

Psychological Characteristics of the Socialization of Special School Pupils with Visual Impairments

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Abstract. Socialization of children with visual impairments is shaped by the constraints of the sensory defect, the degree of dependence on adults and the quality of the surrounding social environment, yet the age-specific features of this process in special school pupils remain insufficiently described. The aim of this study was to identify the psychological characteristics of social adaptation in pupils with visual impairments of primary school age and in adolescence. Pupils of special boarding schools completed the Socio-Psychological Questionnaire (IPS), which measures adaptation, maladjustment, sincerity-related indicators, self-acceptance, acceptance of others, emotional comfort, internal and external control, dominance, submissiveness and escapism, and the mean scores of the two age groups were compared. Adolescents demonstrated significantly higher adaptation ($M = 126.34$; $p \leq 0.001$) and lower maladjustment (113.53 vs. 122.46 ; $p \leq 0.05$) than younger pupils. At the same time, adolescents showed lower self-acceptance (37.53 vs. 45.57), higher self-non-acceptance (32.83 vs. 24.40) and lower emotional comfort (20.54 vs. 22.24 ; all $p \leq 0.05$), as well as higher non-acceptance of others (24.98 vs. 20.42 ; $p \leq 0.001$). Internal and external control, dominance, submissiveness and escapism did not differ between the age groups; low dominance combined with marked submissiveness and a tendency to avoid problems pointed to passive adaptation strategies in both groups. The socialization of pupils with visual impairments is thus ambivalent: behavioural adaptation improves with age, whereas self-related and emotional strain intensifies. Age-differentiated psychoprophylactic and psychocorrective programmes are required.

Keywords: visual impairment; socialization; social adaptation; special school; primary school age; adolescence; self-acceptance; psychocorrection.

1. Introduction

Vision is the principal channel through which children learn about the surrounding world, imitate the behaviour of other people and enter social interaction. According to the World Health Organization, at least 2.2 billion people worldwide live with some form of vision impairment [1]. For a child, the consequences of such an impairment reach far beyond the sensory sphere. Because children understand the world mainly through vision, a disturbed perception of the environment complicates the choice of ways of interacting with it, which may manifest itself as isolation, withdrawal, anxiety or aggression [2, pp. 5–17]. Even in infancy, visual impairment can influence the course of social-emotional development [3]. The socialization of pupils with visual impairments, especially of those who are brought up and taught in special boarding schools, is therefore one of the central problems of special psychology and pedagogy.

The theoretical starting point of this study is the cultural-historical approach of Vygotsky, who showed that a sensory defect operates primarily through its social consequences: the primary organic limitation gives rise to secondary distortions of development because the child's relations with other people are disturbed, and these distortions can be partly compensated through appropriately organised education and communication [4]. From this perspective, social adaptation is not a passive fitting into the environment but the psychological core of socialization. It is reflected in how a person feels in society, in the quality of interpersonal relations and in mental stability. Socio-psychological adaptation is conventionally described through the interplay of self-acceptance and acceptance of others, emotional comfort, locus of control, dominance and submissiveness, and the tendency to avoid problems [5]. In adolescence these processes are additionally shaped by the formation of identity and of the self-concept [6].

The social adaptation of children with visual impairments includes three interrelated components: adaptation to the objective world, adaptation to the social environment, and adaptation to one's own "Self". The first component implies achieving independence, mobility and self-confidence; it is formed through the development of operational-activity mechanisms, that is, the psychological mechanisms that enable a child to apply knowledge and skills effectively in activity. The second component concerns the interaction of the child with the social environment: how actively this environment involves the child in social life and how far it facilitates communication with other people. The third component relates to how the child evaluates his or her position in society, how this evaluation is linked to the disability and how the child represents himself or herself. Because the limitations caused by the defect make adaptation difficult, the choice of modern methods, means and techniques of instruction considerably influences the effectiveness of work aimed at developing adaptive skills in children with visual impairments, as Sapronova emphasises [7].

