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**SOCIAL REPRESENTATIONS OF SAFETY BY ADOLESCENTS  
HAVING INTELLIGENCE DISORDERS**

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**Abstract**

The aim of this paper is the research of social representations of safety by adolescents with intelligence disorders. A child having developmental abnormalities experiences difficulties of penetration into the sense of human relationships, of establishment of cause-and-effect relationships and dependencies in the surrounding world, in connection with which, social representations of the rules of safe behaviour are formed in him/her to the fullest extent. To conduct the research, the authors' questionnaire "Human safety", aimed at the study of representations of safety, threats and the degree of protection against them by adolescents having intellectual disorders, was used. Sixty respondents at their early teens (12-13 years old) having diagnosis F70 or F71 took part in the experiment. The conducted research allowed establishing that adolescents with intellectual disorders have incompletely formed representation of dangers, threatening to life, health and wellbeing in the social medium. Adolescents are characterised by increased riskiness, the motivation to avoid dangers and threats is uncharacteristic of them. The surrounding world is perceived by children having intellectual defectiveness through deficiency intellectual, sensor and emotional structures, which leads to distortion of the process of ontogenetic socialization. Adolescents associate safety with, first of all, protection from the outside. Half of the respondents to a greater or lesser extent feel insecure in the crowded places (urban transport, shops, parks, playgrounds), which is evidence of predominance of the attitude of "distrust to the world" and social isolation of adolescents having intellectual disorders.

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**Keywords:** Social representations, psychology of safety, adolescents having intellectual disorders, safe behavior.

## 1. Introduction

Throughout the whole ontogenetic development and construction of one's own course of life, a human being faces numerous threats and dangers. Some of them arise independently of the will and consciousness of a child, have environmental nature, others, otherwise, are provoked by his/her way of

life, state of psychological and physical development (Dontsov et al, 2016; Kislyakov et al, 2015; Zinchenko, 2011). Abnormalities in the development of a child harbour real and potential factors of risk influencing his/her psychological and physical safety owing to existing difficulties in socialization. Familiarization of a child having intellectual disorders with people, surrounding environment, surrounding objects and phenomena becomes quite superficially, fragmentarily and sometimes completely distorted, owing to which it is difficult for him/her to follow the rules of safe behaviour in different spheres of life activity, to evaluate risky situations, in which he/she finds himself/herself.

Representations of the meaning of some phenomenon or activity is formed in a certain social medium. However, every human being interprets a commonly accepted representation about the significance of the dangerous situation in his/her own way. Psychological peculiarities of a specific person underlie such interpretation (Dontsov et al, 2016; Kislyakov et al, 2016). Representation of safety can be true – for instance, to perceive the state of safety correctly – or distorted – to overestimate or underestimate the real degree of safety and unsafety. Children with intellectual disorders have abnormalities in their psychological development: underdevelopment of cognitive processes, unsystematic thinking, impairments of semantic and associative memory, alalia, attention deficiencies, impairments of the emotionally volitional sphere, malfunctions (Ainsworth, 2004; Speck, 1999; Vygotsky, 1983). Correspondingly, the understanding of life situations and their resolution in a safe mode is harshly hindered (Davydova, 2009; Katzl & Singh, 1986).

Social representations, being a version of representations on the whole, act as reflection and recreation of specific images of objects, events and phenomena of the surrounding natural and social world connected with the life and relations of people in society, oriented at social values, norms, and regulations of society (of life activity environment), where a child is going to live and to realise himself/herself as a personality, socially adapting to such environment (Farr et al, 1984; Moscovici, 1988). At present, formation of social representations in children, beginning from a preschool age, is an actual topic of numerous discourses in view of recognition of social development as one of the priority areas of all-round making up of personality. A similar tendency of rethinking of the proportion of psychological and social components of development is observed in educating and upbringing of children with disabilities. It is unreasonably to expect from a child, who has abnormalities in his/her development and experiences difficulties in penetration into the sense of human relations, in the establishment of cause-and-effect relationships and dependencies in the surrounding world, that he/she will independently use those capabilities of perception that they already have, and that social representations of the rules of safe behaviour will form in him/her to the fullest extent (Davydova, 2009).

## **2. Research methods**

For the purpose of studying the representations of safety, threats and the degree of protection from them by adolescents having intellectual disorders, we developed the questionnaire “Human being safety”.

