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RESEARCH METHODOLOGY OF SOCIALIZATION OF OLDER PRE-SCHOOL CHILDREN IN PRE-SCHOOL INSTITUTIONS: CRITERIA, INDICATORS, TOOLS

Abstract. One of the priority directions of the development of the national education system is the search for effective ways of including children with psychophysical development disorders in the educational environment, their socialization, the leading mechanisms of which are provided by speech activity.

Among children with various types of psychophysical disorders, a significant increase in the number of children with disorders of speech development - general underdevelopment of speech (GDS) is recorded. Modern educational reform strategies create the necessary prerequisites for the active integration of children with SEN into the general educational space, therefore there is a need for a comprehensive study of this nosology of children, both for the purpose of further development of effective methods of diagnosis and correctional assistance, and their socialization.

Keywords: socialization, levels, criteria, general underdevelopment of speech.

Formulation of the problem. In our research, we understand the socialization of children with general underdevelopment of speech as a combined process of general speech education and social formation, which ensures the development of speech and the formation of a competent approach to the development of the child's personality, the result of which is the dynamic development of his socialization.

We started from the understanding that speech, as one of the main and necessary conditions for a child's personal growth and social development, is a full-fledged means of communication only when it is preserved or, in the case of speech pathology, its structural components are copied. Therefore, the leading factors that cause deviations in the development of the child's personality, related to communication, are the insufficient level of orientation of the child to active communication, as well as the insufficient mastery of communicative activities. The ratio of these factors constitutes the undifferentiated relationship of the child to the partner in communication and the very fact of communication.
Analysis of recent research and publications. Scientists (L. Artemova, A. Bogush, L. Varyanitsa, N. Gavrish, N. Kirsta, L. Kononko, T. Kravchenko, S. Kurinna, V. Kuz, N. Lysenko, T. Ponimanska, I. Rogalska (Pechenko) and others) define the socialization of preschoolers as their acquisition of social experience, which is carried out through activities aimed at orientation in the situation, adaptation to the environment, transformation of living and inanimate nature, own "I"; the process of development and implementation of social content by a growing person; the real content of the child's growing up, in which the active creative social action significant for the subject's individuality takes place; the historically determined process of a child's entry into the world of specific social relationships and mastering of socio-cultural experience, assimilation of values and norms of behavior; the process of reproduction of these connections by the child due to its inclusion in the social environment, active own activity and communication [3].

The purpose of the article: to substantiate the research methodology of the socialization of children of older preschool age in preschool institutions.

Presenting main material. Since speech affects the development of all mental processes, children with speech development disorders are a special group and need help not only in the speech sphere. Therefore, great attention should be paid to the development of the personality of a child with speech disorders and the process of his socialization.

Therefore, the analysis of scientific approaches to the identification of problems of socialization of preschoolers with speech disorders made it possible to establish that, in the structural plan, the socialization of children with general underdevelopment of speech is a systemic entity that hypothetically includes three criteria: emotional-sensual, social-communicative, reflective-evaluative.

The proposed structure of socialization of children with general underdevelopment of speech in the process of further experimental research allows for a deeper understanding of the essence of the studied category as a complex system that finds its manifestation in the interrelation of the above criteria.

Let's consider in more detail each of the outlined criteria and their indicators.

We define the first criterion emotional-sensual, which is revealed by indicators: emotional reactions to a violation of one's speech; the ability to perceive the speech of other children; the ability to sympathize and empathize with other children.

A child's emotional reactions to his speech defect largely depend on the degree of fixation of both the child himself and the people around him on the speech defect, or, in other words, the child's social development takes place on the basis of the emotions with which he is connected to the environment. The intensive development of a preschooler's personality determines deep changes in his emotional sphere. If at an early age emotions were determined directly by the influences of the environment, then in an older preschooler they begin to be mediated by his attitude to the social environment, certain phenomena [2].
With the appearance of indirectness of emotions, they become more generalized, aware, and manageable. As a result of the awareness of one's own personal qualities, in particular, the presence of a speech defect and the inability to correctly assess the child's behavior, problems such as emotional reactions to one's speech defect arise.

