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**AGGRESSION AND ITS AWARENESS BY INTELLECTUALLY
DISABLED ADOLESCENTS**



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Abstract

This study presents the research into aggression awareness by intellectually disabled adolescents. A relatively adequate assessment of one's own aggression is a positive marker of the emergence of interpersonal relations involving a mentally retarded adolescent. The lack of awareness of one's aggression and its consequences may lead to rude aggressive behavior. The research team reviewed sociopsychological literature, used projective testing and empirical methods (dialogs, observations, expert opinion, and psychodiagnosis), quantitative and qualitative analysis of the results, and statistical processing of the results. This paper in fact combines two studies. The first study showed that mild mental retardation (a sample of 21 persons) did not prevent patients from explaining the essence of aggressive behavior; however, these patients differently comprehend their own aggression, and they were not always able to identify the external signs of aggression (projective testing). It was revealed that mildly retarded adolescents showed their aggression differently towards adults and peers. The other study differentiates its results by the origin of aggression in its sample of 24 adolescents, distinguishing aggression as a persistent trait and aggression resulting from organic brain damage. It shows that adolescents whose aggression comes from organic brain damage have significant difficulties understanding their actions and feelings, which might compromise attempt at psychological assistance and intervention. The paper will help psychology practitioners focus better on the non-homogeneity of mildly intellectually disabled adolescents when developing and implementing psychological support programs to help understand the essence of aggressive behavior and adjust for the individual and typological traits of patients.

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1. Introduction

Adolescent aggression is an important psychological, pedagogical, and social issue. Being a persistent trait that tends to become a part of one's personality, aggression is capable of directing a person's behavior in general.

Aggression studies are presented in numerous Russian papers (Belashina, 2020; Iovchuk, 2002; Mozhginsky, 2006; Semenyuk, 2001) and international publications alike (Guedes et al., 2018; Jiménez & Estévez, 2017; Bandura & Walters, 2016; Baumeister & Bushman, 2017; Buelga et al., 2017; Campbell et al., 2007; Jones et al., 2011; Roberton et al., 2012). Researchers believe adolescents' aggression may stem from different factors (Bandura & Walters, 2016; Dozortseva, 2006; Isayev, 2001; Mozhginsky, 2006). As for mentally retarded persons, many aspects of the manifestation and awareness of aggression in them remain obscure.

The ability to adequately build interpersonal relationships is one that largely determines the effectiveness of an intellectually disabled adolescent's sociopsychological adaptation. In turn, the signs of aggression make it difficult to become included in the environment the adolescent finds themselves in. According to (Buck, 2011; Dozortseva, 2006; Korobeinikov, 2002; Shipitsina, 2005; Zaigraeva, 2016), mentally retarded adolescents are far less socialized.

Addressing this problem is imperative, as intellectually disabled persons need to learn the rules of socially acceptable interaction, need to develop reflection and self-control skills, need tailored and differentiated psychological assistance and intervention. All of this calls for a comprehensive approach involving the student family.

The novelty of this research lies in the fact that it analyzes intellectually disabled adolescents' personal comprehension of the concept of aggression as well as their personal awareness of one's own aggression; it investigates the specifics of aggression awareness in intellectually disabled adolescents as affected by the nature of such aggression, whether it is a trait or a consequence of organic brain damage.

2. Problem Statement

Research into the qualitative uniqueness of personality development in intellectually disabled children is of great value for specialists in psychology for special needs and those in defectology, since it will help them better tailor their efforts and predict possible socialization challenges (Indenbaum & Logunova, 2020).

The authors hereof believe that to milder the signs of aggression in adolescents with mild mental retardation, one needs to find out first whether aggression is intentional or not, whether the person understands the essence of aggression and realizes they are being aggressive, or their actions are spontaneous, impulsive, and unconscious, i.e. there is no awareness of the fact that such aggression harms others. To optimize psychological intervention and tailor it to the individual and typological traits, it is imperative to research aggression awareness in mildly retarded adolescents in the context of different geneses of aggression.

3. Research Questions

The hypothesis of the first study was that intellectually disabled adolescents could differ in their comprehension of the concept of aggression in general and of their own aggression in particular, as some do not understand this concept at all, whilst others partially or completely understand its essence and their own aggression.

The second study was based on the hypothesis that intellectually disabled adolescents might behave aggressively due to organic brain damage as a result of having difficulties understanding interpersonal communication and lacking critical thinking about their own behavior, being devoid of empathy.

On the other hand, adolescents whose aggression is a persistent personality trait are expected to better understand the undesirable nature of their behavior as compared to their peers whose aggression stems from organic brain damage.

4. Purpose of the Study

The research team sought to analyze aggression awareness in intellectually disabled adolescents and to suggest differentiated recommendations on psychological assistance tailored to individual and typological traits.

5. Research Methods

The first study was carried out at the Markovskaya General Secondary School, in Irkutsk municipal school. It involved 21 mildly mentally retarded adolescents aged 13 to 16; examinations were carried out by M.A. Firsova, a Master's student.

To test the hypothesis, the researchers applied complementary psychodiagnostic methods: a conversation designed to find out whether the adolescents were aware of, and understood, aggression. They were asked such questions as "What is aggression? Do you think you are aggressive? Why?". Other methods included self-assessment of aggression (Dembo-Rubinstein), the authors-developed Home and School Situations Questionnaire, L.N. Sobchik-modified picture-based Apperceptive Test, and expert assessment of aggression.