The social environment may either strengthen or weaken these processes. In ecological terms, development is shaped by the nested settings in which a child lives, such as the family, the school and the peer group, and by the links between them [8]. Social deprivation, that is, limited contact with the outside world and with other people, has a negative effect on cognitive, emotional and personal development, and the assimilation of social norms becomes more difficult when the child is able to accept only a narrow range of social roles. When parents bring up a child with a visual impairment in an overprotective atmosphere, dependence and isolation tend to appear at the earliest stages, when the child adapts to new educational conditions, while aggression and egocentrism may develop in adolescence. By contrast, a positive attitude on the part of the family, school, class collective, teachers and peers promotes gradual adaptation, whereas discrimination, lack of understanding and excessive pity intensify maladjustment. Research with visually impaired adolescents also underlines the importance of social support for psychosocial adjustment [9].

The course of adaptation also depends on the child's compensatory abilities: on whether blindness is congenital or acquired, at what age it appeared, which mental functions it affects, and whether corrective work is directed specifically at these functions [10, p. 367]. Research from an individual-differences perspective likewise demonstrates considerable variability in the development of children with visual impairments [11]. A complex approach is therefore required, which includes creating an optimal environment (appropriate lighting and zoning of space), developing compensatory skills (tactile perception and fine motor skills), providing psychological support (for example, in accepting the need to wear glasses and in building self-confidence) and using specialised teaching methods such as Braille and tactile aids. The main goals of this work are to help the child to adapt to the world of objects and to the social environment, to accept himself or herself and to develop appropriate self-respect.

Age adds a further dimension. At primary school age children enter systematic learning and still rely mainly on adults, whose evaluations largely define the child's self-image; for a child with a visual impairment this dependence is intensified by the need for constant orientation help and care. In adolescence the leading tasks are the search for independence, the widening of peer communication, the construction of identity and an increasingly reflexive comparison of oneself with others. The same sensory limitation therefore poses different

psychological problems at different ages, and findings on the social adaptation of a primary school pupil cannot simply be extrapolated to an adolescent.

Despite the abundance of general recommendations, empirical data on how the socio-psychological profile of adaptation changes between primary school age and adolescence in pupils with visual impairments, as measured by standardised self-report scales, remain limited, especially for the special school system of Uzbekistan. Without such data it is difficult to design psychocorrective programmes that correspond to the specific tasks of each age period. The aim of this study was to identify the psychological characteristics of social adaptation, as the core of socialization, in special school pupils with visual impairments of primary school age and in adolescence. The objectives were: (1) to determine the levels of adaptation and maladjustment in the two age groups; (2) to compare their attitudes towards themselves and others, emotional comfort, locus of control and patterns of dominance and submissiveness; and (3) to outline directions for psychoprophylactic and psychocorrective work. The study is exploratory and descriptive in nature.

2. Materials and Methods

2.1. Design and participants

The study used a cross-sectional comparative design and constituted the diagnostic stage of a broader research project, which also includes a psychological intervention stage. Pupils with visual impairments who were studying in special boarding schools (maktab-internat) were divided into two age groups: pupils of primary school age and adolescents.

2.2. Instrument

The level of adaptability to the social environment was determined with the Socio-Psychological Questionnaire (in Uzbek, Ijtimoiy psixologik so'rovnoma, "IPS"). Taking into account the characteristics of primary school age and adolescence, the questionnaire is aimed at revealing the influence of the social environment and of the self on the person; it helps to determine how an individual feels in society, the state of his or her interpersonal relations and mental stability. The structure of its scales is consistent with the socio-psychological adaptation approach of Rogers and Dymond [5]. The questionnaire was chosen because it makes it possible to assess, within a single procedure, how the biological, psychological and social characteristics of pupils with visual impairments are reflected in their adaptation to society, and to identify difficulties in interpersonal relations and in learning; this information is necessary for creating and introducing psychocorrective programmes. Fourteen scales were analysed: (1) adaptation; (2) maladjustment; (3) insincerity and (4) insincerity-denial, which show how sincerely and truthfully the respondents answered and to what extent they tended to present themselves as socially ideal; (5) self-acceptance; (6) self-non-acceptance; (7) acceptance of others; (8) non-acceptance of others; (9) emotional comfort; (10) internal control; (11) external control; (12) dominance; (13) submissiveness; and (14) escapism, that is, avoidance of problems. The results were interpreted with reference to the normative values of the questionnaire; the general normative range reported for its scores is 68–170 points.