Awareness of a speech defect, fixation on it were studied in children with stuttering (S. Lyapidevsky, S. Pavlova, V. Selivestrov, L. Zaitseva) and in children with speech disorders (O. Orlova, L. Honcharuk). Researchers distinguish three variants of the emotional attitude of children with speech disorders towards their defect: indifferent, moderately restrained, hopeless-desperate. Also, scientists single out three variants of willful efforts to fight it, namely: it is absent, it takes place, it turns into obsessive actions and a state.

V. Selivestrov determined the following degrees of fixation of children on their own defect:

— zero, which consists in the fact that children do not feel their own inferiority due to speech defects and do not pay attention to them. They willingly communicate with peers and adults, acquaintances and strangers. At the same time, they have not even a hint of awkwardness or resentment;

— moderate: children worry about their problem, mask it in every possible way, resorting to tricks. However, children's awareness of a defect does not cause a constant feeling of their own inability, when every step and every act is evaluated through the prism of the defect;

— expressive: children are constantly fixated on their own speech disorders and, painfully experiencing it, evaluate their activities from the standpoint of their own speech failures. They are characterized by immersion in the disease, self-deprecation, painful imagination, obsessive thoughts and a pronounced fear of speech.

The way the environment perceives the child is also important for the degree of fixation of the child on the speech disorder. Older preschoolers are characterized by exaggeration of their own and underestimation of others' qualities and actions, which negatively affects relationships with peers, which play a significant role in the socialization process. The majority of children with general underdevelopment of their speech they do not consider the violation a problem and often do not pay attention to it due to overestimated self-esteem, while it is difficult for them not to notice problems in the speech of their peers. Usually, children make fun of their peers, tease them and do not encourage joint activities, which, in turn, leads to a refusal to communicate, aggressiveness, and, as a result, to the inability to make friends among peers and a violation of the process of social development of the personality.

From the above, we single out the second indicator: the ability to perceive the speech of other children.

Disorders of the personal sphere in children with speech disorders negatively affect their socialization, which causes behavioral disorders that lead to social
maladjustment. Thus, emotions that are fundamentally important for the humane behavior of a social personality, such as empathy and sympathy, defined by the third indicator, are formed in childhood in the process of communication, when the emotional regulation of interpersonal relationships develops, mutual understanding grows, human emotions arise, that is, the formation of a personality occurs.

However, this does not mean that only including the child in the communication process ensures the emergence of appropriate emotions. Education of empathy requires certain forms of organization of communication. That is why the education of empathy in preschoolers is relevant, one of the specific features of which is precisely the inability to correctly determine the emotional state of another, which complicates the process of developing empathy [3].

The unpleasant feelings that a child experiences as a result of a peer's negative attitude towards him interfere with the formation of the ability to see another, understand his condition and empathize with him. In her research, H. Lavrentieva notes that due to negative experiences in children, in response, indifference to others, to their difficulties, which can later turn into aggression, arises. Experiencing indifference or a negative attitude towards oneself separates children, deepens alienation between them, reluctance to communicate, contact with peers. As the scientist's research showed, children who had a positive experience of communicating with their peers behaved differently, they sympathized with a child who was in a difficult situation [70].

H. Lavrentyeva noted that the positive attitude of peers towards children experienced by children contributes to the ability to understand others, to penetrate them with care. She noted that the good feelings of the people surrounding the child awaken in him a response to the emotional state of another, forming empathy in him, benevolence, the desire to communicate, the joy they bring to others, stimulates them to new good deeds, consolidates the desire to be good.

So, as the analysis of scientific works showed, the experienced positive attitude towards oneself of a peer develops empathy and compassion, which positively affects the socialization of the child's personality as a whole.

For normal social development, every child needs to be in an atmosphere of love and psychological well-being and security, which emphasizes the role of the teacher, who should be aimed at strengthening the child's self-confidence, his understanding of his individual characteristics and opportunities in communication with peers.

The next criterion determined in the study is social and communicative. Its indicators: speech activity; initiating communication with other children; intensity of communication with peers and close adults.