Sixty respondents in their early teens (12-13 years old), having diagnosis F70 (Mental retardation of a light degree) or F71 (Moderate mental retardation) and studying in the 5th -6th forms of the special (remedial) school of the VIII type, took part in the experiment.

### 3. Results and Discussion

The conducted poll allowed revealing associative connections of the concept of “safety” existing in the adolescents having intellectual disorders. Respondents were offered to formulate not less than three associations for the word “safety”. Generalization of the results of the poll is represented in Table 1.

On the basis of the analysis of the obtained answers, we have distinguished the groups of notions connected with safety represented by adolescents having intellectual disorders. Among them, the basic ones are:

- *security from the outside* (protection, help, home, a safe place, a rescuer, police, a fence, a lock, a gun) – 46,4% of all associations;
- *safe behaviour and individual traits* (humility, neatness, strength, dexterity, intelligence, observance of rules not to fight, not to take alcohol, not to smoke) – 21,6% of all associations;
- *an “ideal world”*, which includes values (kindness, hope, peace, freedom, happiness, health) – 16,5% of all associations;
- *emotional states* (reliability, confidence, calmness) – 9,3% of all associations;
- *openness as a relation to people and a safe interaction* (trust, politeness, friendship) – 6,2% of all associations.

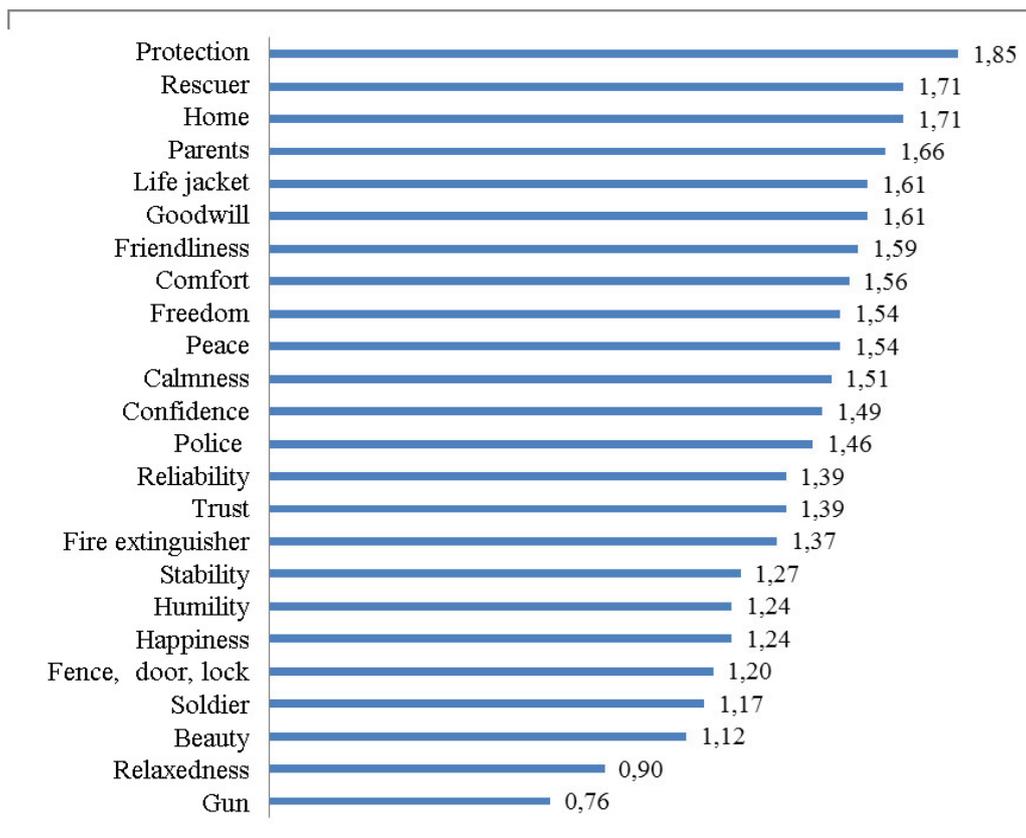
Besides, the questionnaire provided an additional analysis of the suggested associations for the concept of “safety” by respondents. An associative array, obtained as a result of assessment of the degree of correspondence of this or that notion with the notion of safety, is presented in figure 1. At the same time, the coefficient of the degree of correspondence was calculated as an arithmetic average of all respondents’ responses (from 0 – does not correspond, up to 2 – fully corresponds).