2.3. Statistical analysis

Mean scores (M) on each scale were calculated separately for the two age groups. The significance of between-group differences was assessed with; differences were regarded as statistically significant at $p \leq 0.05$, and $p \leq 0.001$ was treated as a high level of significance. The interpretation of the findings relied on the normative values of the questionnaire and on the theoretical framework outlined above; explanations that go beyond the statistical results are explicitly presented as hypotheses.

3. Results

Table 1 and Figure 1 present the mean scores of the two age groups on all scales of the questionnaire.

Table 1. Mean scores on the scales of the Socio-Psychological Questionnaire (IPS) in pupils with visual impairments of primary school age and in adolescence

Scale	Primary school age (M)	Adolescence (M)	p	Direction of the difference
Adaptation		126.34	≤ 0.001	Higher in adolescents
Maladjustment	122.46	113.53	≤ 0.05	Higher in primary school age
Insincerity	20.38	17.66	–	–
Insincerity-denial	15.64	13.75	–	–
Self-acceptance	45.57	37.53	≤ 0.05	Higher in primary school age
Self-non-acceptance	24.40	32.83	≤ 0.05	Higher in adolescents
Acceptance of others	25.77	23.75	≤ 0.05	Higher in primary school age
Non-acceptance of others	20.42	24.98	≤ 0.001	Higher in adolescents
Emotional comfort	22.24	20.54	≤ 0.05	Higher in primary school age
Internal control	47.29	51.07	> 0.05	n.s.
External control	25.68	27.13	> 0.05	n.s.
Dominance	7.81	8.89	> 0.05	n.s.
Submissiveness	24.53	23.16	> 0.05	n.s.
Escapism	19.85	19.60	n.s.	n.s.

Note. M – mean score; n.s. – not significant; “–” – significance level not reported for this scale. The value highlighted in the Adaptation row is to be inserted by the authors.

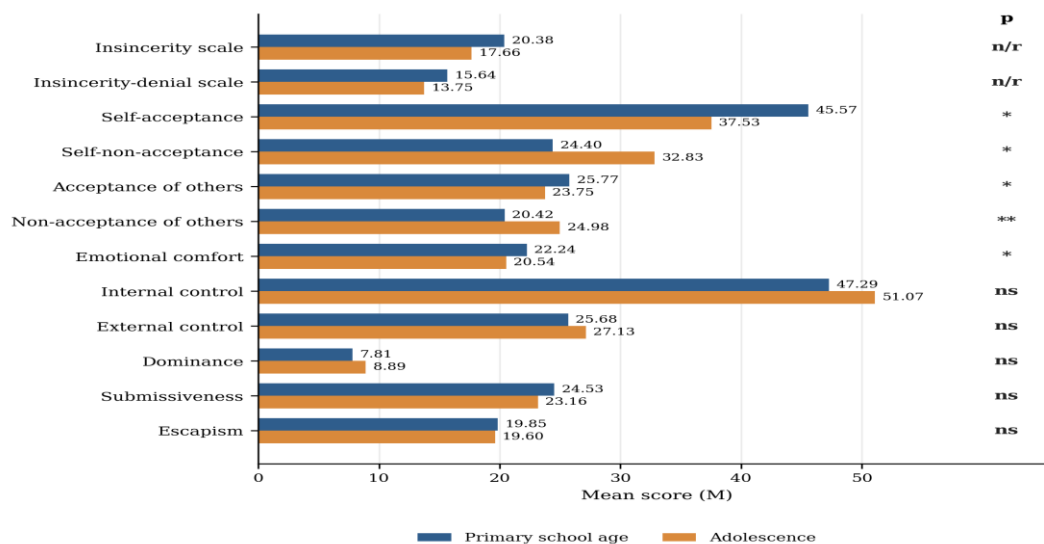


Figure 1. Mean scores of pupils with visual impairments of primary school age and in adolescence on the IPS scales (the adaptation and maladjustment scales, which have a different range of values, are given in Table 1). ** $p \leq 0.001$; * $p \leq 0.05$; ns – not significant; n/r – significance level not reported.