The development of speech occurs in the process of improving the practical use of speech in communication with other people. At the same time, speech becomes the basis for restructuring mental processes, a tool for thinking. The
acquisition of speech is accompanied by great activity of the child, which determines the first indicator: speech activity.

A child becomes most sensitive to language phenomena precisely in preschool age. Orienting herself in the meaning of words, she simultaneously shows great interest in the sound form of words, often specially changes words, creates new ones [4].

A number of scientists (A. Bogush, D. Elkonin, O. Zaporozhets, M. Lisina, etc.) emphasize that a child's cognitive development is the basis of his speech development. In order to communicate at an appropriate level, preschoolers need to have certain knowledge about the surrounding world, a basic understanding of other people's and personal capabilities, and speech in particular contributes to the assimilation of new information, memorization, solving cognitive and thinking tasks, which helps children to clarify the essence of concepts, not related to the physical properties of the object.

Studies conducted by such scientists as A. Bogush, N. Gavrish, T. Kotyk, K. Krutiy, N. Lutsan, etc. show that speech is of primary importance in children's assimilation of social concepts related to status and role (for example, friend, teacher, aunt, uncle, doctor). We share the opinion of A. Bogush regarding the fact that one of the leading directions of speech development of preschool children is timely organized work on education of speech culture.

Preschoolers master speech skills by observing social interaction, speech style of adults, perceiving the content of their conversation. Having partially mastered the language, the child is already able to verbally formulate the rules that govern his actions in various situations.

As is known, children of older preschool age with typical speech development independently come up with fairy tales, stories, use various means of expression, perceive other people's arguments and evidence with interest and use them themselves. They share their impressions with peers, ask questions, involve peers and elders in communication. Older preschoolers even notice language mistakes of their peers, correct them, use simple concepts. Their speech is clear, grammatically correct, expressive.

Studying the same period in development, but in children with speech disorders, L. Solovyova noted that it is significantly different from normal ontogenesis. During the observation of such children, the researcher divided them into two groups. The first group is more numerous, it included children who, due to delayed speech development and low cognitive activity, hardly ask questions, are slow, passive, with delayed speech. The second group of children, on the contrary, asks questions aimed at external, non-essential signs of objects and phenomena. However, they do not wait for an answer to the questions. These children are disinhibited, talkative. The peculiarity and interdependence of speech and communication skills are revealed in the limited vocabulary and number of verbs in
active speech, the originality of expression. This hinders the full communication of these children with peers and adults and subsequently causes a desire to avoid communication and leads to the lack of formation of means of communication - dialogic and monologic speech. In this way, children cease to be interested in contact, they do not know how to navigate in a communication situation, which leads to negativism [1].

Also, L. Solovyova found that most children with speech disorders are more active with adults in the process of playing. But even in the game, the speech of these children is characterized by impoverishment of content and insufficient structure of the speech production used in it [1].

In the course of the research, it was established that some children with speech disorders have an extra-situational cognitive form of communication. They can respond with pleasure to an adult's suggestion to read a book, they will listen carefully to simple story texts. But after reading, they do not show a desire to discuss what they just read, or to share their emotions about the text they listened to. Due to the fact that in children with speech disorders, monologue speech is not sufficiently formed, children usually do not ask questions about the content of what they have read, they cannot retell what they have heard. Even if the child is interested in communicating with an adult during the conversation, he constantly switches from one topic to another, his cognitive interest is unstable, so the conversation lasts only 5-7 minutes.

Therefore, it should be recognized that a significant part of children with severe speech disorders tends to withdraw from adults. Children withdraw into themselves, only sometimes turn to adults, are ashamed of them and avoid any relationships, which allows us to single out the second indicator, which is the initiation of communication with other children.

In each age group of a preschool institution, the special needs of children are revealed first and most fully in communication with each other. According to the results of the research by I. Kryvyovyyaz, it was established that most preschoolers with speech disorders are characterized by the ability to enter into contact only on external initiative and a decrease in interest in communication. Such children need to establish an emotional contact with an adult, to form an interest in communication with children and close adults.