The Home and School Situations Questionnaire had questions on different situations where an adolescent would have to interact with their peers, parents, and teachers. The answers were indicative of three levels of aggression: high, medium, and low. Besides, the adolescents were asked to additional questions: What's the right thing to do? What would you do? This helped find out whether they were aware of the norms and rules of socially acceptable behavior, whether they could comprehend their own behavior in this or that situation. By comparing the answers, the research team was able to understand whether this or that adolescent was aware of their own aggression.

Expert assessment also helped analyze the behavior of school students in a variety of situations. The experts were the homeroom teacher, the school psychologist, and the D&T teacher.

To test the second study's hypothesis, the research team used S. Bellak's Children's Apperception Test, see Figure 7 for stimuli. We also analyzed the adolescents' comprehension of aggressive situations as

well as their empathy (the ability to understand other people's emotions, to 'wear others' shoes'). For this research, we had to modify the author's instructions because intellectually disabled adolescents could not understand them. As a result, each was asked to take a look at a picture and answer these questions: What's in the picture? What are the characters doing? How come this is happening? What are they feeling? What will it end up like? This effectively provided some additional information about the aggressive adolescents' empathy, their ability to put themselves into another person's position, to explain the feelings of a character.

Then each adolescent was involved in a conversation designed to measure their emotional intelligence and to test their elementary empathy, i.e. the ability to understand other people's moods and their own feelings, to come to help, to show compassion and support, etc.

1. Do you easily read emotions and feelings on people's faces?
2. If you don't like something, can you contain your negativity about it? etc.

Statistica 6.1 was used for statistical processing.

The subjects were examined by A.E. Yushkova, a Master's student, at Remedial Schools #5 and #7 in Irkutsk. Research involved intellectually disabled adolescents aged 12 to 16, grades 6 to 9, a total of 24 persons, all of whom had been persistently showing signs of aggression.

They were split into two groups. Group 1 comprised intellectually disabled adolescents diagnosed with mental retardation and associated behavioral disorders, or monitored by a psychiatrist/neurologist and treated for aggression. All these adolescents had relatively well-off families. Therefore, their aggression was due to organic brain damage. Group 2 comprised aggressive adolescents that had not been diagnosed with any kinds of behavioral disorders nor reported to show persistent "malignant" aggression. The assumption was that their aggression had social roots and was a persistent personality trait resulting from the negative influence of their inner circle.

6. Findings

This research produced the following findings.

1. Mildly retarded adolescents had different views of aggression, as some would name verbal signs, others referred to physical aggression, and few mentioned the emotional manifestations; some of the participants named signs of aggression of all these categories.

2. Highschoolers' views of their own aggression were sometimes inconsistent with the objective reality, causing a mismatch between their and the teachers' assessments. That is because intellectually disabled adolescents generally have difficulties regarding self-efficacy, as they only notice the best in themselves (Shapovalova, 2020).

3. Mentally retarded adolescents were found to be familiar with the norms and rules of socially acceptable behavior; however, they showed different signs of aggression towards adults vs peers. For instance, their aggression towards adults was limited. We believe the reason here is that such adolescents depend critically on the image and personal meanings of the adults that play important roles in their life; besides, their experience enables such adolescents to predict possible consequences of such aggression, e.g. punishment and censure in case of tiger parenting.

4. On the other hand, adolescents were often infinitely aggressive towards their peers; the finding hereof is in line with an earlier study (Semenyuk, 2001) that states that peer-to-peer aggression is often

dictated by the desire to defend oneself and to meet one's needs in a variety of situations. Besides, aggressive behavior is perceived by some adolescents as a way to assert oneself and gain respect among peers.

5. Adolescents were not aware of all the external signs of aggression as shown by projective apperceptive testing (PAT). The findings were consistent with the statements found in study guides: retarded adolescents had difficulties finding the causal relations between objects, could not understand the situations in pictures and the relationships between its characters.

6. Intellectually disabled children whose aggression stemmed from organic brain damage had difficulties understanding interpersonal communication situations, as they failed to interpret obvious aggression as such. These subjects were significantly ($p<0.01$) less likely to give a correct answer. For instance, when looking at the picture in Children's Apperception Test, some interpreted the situation shown there as a game, and the stories our subjects made up from the picture had a happy ending each.

7. Adolescents whose aggression was a trait were better equipped to analyze their actions as compared to their damaged-brain peers; they were able to admit the negativity of their behavior and tried to come up with excuses like anger, resentment, or will for revenge. Besides, the subjects were well-aware of how they could influence other people's moods.

8. Most of the subjects whose aggression was a persistent trait lived in a harsh social environment ridden with conflicts and alcoholic parents, or were totally deprived of being close to other people due to being raised in orphanages. This, once again, proves that aggression in intellectually disabled adolescents is a matter of nurture.

9. Psychological intervention for aggressive adolescents must be differentiated and tailored to their individual psychological traits. In case of intellectually disabled teens, such intervention must seek to teach them to constructively resolve conflicts, to stabilize their own emotional state as part of communication training. Focus should be made on the relationships between intellectually disabled children and their peers, as peers are the most likely target of aggression.

7. Conclusion

The studies presented herein provided valuable data on the difference in how intellectually disabled adolescents comprehend aggression.

There is discordance between their understanding of norms and rules of behavior, and the awareness of aggression in behavior, especially towards peers; this results in a higher risk of undersocialization. Organic brain damage that amplifies aggression also makes the person less likely to be aware of the aggression as such, as it makes the person less self-critical or empathic. It is necessary to cooperate with the family and the social circles of an adolescent to prevent or mitigate their aggression. Psychological intervention aimed at reducing aggression should involve both the adolescent and the people close to them.

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