3.1. Adaptation and maladjustment

The adaptation scale revealed a pronounced age difference: the adaptation of adolescents with visual impairments ($M = 126.34$) was significantly higher than that of pupils of primary school age ($p \leq 0.001$; Table

1). The difference is therefore unlikely to be due to chance and is statistically highly reliable. The data for the younger group indicate that their adaptation to the social environment and to social situations is not yet sufficiently formed. These pupils are constantly supported and cared for by adults, mostly thanks to the help of relatives, and are unable to act independently to the same extent; they depend more on external factors, namely on teachers and parents.

Maladjustment showed the opposite pattern. It was higher at primary school age ($M = 122.46$) than in adolescence ($M = 113.53$), and this difference was also statistically significant ($p \leq 0.05$). Considered against the normative range of the questionnaire (68–170 points), both indicators deviated from the norm to a certain degree. In adolescents, a relatively high level of adaptation ($M = 126.34$) coexisted with a still considerable level of maladjustment ($M = 113.53$), which suggests an ambivalent character of their social adjustment.

3.2. Sincerity-related indicators

On the insincerity scale the mean score was 20.38 in pupils of primary school age and 17.66 in adolescents. Younger pupils did not tend to deny negative features of their behaviour and, to a certain degree, acknowledged their shortcomings, whereas the adolescent value deviated from the normative range in a negative direction, which may indicate a more guarded interpersonal behaviour. On the insincerity-denial scale the means were 15.64 (primary school age) and 13.75 (adolescence); both values did not exceed the normative limits, and the younger group scored somewhat higher. Taken together, these data suggest that the main personality indicators of the pupils were relatively balanced and that their responses were sufficiently reliable for interpretation.

3.3. Attitudes towards oneself and others

Self-acceptance was significantly higher in pupils of primary school age ($M = 45.57$) than in adolescents ($M = 37.53$; $p \leq 0.05$). Conversely, self-non-acceptance was lower in the younger group ($M = 24.40$) than in adolescents ($M = 32.83$; $p \leq 0.05$), and the adolescent value was high in comparison with the norms of the questionnaire. Acceptance of others was likewise higher at primary school age ($M = 25.77$) than in adolescence ($M = 23.75$; $p \leq 0.05$), whereas non-acceptance of others was lower in younger pupils ($M = 20.42$) than in adolescents ($M = 24.98$). The latter difference showed the highest level of significance among all comparisons ($p \leq 0.001$).

3.4. Emotional comfort

Emotional comfort was low relative to the norm in both groups and was significantly lower in adolescents ($M = 20.54$) than in younger pupils ($M = 22.24$; $p \leq 0.05$). The adolescent value was particularly low.

3.5. Locus of control, dominance, submissiveness and escapism

Internal control did not differ significantly between pupils of primary school age ($M = 47.29$) and adolescents ($M = 51.07$; $p > 0.05$); both values corresponded to an average normative level. External control was also similar in the two groups ($M = 25.68$ and $M = 27.13$; $p > 0.05$) and did not exceed the normative limits. The dominance scale yielded low values in both groups ($M = 7.81$ and $M = 8.89$; $p > 0.05$), which in terms of the questionnaire norms indicates a weak tendency towards leadership. Submissiveness was pronounced and similar in both groups ($M = 24.53$ and $M = 23.16$; $p > 0.05$). Escapism scores were practically identical ($M = 19.85$ and $M = 19.60$) and did not differ statistically; in both groups they pointed to a tendency to withdraw from difficult situations. Thus, age differences were found on the scales of adaptation, maladjustment, self-acceptance and self-non-acceptance, acceptance and non-acceptance of others, and emotional comfort, whereas the indicators of control, dominance, submissiveness and escapism were common to both age groups.