As you know, communication is the most important social need of a person. Deprived of communication, a child develops untimely and incompletely. Lack of communication leads to delays in the mental and general development of speech, which reflects the development of thinking; game development is delayed, which is an indicator of delayed social development, in particular, relationships with other children; the emotional sphere is suppressed, as a result of which emotions and feelings become vague, slowed down, inadequate; the liveliness and natural mobility of the child decreases, lethargy, lethargy, stiffness appear. These and other
phenomena devalue the child's natural need for communication and further deepen the distance between him and other children, which is increasingly difficult to reduce with age. Certain stereotypes of relationships, which are very difficult to change, are also complicated [3].

While studying the communicative sphere of children with general underdevelopment of speech in game activities, L. Solovyova found out that communication in games takes place mainly in same-sex dyads, and no permanent game groups were found among children. At the same time, research results show that the game can be a way of organizing and presenting speech tools, a way of motivating communication of preschoolers with general underdevelopment of speech, but only in conditions of specially organized training [1].

So, we consider communication as an important indicator of socialization, and the initiation of communication with other children is an important factor in the socialization of a preschooler's personality, which in turn is closely related to the third indicator - the intensity of communication with peers and close adults.

Usually, in children with communication disorders, the intensity is lower than in other peers in the group. They are mostly silent, listen to their peers. And the content of communication in these children is not the same. Among them, of course, there are children with limited knowledge for their age, with poor social experience, insufficient practical skills in games, self-care, and household chores. That is why they are not interesting to their peers. But among insecure, timid children, who rarely and rarely express themselves in preschool, there are children to whom parents read a lot, organize walks and excursions. At home, these children grow up in an atmosphere of love and attention from loved ones. They are more talkative, more skillful, more confident. But their limited communication experience does not allow them to reveal themselves in the same way in relationships with peers [3].

The third criterion determined in the study is reflective-evaluative. Its indicators: ability to self-esteem, self-expression; the ability of partners to mutually evaluate each other; adequacy of forms of cooperation and interaction in different situations.

The first indicator of the third criterion is the ability for self-evaluation, self-expression. On the basis of knowledge and thoughts about himself, the most complex component of self-awareness - self-esteem - develops in a preschooler. It largely depends on how an adult evaluates the child. The more accurate and reasoned the assessment action of an adult, the more favorable the conditions for the formation of self-esteem. The assessment of the child's teacher and close adults should play a stimulating role, mobilize the child's efforts to obtain a result. It is important to keep in mind that low assessments by adults reduce the child's independence and initiative, which has negative consequences.

When a preschooler forms an idea about his own actions in relation to peers, himself or adults, he begins to be critical of an adult's assessment and tries to some
extent to oppose it, if the assessment "harms" the development of the personality. Older preschoolers are able to independently analyze the results of their actions, separating themselves from the assessment of a peer or an adult.

During the study of the personality development of preschoolers with speech disorders, such researchers as I. Levchenko, I. Marchenko, G. Yusunova discovered a number of features, which consist in the child's low self-esteem. The formation of the personality of a child with severe speech disorders in a group of peers was studied by O. Usanova, O. Slynko, and others, who found out that for children with speech disorders, the child's condition in the group depends entirely on the teacher's assessment. Children are vaguely aware of their relationship to each other. At the beginning of their studies, they cannot justify why they sympathize with one or another peer. At this age, the leading factor in the formation of criteria for the positive or negative attitude of children to each other is the demands put forward by the teacher in the process of educational work, his evaluation of the child's activity [4].

First of all, those areas of children's activities that are performed jointly by peers are subject to peer evaluation. Therefore, communication and interaction in joint activities become important. Children are the first to learn to distinguish those qualities of their friends, which depend on the success of their communication and cooperation: game skills, skills of productive activities, ingenuity, invention, the ability to take into account the suggestions of friends. In the evaluations of peers, children take into account how they fulfill the requirements of adults: do not hit anyone, obey the teacher, mother, etc.

