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## DEVELOPMENT FEATURES OF CHILDREN WITH AUTISM SPECTRUM DISORDERS AND MENTAL RETARDATION

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**Abstract**

The article is devoted to the study of the emotional sphere of children with autism spectrum disorders (ASD) and mental retardation (PDD). The content of diagnostics is disclosed, the analysis of the results revealing the description of emotional states depending on the dominant agro-industrial complex in children with PDD and ASD is carried out. The leading affective-behavioral complexes (APC) have been identified: psychophysiological survival; symbiotic; expansion; play-dialogical and affection; figurative and role-playing. The article concludes that in children with ASD and PDD, the same APC can dominate and be impaired, but they are characterized by different behavioral manifestations and emotional states. For children with ASD, rigid patterns of behavior are more characteristic; violation of stereotyped actions causes displeasure or negativism. In children with CRD, the presence of a habitual rhythm activates activity, causing a positive emotional background. In children with CRD, several competing types of behavior can be triggered, from which short-lived and very mobile subcomplexes are formed, while new bundles of behavior quickly disintegrate.

**Keywords:** APC, figurative-role, psychophysiological survival, symbiotic, expansion, play-dialogical and attachment.

To study the mental development of children with autism spectrum disorders (ASD) and mental retardation (PDD), a diagnostic technique was used based on the analysis of the development of affective-behavioral complexes (APC) M.K. Bardyshevskaya [1, p. 266].

The methodology is aimed at studying the repertoire of emotional and behavioral manifestations of the child's symbolic activity, determining the types of communication and leading affective-behavioral complexes (APC), assessing the development of behavioral patterns. According to the degree of the most tolerable load for the child, the most damaged APC is determined.

This technique is based on a model for the development of emotions, behavior, communication and symbolic activity. Developed by the author as a result of generalization of many years of diagnostic and psychotherapeutic experience in children's organizations and in outpatient practice. Diagnostics is carried out step by step, with the selection and verification of the transferred affective loads for the child, followed by the

construction of individual profiles (development diagrams of the agro-industrial complex).

In addition, the technique involves carrying out a therapeutic effect, the program of which is built individually, taking into account the profile of the agro-industrial complex of the subject. With the help of this technique, it is possible to restore the foundations, the foundation of the child's emotional life, which will allow the child to independently set goals, arbitrarily regulate his behavior and emotional state.

Diagnostics was carried out in stages, in the form of observation, with the fixation of the results in the form of the technique. The study involved 24 children of primary school age (the age of the subjects was 7-8 years). Of these, 12 people have a history of PDD and 12 people have ASD.

At the first stage of the study, the damaged dominant APCs (the most energy-intensive at the moment, suppressing other APCs) in two groups of children were identified and determined. The results are presented in Table 1/

Table 1

Dominant APC Results		
Affective-behavioral complex	PDD	ASD
APC of psychophysiological survival	25%	34%
APC symbiotic	16%	16%
APCA expansion	16%	25%
APC game-dialogical and affection	34%	16%
APC figurative-role	9%	9%

According to the results of the diagnosis of the APC of psychophysiological survival, as the dominant one, was revealed in 25% of children with PDD and 34% of children with ASD. In general, the children showed an alarming mood background. In children with ASD, sensory and emotional overload caused rapid exhaustion and a state of fear, which was experienced as a painful experience. The leading manifestations in children were the search for shelter, rest, merging with the territory, the environment.

With the dominance of this APC, outwardly normal loads are perceived intolerable. Children avoid noisy places and crowds, even going out on the street is painful.

In this APC, emotions are associated with the experience of trauma and the perception of situations as threatening. As a result, avoidance acted as a protective form of behavior to reduce emotional stress.

For children with PDD, a transition to a more economical regime was characteristic, there was a limitation of external activity. The leading symbolic activity in this agrarian and industrial complex is dreams or daydreams. The projection of their images onto a surface, for example, a wall, the sky, without external manipulation of objects, provides an escape from reality. Children with this APC were characterized by weak self-expression.

In children with ASD, noise was very stressful. Tactile, temperature loads were perceived as threatening. Children were observed to be stuck on safe and proven sensations, which may indicate disturbed and secondarily intensified symbiotic and play-dialogical APCs.