4. Discussion

4.1. Age-related ambivalence of social adaptation

The main finding of the study is that the age-related growth of adaptation in pupils with visual impairments does not mean a general improvement of their psychological well-being. The higher adaptation and lower maladjustment of adolescents can plausibly be explained by the accumulation of social experience, the widening

of the circle of communication and the growing complexity of social roles. Younger pupils, by contrast, remain strongly oriented towards adults: because they are constantly supported and cared for, their capacity for independent action is limited, and their adaptation depends on external agents – teachers and parents. This is consistent with Vygotsky's view that a sensory defect acquires its main significance through its social consequences, here expressed as restricted independence and contacts [4]. At the same time, in adolescents the improvement in adaptation coincided with lower self-acceptance, higher self-non-acceptance, lower emotional comfort and higher non-acceptance of others. We hypothesise that this combination reflects the desynchronisation of biological, social and psychological development, which makes the adolescent's adjustment ambivalent: the person adapts better in behaviour, but experiences the adaptation as more internally strained. In terms of the three-component structure of adaptation described in the Introduction, the adaptation scale mainly reflects the first two components – adjustment to the objective world and to the social environment – and the age gain in this respect is evident in adolescents. The scales of self-acceptance, self-non-acceptance and emotional comfort, in contrast, are related to the third component, adaptation to one's own "Self", where adolescents are at a disadvantage. The strengths and vulnerabilities of the two age groups are therefore distributed unevenly across the components of adaptation, which is why a single, age-neutral programme is unlikely to be effective.

4.2. Dynamics of maladjustment: environment, compensation and personal characteristics

The level of maladjustment in adolescents with visual impairments is not constant: it may increase in some periods and decrease in others, depending on the variability of the social environment. If the attitudes of the family, school, class collective, teachers and peers are positive, the adolescent gradually adapts; discrimination, lack of understanding or excessive pity increase maladjustment. With time the adolescent learns to compensate for the defect through other analysers (hearing, touch) and through intellectual and volitional qualities. This process is gradual, which explains why maladjustment is not stable and why adaptation can grow to a certain degree. Individual characteristics such as character, temperament, motivation and the level of self-esteem additionally determine whether adaptation proceeds faster or with difficulty; in shy or anxious pupils maladaptation is especially evident. The moderate level of maladjustment observed in adolescents may thus be understood as the result of the interaction of biological, psychological and social factors, which can be influenced by correctly organised psychoprophylactic, psychocorrective and rehabilitation work.

4.3. Attitudes towards oneself and others

The higher self-acceptance of younger pupils should not be read solely as a sign of well-being. At this age the "Self" is not yet fully formed, children rely largely on the opinions of adults (parents and educators) and compare themselves with sighted peers less often. In adolescence, as identity and the self-concept are actively formed [6], social comparison and reflexivity increase. A teenager with a visual impairment may perceive himself or herself as different from others and as not meeting social demands, which is accompanied by self-criticism (self-blame, underestimation of one's potential), insecurity in various situations and social anxiety. The activation of psychological defences such as projection and withdrawal is also possible. These processes make healthy interaction with the social environment more difficult.

A similar age logic can be proposed for attitudes towards other people. In younger pupils the lower non-acceptance of others may be associated with incompletely differentiated thinking, with the fact that social roles and individual differences are not yet deeply understood, and with the habit of accepting adults' positive evaluations as they are. In adolescents, increased reflexivity and the growing complexity of horizontal (peer) and vertical (adult) relationships encourage caution and distancing; the simultaneous presence of tendencies to accept and not to accept others suggests ambivalence in their character. Such ambivalence is in line with the supportive role of the environment: where relationships with the family, class and peers are positive, adolescents gradually adapt, while discrimination, lack of understanding or excessive pity strengthen non-acceptance [9].

4.4. Emotional comfort and control

The low emotional comfort in both groups, and especially in adolescents, may be related to inner anxiety, insecurity, concern about how one is perceived by others, the feeling of being different and separated from the collective, and worries about the future. The absence of age differences in internal control suggests that self-control is formed early and remains stable in these pupils. It can be hypothesised that the visual defect itself, which requires careful perception of the surroundings, advance planning of actions and restriction of impulsive behaviour, promotes the early formation of internal control. Consequently, the principal problem seems to lie not in internal control but in the limitation of social contacts, which is especially detrimental to emotional and social development at primary school age.