**Table 1.** Representation of safety by adolescents having intellectual disorders

Associations	%
<b>Emotional states (total)</b>	<b>9,3</b>
Reliability	1,0
Confidence	4,1
Calmness	4,1
<b>Ideal world (total)</b>	<b>16,5</b>
Happiness	1,0
Hope	1,0
Kindness	2,1
Peace	8,2
Health	2,1
Freedom	2,1
<b>Interaction with people (total)</b>	<b>6,2</b>
Trust	4,1
Politeness	1,0
Friendship	1,0
<b>Behaviour and personality traits (total)</b>	<b>21,6</b>
Humility	1,0
Neatness	8,2

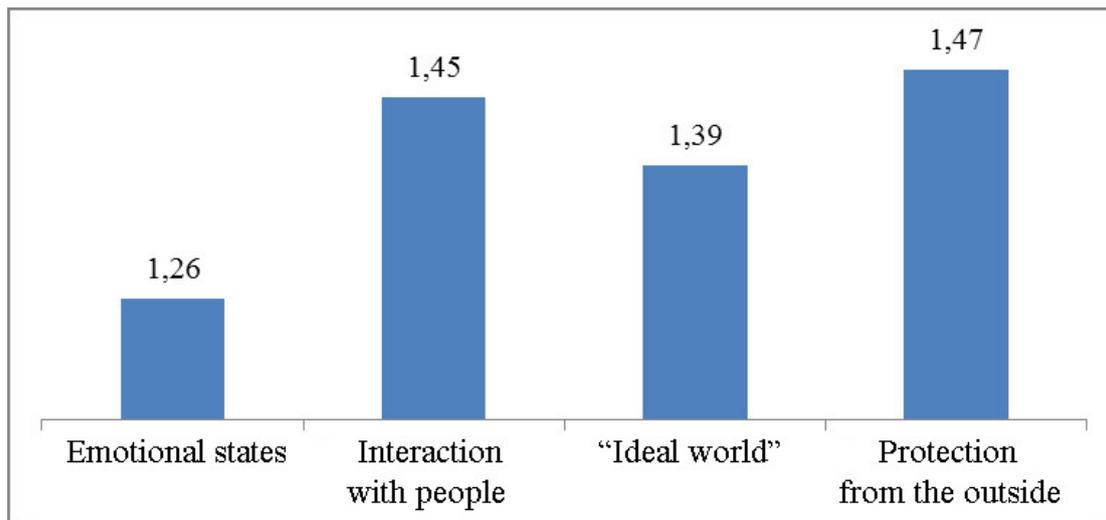
Strength, dexterity	1,0
Intelligence	1,0
Rule	2,1
To behave properly	3,1
Not to fight	3,1
Not to take alcohol, not to smoke	2,1

<b>Protection from the outside (total)</b>	<b>46,4</b>
Protection	18,6
Help	1,0
Home	5,2
Safe place	1,0
Rescuer	5,2
Police	7,2
Gun	7,2
Lock, fence	1,0



**Figure 1.** The associative array of adolescents having intelligence disorders for the notion of safety (according to the scale of correspondence from 0 to 2)

We have grouped the average arithmetic points by the above-mentioned groups (except for the group “safe behaviour and personality traits”) (figure 2).



**Figure 2.** The associative array of adolescents with intellect disorders relatively the notion of safety (by groups) (according to the scale of correspondence from 0 to 2)

As seen from the diagram (figure 2), the adolescents having intellectual disorders associate safety to a greater extent with security, provided from the outside, and with safe interaction, and to a lesser extent – with their emotional state and need of an “ideal world”. Thus, the hierarchical structure of representations of safety by adolescents with intellectual disorders looks like the following:

1. Understanding of safety as a force which renders assistance and which, in case of danger, must provide protection. In that way, it is possible to ascertain the existence of the desire to retreat from one’s own responsibility for personal safety and to impose it on the police, ECM (Emergency Control Ministry), the army and so on.

2. Understanding of safety as a basis of harmonious interpersonal relations based on trust and friendliness. Orientation to informal relations allows building up more flexible strategies and feeling safe. Safety is associated with involvement into the system of trust relationships with significant adults (parents, educators).

3. Safety as some “ideal world” where uninterrupted satisfaction of needs and realisation of dominating values occur.

4. Understanding of safety as an emotional state associated with relaxedness and calmness. This state is not associated with depression in any way and is not accompanied by the negative emotional background; this is inactivity bringing pleasure.