In 16% of children with mental retardation from the total sample, a dominant symbiotic affective-behavioral complex was revealed. In addition, 16% were a group of children with autistic disorder who had a damaged symbiotic APC.

Children with ASD showed a pronounced intolerance to the destruction of habitual connections with a vivid affective reaction, for example, hysteria or depression. The behavioral repertoire is rigidly fixed and develops according to the mechanism of conditioned reflexes, getting stuck ("sticking") on any positive experience marked as good. Any experience that is not characterized as good or controlled is associated with negative and avoided. Rituals and a clear rhythm also

characterize children with ASD with a symbiotic APC, collecting figures of the same type. Superficial imitation, in contrast to the game-dialogical agrarian and industrial complex, picks out only individual phrases, intonations, does not understand their meaning. In children with mental retardation, behavior is manifested in emotional immaturity, infantilism, lability and lack of independence.

The APC expansion is dominant in 16% of children with mental retardation and in 25% of children with autism spectrum disorder. Children have trouble in tolerating states of their own helplessness, loss of control over the behavior of another person, signs of dominance over another person or animal are noted.

In children with CRD, several competing types of behavior were identified during the agro-industrial complex of expansion, which make up short-lived, very mobile subcomplexes. New transitional forms of behavior developed, which appeared due to the feeling of momentary triumph and quickly disintegrated. In such cases, aggression becomes the leading form of behavior.

Children with ASD "stick" to the adult, mimic him, attributing his skills to themselves, and also do not highlight the dangerous and safe properties of the environment. Children of this group were characterized by quasi-aggression, which was expressed in threatening postures, without words [2, p. 56].

In the group of children with PDD, 34% were found to have a dominant APC of play-dialogical and attachment; in the group of children with ASD, this APC is observed only in 16% of children. Children had trouble in tolerating the slightest deviations from ideal contact, which manifested itself in unpredictable reactions to being late, separation from a loved one. Children reacted with aggression or depression.

The figurative-role APC is damaged in 9% of children with PDD and in 9% of children with ASD. These findings are associated with impaired children's ability to generalize their emotional experiences. Children with autism spectrum disorder confused personal pronouns, "denied" their name. As belonging to itself [2, p. 57]. Difficulties in differentiating their experience were observed in children with PDD.

The results of the study of the emotional states of children, depending on the dominant agro-industrial complex, are presented in table 2.

Table 2

Distribution of the emotional state depending on the dominant APC in children with ASD and PDD

Dominant APC	The emotional state of children with PDD	The emotional state of children with ASD
APC of psychophysiological survival	As a rule, there was a rapid change of states from crying to laughter. Fading. Anxiety, fear	A detached state, a rapid change of states, immersion in dreams. Fear
APC symbiotic	The presence of a habitual rhythm activates the activities of children, determines a positive emotional background	Violation of stereotyped actions causes displeasure, negativism. Repetitive experiences bring pleasure, so children can reproduce positive experiences, and there are also phenomena of "fixation" on the previous positive emotional experience
APC expansion	Excitement in a situation of success is replaced by depressive states in the absence of activity	Depressive reaction, intolerance to a difficult task, excitement prevail
APC game-dialogical and affection	Basically an egocentric state, the acquisition of joy from contact. At the same time, children sometimes experienced rapid exhaustion after social contacts	More pronounced exhaustion during social contact, which was replaced by joy
APC figurative-role	Aggressive play removes expressive affect. When excited, they can identify themselves with other objects in which they put meaning. The resolution of affective conflicts and the integration of emotional experiences are appropriate for a younger age	With intolerance to stress, affective breakdowns occur. Involuntarily enters the role, can play experience, but there is not enough concrete experience, abstract categories develop, as it were, ahead of time, without reinforcement of experience

Thus, the results obtained indicate a violation and dominance of the same APC in children with ASD and PDD, but they are characterized by different behavioral manifestations and emotional states. For children with ASD, rigid patterns of behavior are more characteristic; violation of stereotyped actions causes displeasure or negativism. In children with PDD, the presence of a habitual rhythm activates activity, causing a positive emotional background. In children with PDD, several competing types of behavior can be triggered, from which short-lived and very mobile subcomplexes are formed, while new bundles of behavior quickly disintegrate.

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