4.5. Passive strategies of adaptation

Low dominance combined with marked submissiveness and a tendency towards escapism in both groups indicates a passive model of adaptation: reluctance to defend one's own opinion, readiness to follow the views and behaviour of others, emotional dependence on external evaluations and, in difficult situations, retreat to psychologically "safe" options. These features reflect a strong need for social acceptance and the limited opportunities for independent action. If they are not addressed through preventive and corrective work, they may lead to conformity, a reduction of healthy competition and difficulties in finding one's own place in society.

4.6. Practical implications

The results suggest that psychocorrective work should be differentiated by age. At primary school age the priority is the first component of adaptation, i.e. the development of independence, mobility and operational-activity skills, supported by compensatory (tactile and fine motor) training, an optimal environment and work with teachers and parents that avoids both overprotection and neglect. In adolescence the emphasis should shift to the third component: work on the self-concept and self-acceptance, emotional regulation, reduction of social anxiety, assertiveness and constructive communication with sighted and visually impaired peers. For both groups, training in decision-making and active problem solving is needed to counteract escapism and submissiveness. Properly organised psychoprophylactic, psychocorrective and rehabilitation approaches (psychological support) can direct the dynamics of adaptation towards successful social adjustment. These directions are summarised in Table 2 and are to be tested at the intervention stage of the study.

Table 2. Age-specific psychological profile of pupils with visual impairments and priority targets of psychocorrection

Age group	Key empirical characteristics	Hypothesised mechanisms	Priority targets of psychocorrection
Primary school age	Lower adaptation and higher maladjustment; higher self-acceptance and acceptance of others; higher emotional comfort than in adolescents; low dominance, marked submissiveness, tendency to escapism.	Constant support and care by adults; limited independent action; dependence on teachers and parents; incompletely formed "Self"; reliance on adults' evaluations; weak comparison with sighted peers.	Independence, mobility and operational-activity skills; compensatory (tactile, fine motor) skills; optimal learning environment; work with teachers and parents (against overprotection and neglect); widening of social contacts.
Adolescence	Higher adaptation and lower maladjustment; lower self-acceptance, higher self-non-acceptance and non-acceptance of others; lowest emotional comfort; low dominance, marked submissiveness, tendency to escapism.	Growth of reflexivity and social comparison; formation of identity and self-concept; feeling of being different; anxiety about the future; psychological defences (projection, withdrawal); desynchronisation of biological, social and psychological development.	Self-concept and self-acceptance; emotional regulation; reduction of social anxiety; assertiveness and constructive communication with peers; decision-making and active problem solving; professional and life perspective.

Note. The mechanisms and targets are the authors' interpretations based on the results of the present study and require verification at the intervention stage.

4.7. Limitations

Several limitations should be acknowledged. First, the design is cross-sectional, so that differences between two age groups cannot be equated with developmental change. Second, the comparison reported here is limited to age; the type and degree of visual impairment, its congenital or acquired origin and family conditions, which may influence adaptation [10, 11], were not analysed separately. Third, the study did not include a comparison group of sighted pupils, and conclusions about features specific to visual impairment therefore cannot be drawn. Fourth, the data are based on self-report, and the explanations given in the Discussion are hypotheses that require verification through longitudinal designs, qualitative methods and the evaluation of intervention effects.

5. Conclusion

The study showed that the socialization of special school pupils with visual impairments has distinct age-specific psychological characteristics. Adolescents are better adapted and less maladjusted than pupils of primary school age ($p \leq 0.001$ and $p \leq 0.05$, respectively), but they accept themselves less ($p \leq 0.05$), reject themselves and other people more strongly ($p \leq 0.05$ and $p \leq 0.001$) and experience lower emotional comfort ($p \leq 0.05$). Younger pupils are more dependent on adults and show less developed independent adaptation, although their attitudes towards themselves and others are more positive. In both age groups, internal and external control are at a comparable level, while low dominance, marked submissiveness and a tendency towards escapism reveal a passive style of social adaptation.

These findings justify the creation of age-differentiated psychoprophylactic and psychocorrective programmes that develop independence and compensatory skills in younger pupils and strengthen self-acceptance, emotional comfort and active social positions in adolescents. Further research should include larger and more fully described samples, a comparison with sighted peers, an analysis of the role of the type and degree of visual impairment, and an assessment of the effectiveness of the proposed interventions.

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