The formation of self-esteem and further self-expression is influenced by the preschooler's attitude towards peers. There are three positions of a preschooler in relation to peers:

1. A selfish position, which consists in the fact that the child is indifferent to other children, and his interests are focused on objects, in particular toys, because of which disputes and conflicts arise.

2. A competitive position is revealed when peers are interested in the child only as a means of self-affirmation. For the sake of the approval and encouragement of an adult, a preschooler tries to be obedient, good, not to offend anyone. The evaluation of other children is inadequate, because it plays the role of a kind of background against which the child seeks to show his advantages.

3. A child with a humane attitude has a positive attitude towards his friends, knows their interests, moods and desires well, willingly, on his own initiative, shares what he has, helps others not with the expectation of praise, but because he gets joy and satisfaction from it.

A humane attitude towards peers is the most favorable for the formation of adequate self-esteem and, accordingly, mutual assessment, which, in turn, is expressed in the adequacy of various forms of cooperation of children in various situations.
Research by scientists shows that self-esteem and *mutual assessment by partners* are closely related. Therefore, extra-situational-cognitive and extra-situational-personal forms of communication with an adult, as well as intensive development of communication with peers, play a leading role in the formation of self-awareness of a preschooler. Communication becomes that sphere of reality that accumulates all mental functions of the child: his attention, perception, memory, thinking, emotions. A child's psyche and personality acquire exactly the qualities it needs to ensure communication with adults and peers. In self-awareness, those properties appear that reflect the child's role and place in communication and allow it to be regulated. As S. Rubinstein emphasized, "there is no "I" outside of the relationship to "you", and there is no self-awareness without awareness of another person as an independent subject" [2].

Communication with peers plays an important role in the formation and development of a preschooler's self-awareness. At an early age, the child perceived an adult as a partner in games. Growing up, the child begins to focus on an adult as a model, a kind of standard that is difficult to achieve, but worth trying. An adult in interaction with preschoolers must maintain neutrality in relation to evaluative actions on the part of the child towards himself. While preschoolers in the process of joint activities begin to evaluate each other, an exchange of these evaluations occurs between them, and based on them, the ability to see oneself from the side, from the position of another, develops. The significance of peers' evaluations increases, which in turn forms the ability to self-evaluate and evaluate others before self-evaluation occurs. Children are usually more demanding of their peers and evaluate them more objectively than they do themselves. A preschooler finds mistakes and inappropriateness in the work of a friend, while not noticing similar mistakes in himself. The teacher's task in such situations is to guide the child's actions and thoughts in the right direction.

The child focuses on the analysis of activity and its results as a basis for peer evaluation. In younger preschoolers, mutual evaluation is more subjective, determined by emotional attitude towards each other. Children are almost unable to generalize the actions of their friends in different situations, they do not know how to distinguish their personal qualities. Positive and negative evaluations of peers are evenly distributed. Older preschoolers have a predominance of positive ones. Children aged 4.5-5.5 years are most sensitive to peer evaluations. Children of 5-7 years of age reach a high level of ability to compare themselves with their peers, rich experience of individual activity helps them to critically evaluate the actions of their peers [2].

An important factor in determining relationships is the motive to help each other. In most cases, children correctly perceive and evaluate their peers, their status in the team, although this, as a rule, depends on the influence of the teacher. At the same time, the child's idea of himself ("I am an image") often does not correspond
to reality. She usually overestimates her capabilities. Personal characteristics do not coincide with self-esteem, children do not notice and do not appreciate numerous features of their own character. Most often, attention is not fixed on negative features, and positive properties are overestimated. This reveals a tendency to characterize one's own image close to ideal. Among such unfixed features is a speech disorder. In the process of researching the problem of formation self-esteem of O. Usanov, O. Slynko found out that speech disorders are not noticed by children [1].

Research on the peculiarities of self-esteem in children with general underdevelopment of speech, conducted by L. Shipitsyna, L. Volkova, showed that self-esteem in boys differs from adequate to a lesser extent than in girls. Boys consider themselves honest, brave, invulnerable, but they communicate less and are less happy. Also, like girls, they realize that the reason for their unsociability is a speech defect, but they do not consider themselves deprived to the same extent as girls with impaired speech. In general, children do not evaluate their capabilities critically enough, they often overestimate them. In most cases, objective personal characteristics do not coincide with self-esteem, children do not notice or evaluate many of their character traits. Most often, attention is not fixed on negative character traits, and positive qualities are somewhat overestimated [1].

