Teenagers with auditory impairments dreamt of learning to speak correctly, beautifully and expressively ($\varphi^* = 5.103$; $p = 0.000$). Children with speech impairments wanted to be more persuasive and eliminate the fear of being misunderstood by interlocutors ($\varphi^* = 1.986$; $p = 0.01$). Teenagers with motor impairments wanted to be able to talk to unfamiliar people easily and be liked by them ($\varphi^* = 1.765$; $p = 0.04$). Therefore, physically impaired teenagers most evidently realize verbal communication difficulties, difficulties with effective cooperation and mutual understanding, and self-expression in interaction. The motivation for self-perfection in interactions is also obvious.

In impaired communication situations, teenagers from the control groups experienced negative emotions less often, were more likely to choose alienation strategies and escapism, saw the causes of difficulties in other people and circumstances, limited contacts with a "difficult" interlocutor, were unwilling to change their opinions, and did not want to obtain any new communication features. Therefore, the degree to which they realized their own communication difficulties is lower in such children than in those whose difficulties are determined by health impair-

ments. The children of the control group demonstrate no readiness to overcome emerging difficulties and their motivation for communicative self-perfection is extremely weak.

Discussion

In interactions, *physically impaired children* often became *agents of impaired communication* and experienced negative emotions related to the understanding of their impairment, inner barriers, and shyness. More often, such children created communication difficulties for interlocutors by demonstrating excessively high expectations, aggression, hostility, jealousy, unwillingness to accept and correct wrongdoing, the inability to defend their point of view in an effective way, and a lack of readiness to cooperate and reach an agreement with interlocutors. These tendencies were especially clearly manifested in the interactions of physically impaired teenagers with their healthy peers.

Impaired communication in children with various impairments (visual, auditory, speech and motor) is characterized by *specific features* related to the nature of the impairment, the psychophysiological condition of the teenager and accumulated communication experience. Along with those, there are also *communication difficulties that are typical for all physically impaired teenagers*:

- Physically impaired children often demonstrate *"comprehension barriers"* in communication, i.e., children fail to understand requirements set by adults or wishes of their peers, understand certain facts in a different way, fail to accept interlocutors' offers because they are interpreted in a specific way (often regarded as ridicule or fault-finding), feel that requirements are impossible to meet due to physical limitations, or perceive interlocutors in a negative way.
- Communicative situations often cause *shame of oneself and awkwardness*; physically impaired children are often anxious, afraid of entering contact, unable to plan and control themselves in an interaction, shy, or alienated. They usually expect to receive a negative attitude, ridicule, or verbal aggression, which is why they take a defensive position; they are ready to protect themselves, always on the alert, suspicious, and oversensitive to criticism.
- Some children demonstrate despotism in communication, capriciousness, or a desire to usurp adults' attention. They expect adults to feel sorry for them, dote on them and make concessions, and make their wishes come true. Such children often emphasize their impairment to cause pity or manipulate interlocutors. In interactions, they demonstrate egotism, ostentation, petulance or high temper.

The research findings show that physically impaired teenagers find themselves under a "*triple pressure load*". First, children are oversensitive to their own physical impairment, feeling that they are "different" or "unlike others". Second, they experience communication problems typical of their age group and related to the need for autonomy and independence in communication. Third, they have individual specific difficulties related to the nature of the impairment, conditions of life and daily activities, and features of social networks. All these factors add to frustra-

tion, despair and a feeling of inability to change the situation. Can teenagers aged 12-13 cope with these difficulties on their own without harming their physical and mental health? The answer is obvious — they cannot. That is why it is essential to draw the attention of the professional psychological community to communication problems in physically impaired children. It is necessary to study specific communication difficulties in such children, identify them in proper time, and design programs of personalized assistance. Such programs should take into account the nature and degree of both the impairment and the communication difficulties in children with various impairments. It should also provide psychological and counseling services to such children and their families, which would make interpersonal communication optimal.

Conclusion

The research verifies the hypothesis: in interpersonal communication, physically impaired teenagers, along with communication difficulties typical of their age, experience specific communication difficulties that differ from those of their typically developing peers. The emerging difficulties are certain to limit teenagers' interactions and their self-fulfillment and self-actualization in interpersonal relationships. Experts in clinical, specialized and social psychology should join their efforts to develop communicative skills in physically impaired children within the framework of the existing remedial and developmental programs. It is clear that such programs should be differentiated not only according to the nature of the impairment but also according to the type of communication difficulties that prevent the constructive development of the speaker.

The commonly asked question refers to the plausibility of teaching physically impaired children in closed schools for special education. We find it impossible to give a straight answer to this question. Specialists from other countries also leave the discussion open. On the one hand, the findings of the research show that the deprivational social environment prevents teenagers from adapting to the surrounding world successfully. It adds to the risk of developing more communication difficulties in physically impaired children. Therefore, the solution lies in mass inclusive education. On the other hand, communication difficulties result from the degree and nature of the impairment, conditions of the child's early age socialization, and not only specific communication in a closed social group. For example, a child with heavy visual, auditory or speech impairments who was pre-schooled at home will have significant difficulties studying in an inclusive educational institution. It will aggravate communication difficulties due to the child's inability to study the material successfully as well as gelotophobia, bullying by peers, social isolation, and so on.

We believe that there are no standard methods. An individual approach to each physically impaired child will reveal the child's communication potential and overcome current problems in communicating with peers and adults. The methods may vary: inclusion, special education, remedial teaching groups, meetings with typically developing children, extracurricular education common for all types of children, and others. The main aim remains unchanged: it is the psychological and counseling support of the ontogenesis and dysontogenesis of the communication agent.

Limitations

Undoubtedly, the universal nature of the obtained data is limited by the paucity of the sample, the need to focus on the nature of individual communicative difficulties in teenagers, and the specifics and degrees of their impairments. The identified features cannot be regarded as regular; the research only registers the fact of tendencies in impaired communication among physically impaired children.

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