A child in any age must have a set of fears which will not allow him/her to perform this or that action (for example, the fear of suffering, the fear of being punished and etc.). The sensation of danger, fear are a visible obstacle for performing unnecessary risky steps. A child must assess possible consequences so that in case of necessity to make the right decision. The conducted questionnaire allowed revealing subjective representation of threatening dangers by adolescents having intellectual disorders. The summarised data are presented in table 2.

The dangers pointed out by respondents can be combined into the following groups: dangers in private life and in natural environment, dangerous (risk-taking) behaviour and social dangers.

It should be noted that children have incompletely formed representations of dangers threatening life, health and wellbeing of a child in the social environment. The analysis of the conducted questionnaire

survey has shown that the majority of children experienced difficulties when describing threats which pose hazards to them. The majority of children pointed out one or two threats instead of proposed 3-5 threats. In the course of the conversation, it was found out that many adolescents having intellectual disorders fear neither the possibility of becoming a victim of a criminal nor being bit by a dog, nor breaking an arm. In other words, adolescents are characterised by risk-taking behaviour; it is not characteristic of them to avoid dangers and threats. The absence of the sense of danger is a substantial abnormality in the personality development as the child is unable to evaluate the danger and to warn himself/herself against it. In other words, in case of danger (turning up of a moving car, a sudden fright, fear of falling), the child does not experience fear, panic reactions which preserve him/her from emergencies. The absence of fear may mean that the child is unable to build an abstract sequence of events starting from actions and ending in consequences. This is connected with the fact that the surrounding world is interpreted by children with intellectual inadequacy not only through immature, but also through deficiency intellectual, sensor and emotional structures, which leads to distortion of the process of ontogenetic socialization, development of socio-psychological maladjustment.

**Table 2.** Subjective representations of threatening dangers by adolescents with intellectual disorders

Dangers	%
Dangers in private life and natural environment (total)	42
Thunderstorm	14
Fire, conflagration	12
Icicle	2
Ticks	4
Dog	4
Sun	2
River	5
Unsafe behaviour in private life (total)	25
Getting lost, becoming a tramp	5
Height	4
Knife	4
Car, road	12
Social dangers (total)	33
Fight, violence	7
Theft	5
Maniac, murderer	7
Drugs, cigarettes, alcohol	5
Police	9

Analysing the results of the questionnaire and conversations, we have noted that the majority of children lack the knowledge about dangerous situations and ways of behaviour in them; their knowledge is of fragmentary and formal nature. The abilities to put oneself in another person's shoes, to define his/her intentions, to transfer the obtained knowledge and abilities to other similar situations, to plan one's own actions are absent. These facts can be explained by the absence of systematic studies on social safety with consideration of risk factors of disontogenesis of children having intellectual disorders, as

well as by the attitude of parents and educators willing to simply insulate children from harmful experiences and not to teach them the social safe behaviour in their everyday life, that is, by the absence of psychoeducational and socio-psychological conditions, necessary for application of knowledge and abilities of social safe behaviour in everyday life. Along with it, it is worth observing the principle of psychological safety. Making improper emphases in the psychoeducational support can result in the development in the children of anxiety represented by emotional discomfort, chronic fear and experiencing negative consequences of each act. That is, when forming the worldview of children and the form of their perception, significant adults (parents and educators) must focus their attention rather on opportunities that the surrounding environment provides on condition of realisation of socially safe behaviour than on dangers.

The conducted questionnaire also allowed determining subjective representation of security/insecurity in different places by adolescents having intelligence disorders. (table 3).

**Table 3.** Subjective representations of insecurity in different places by adolescents having intellectual disorders

Places	%
At home	2
At school	27
In parks, vest-pocket parks	37
In yards, in playgrounds	41
On buses	46
In shops, in markets	46

From table 3, we can see that, except for one respondent, all the rest feel safe only at home. Half of the survey respondents to a greater or lesser degree feel unsafe in the crowded places (urban transport, shops, parks, playgrounds), which is evidence of the prevailed attitude of “distrust to the world” and social isolation of adolescents with intellectual disorders. Every fourth adolescent pointed out his/her unsafety at school. This circumstance, apart from the above-mentioned reasons, can be related to conflicts between learners and to the lack of reference significance.

#### 4. Conclusion

The obtained data on social representations of safety, threats and a degree of security against them by adolescents having intellectual disorders must be taken into consideration when planning psychoeducational support of provision of social safety for adolescents with intellectual disorders on the basis of formation of cognitive, emotional volitional and behavioural structures.

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