

## Particularities of Personality and Socio-Affective Behavior in Children with Mental Disabilities

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**Abstract:** The personality structure of the mentally deficient child presents fundamental differences from that of the normal child. In the present article “Particularities of personality and socio-affective behavior in the mentally handicapped” the emphasis is placed on the personality model, personality disorders, as well as the affective processes in the mentally handicapped child. Unlike the intellectually normal child, the mentally deficient child does not present those gradual and successive passages, that plasticity and mobility from one process to another. In addition to the quantitative differences, there are qualitative differences between children with mental deficiency and normal children, with a negative impact on the process of adaptation and integration in the community.

**Keywords:** child; mental impairment; personality; behavior; particularities; affectivity

### General Aspects

Personality refers to repeated, sustainable aspects of behavior, characterizing individual differences between people.

Cromwell sets five levels of personality development:

- the stage of development of fundamental discrimination;
- the dominant hedonism stage;
- the stage of formation of the conceptual motivational system;
- the stage of developing the interpersonal functionality;
- the stage of developing cultural functionality.

If in the formation of the personality, the mentally deficient child goes through the first two stages about the same as the normal child, starting with the third stage things

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are no longer the same. The mentally deficient child, due to conceptual deficiencies, cannot form an adequate behavioral response to the frustrating situations encountered.

Negative, omnipotent, depressive and even regressive reactions can occur in adaptation and activity. In terms of establishing interpersonal relationships, due to the lack of affective - mental capacity, mentally deficient children do not have empathic capacity (if it occurs, it is unilateral and limited) and generally adopt an aggressive or defensive attitude towards the others. They have the feeling of social maladjustment.

In the development of cultural functionality, the mentally deficient is able to reach only the first stage, that of differentiating values (good - bad, truth - lying, beautiful - ugly, etc.), only on the basis of stereotyped learning. Further, he fails to give functional autonomy, classify notions and not be motivated by his own acts. Constantin Păunescu mentions that, in the relation I - personality - consciousness "the consciousness of the normal child works according to the law" everything is possible. The conscience of the handicapped child works according to the law "nothing is possible".

### **The Personality Model of the Mentally Impaired**

Most researchers focus primarily on the study of mental impairment and then make a description of the most important aspects of their disability.

M.O. Neale and W.J. Campbell appreciate that the personality of the mentally challenged is characterized by a "lack of energy", lack of emotional maturity, affective infantilism, egocentrism.

Constantin Păunescu performs a delimitation of the personality characteristics of the mentally impaired and that of the psychic personality, on different levels. Some personality traits of the mentally handicapped child would be:

- behavior: joviality, timidity, infantilism, affective dependence;
- apathy: characterized by states of differentiated interest for knowledge and lack of initiative;
- anxiety: present for certain periods and conditioned by a triggering circumstance;
- agitation: very present;

- gestural stereotypes: bending the fingers, balancing the body, breaking the hands, etc.;
- behavioral disorders: self-harm behaviors, suicide, destruction of objects, obscene gestures, vulgar language, bizarre, paradoxical behaviors, unpredictable anger;
- affective balance: relatively stable imbalance between the mental age and the emotional potential;
- evolution: the evolution curve is relatively constant.

#### Personality disorders in the mentally impaired

Within the personality disorders existing in the mentally handicapped, C-tin Păunescu shows the following inventory:

- a. Disorders of the first period of development - they are diverse and there are manifold sectors. They can be disharmonic or psychotic or neurotic;
- b. Sphincterian ducts - there is a high frequency of the enuresis and the decomposed, until old age;
- c. Disorders of the conservation instinct - manifested primarily by the refusal of food or by disorders of the food act;
- d. Anxiety - can be expressed by depersonalization, lack of object control or a defensive manner ranging from cataleptic forms to strange games;
- e. Disorders of structuring the image of one's own body - they are present in the drawings,  
in more or less depersonalized language, in the mirror reaction;
- f. Rituals - as forms of the defense mechanism. These have common forms  
with stereotypes;
- g. Behavioral-bizarre disorders, strange and unmotivated behaviors, anger, brutality, seizures, perverse acts;
- h. Language development and organization disorders - larval forms of language, infantilisms, echolalia, lack of inner language, semantic poverty, verbal delirium, mutism, stereotypes, incoherence, vocabulary poverty, poor use of word parts.

### **Affective Processes in the Mentally ill Child**

The symptomatological picture of the affective behavior of children with mental deficiency refers to some essential features:

Affective immaturity characterized by “exaggerated fixation of parental images”, a permanent need for protection, lack of personal autonomy, limitation of self-interest (narcissism or selfishness), suggestibility, defense mechanisms of a kind neurotic (aggressive tendencies, inhibition, stubbornness, disinterest) or compensatory mechanisms (lie, thief, delinquency). Delay in organizing and developing forms of affective behavior, closely related to the personality development process.

The exaggerated intensity of the primary affective causes, manifested in various forms: motor agitation, screams, anger, anger, fear, tendency to self-harm or refusal, negativism, selflessness, accentuated slowness.

The fragility of the personality construction is given by an insufficient self-control, by the lack of self-control. The mentally impaired child is irascible, impulsive, hyperemotional and unable to control their emotional impulses.

Affective childhood, manifested through shyness, awkwardness, anorexia, flight of responsibility and initiative.

Insufficient emotional control, which causes disorder of reactions, aggressive impulses, etc.

The affective relational deficiency, which includes difficulties such as: suggestibility, feeling of inferiority, absence of the feeling of identity that leads to difficulties of social adaptation and integration into social groups.

### **The Most Common Disorders of the Dispositional Dynamics are**

- Affective rigidity, characterized by a very low motivation in relation to the requests;
- Affective lability - manifested by sudden changes in the affective states, the sudden third from a good mood to a bad state, even emotional outbursts;
- Feeling disorders - feeling of inferiority, which becomes “inferiority complex”, due to extreme educational attitudes: hyperprotection or neglect, indifference. Affective

frustration, characterized by tension, dissatisfaction, insecurity, when the child cannot satisfy certain needs or strong desires due to external obstacles;

- Disorders of the mood - characterized either by a decrease in the tone of the affect, poor behavioral reactions, low expressivity (indifference, apathy), or by an increase of the affective tone, exaggerated dispositions, motor instability, hyperactivity, etc.

At the conclusion of this article, the personality structure of the mentally deficient child presents fundamental differences from that of the normal child.

Among the essential and obvious features of the mentally impaired are various developmental delays: delay in the onset of early childhood, delay in language development and intellectual development, delays in personality formation and structuring. In addition to the quantitative differences, there are qualitative differences between children with mental deficiency and normal children, with a negative impact on the process of adaptation and integration in the community.

Unlike the intellectually normal child, the mentally deficient child does not present those gradual and successive passages, that plasticity and mobility from one process to another.

Kurt Lewin pointed out that “the insufficient development of the mental systems in the mentally deficient child leads, together with the concretism and the primitivism of his thinking, to the insufficient differentiation of the perceived and lived world, as a result the personality itself is insufficiently differentiated”.

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