However, Y. Harkusha and V. Korzhavina point to a fairly high overall self-esteem of preschool children with general underdevelopment of speech. Scientists note that it is important for children how adults treat them. Some children's self-esteem coincides with the assessment of adults' attitude towards them (children with high self-esteem), some children do not (mainly children with low self-esteem) [3].

The third indicator - the adequacy of forms of cooperation and interaction in various situations - is determined because the formation of interaction and communication between a child and an adult is the most important source of mental development of young children, preschoolers and younger schoolchildren. The interaction of adults with children who have speech disorders should contribute to the child's awareness of himself among children and adults, form interest and enrich ideas about social and natural phenomena, contribute to the formation of such personality properties as independence, initiative, responsibility, the emergence of "I - consciousness", that is, should direct the child in the right direction of socialization.

Important in this aspect is the opinion of N. Usanova that children with severe speech disorders are a heterogeneous group in terms of the development of the ability to perform the subject-content side of the game and establish interaction with peers [2].

A comparative analysis of the play activities of preschoolers with severe speech disorders and children with typical development, conducted by such researchers as F. Fradkina, S. Novoselova, showed that the level of play of preschoolers 4-6 years old in terms of content and method of action with toys is
similar to that which is characteristic of children with typical development at an earlier age, i.e. children with speech disorders seek contact with their peers, however, in play activities, children's interaction takes place either in the form of joint motor activity (children run together, jump, etc.), or they observe the game of a peer and copy it actions with a toy. Acting in this way, the child, as a rule, does not understand the purpose of his game and conveys only the external aspect of the action.

Research conducted by P.Ivankova, V.Kondratenko, and I.Teplytska showed that preschoolers with speech disorders most often play alone, and the level of interaction with peers in the game corresponds to the lowest indicators that occur in children with typical development.

All the above-mentioned criteria and indicators of socialization of preschoolers with general underdevelopment of speech not only reveal and characterize the complex process of child socialization, its features, regularities, mechanisms, conditions, but also give grounds for forming new positions capable of contributing to the development of an education strategy, taking into account all interrelated neoplasms, which form the child as a person.

Based on the specified criteria and indicators, three levels of socialization of preschoolers with general underdevelopment of speech were determined (sufficient, average, low). Let's characterize each of them.

A sufficient level of socialization of children with general underdevelopment of speech is characterized by positive and objective reactions to their speech defect, the ability to perceive the speech of other children, the ability to sympathize and empathize with other children, activity and intensity in communication with peers and close adults, manifestations of initiating communication, adequate self-evaluation and evaluation of other children, conformity of forms of cooperation and interaction in different situations, manifestation of expressed interest in everything new.

The average level of socialization is characterized by an indifferent or moderately restrained attitude both to one's own speech disorder and to the speech of one's peers, attempts to mask it, sympathy for others arises only during the work of a teacher in specially created situations. Their speech is impoverished, children usually only contact adults when absolutely necessary or at the initiative of close adults. They are characterized by a situational desire to interact with peers and close adults, lack of confidence in their abilities, an often observed inability to objectively evaluate a friend, low self-esteem and an overestimate of their peers.

A low level of socialization is characterized by a child's negative attitude towards his speech defect and the defect of his peers, the inability to sympathize with other children. There is a lack of speech activity and a desire to make contact with peers and close adults. Children of this level are characterized by lack of self-confidence, low self-esteem, lack of ability to objectively evaluate peers, reluctance to cooperate with them, aggression, isolation.
Conclusions. Therefore, in children with speech impairment, insufficient criticality is observed in "self-view" compared to "view of others". The correlation of children's self-esteem with the grades given to them by the teacher shows that a small part of children adequately assess their own educational abilities, while others overestimate them. With age, self-esteem in children with speech disorders almost approaches the norm.

References: