



Original Article

Socialization-Individualization of Preschool Children with Speech Disorders in Motor Activity

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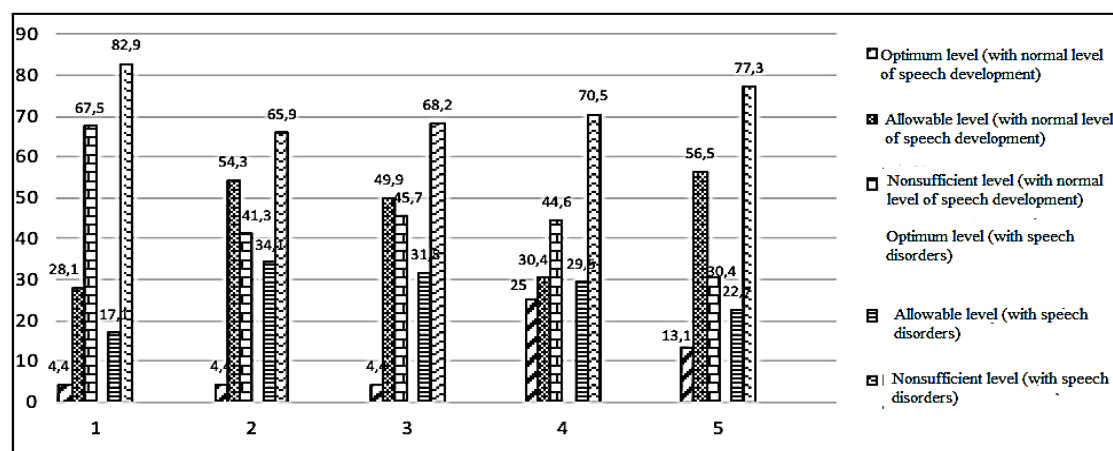
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ABSTRACT

Urgency of the research is driven by the need to solve the problems of integral socialization-individualization of children with speech disorders in the theory and practice of pre-primary education. The purpose of the present research was to deal with the problems of integral socialization-individualization of preschoolers of over five years old with speech disorders in motor activity. The study engaged 100 older preschoolers with a normal level of speech development and 100 over-five group with speech disorders attending compensatory and combined groups of preschool educational organizations in Belgorod. The assessment of the results of testing motor abilities has shown that children with speech disorders have an insufficient level of their development. Low indices have been obtained for motor-coordinating abilities (accuracy – nonsufficient level in 100% of girls and boys; dexterity – in 68.2% of boys and 71.4% of girls), involving strength abilities (in 70.5% of boys and in 72, 3% of girls), tolerance (77.3% of boys and 75% of girls). Qualitative and quantitative analyses of the results of self-assessment of motor abilities of preschoolers with speech disorders revealed inadequately exaggerated self-assessment and overestimation of their abilities in motor activity with peers in 30% of children. 21% of children with speech disorders had inadequately negative self-feeling, lack of self-confidence, showed shyness and timidity.

GRAPHICAL ABSTRACT



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Introduction

In modern educational space, there is a change of emphasis in theoretical research and pedagogical practice towards ensuring the integrity of the processes of socialization and individualization of children. The urgency of this problem is due to the need to provide affordable and high-quality preschool education on the one hand, and the need to create optimal conditions for a child with disabilities to join the world of adults, on the other hand. It is appropriate to mention here that preschoolers with speech disorders are one of the most common categories of children with disabilities. Modern studies point to the fact that they have trouble in socio-cultural adaptation, in building social interaction, in mastering a style of healthy behavior, due to specific disorders of speech and language development.

The science adequately presents the theoretical justification of the problem of socialization and individualization of an individual, the term "socialization-individualization" is introduced, the relationship and interdependence of socialization and individualization is substantiated, the psychological mechanisms and pedagogical conditions of "socialization-individualization" are determined [1, 8, 21]. And a model and pedagogical technology of socialization and individualization of preschool-age children in the educational process is elaborated.

However, the problem of integral socialization and individualization of preschoolers with disabilities, including those with speech disorders, remains underresearched. Some of its aspects are reflected in the context of studies of general and specific patterns of dysontogenetic development [3, 9, 19]; problems of social and pedagogical rehabilitation and social adaptation of children with disabilities [10, 11, 26]; social, personal and communicative development of children with specific speech and language disorders [15, 16].

In our opinion, in solving the problems connected with the integrity of socialization and individualization of children with speech disorders, the possibilities of motor activity are not realized to full extent, which permeates the entire organization of life in a preschool educational organization and family and

materially is the primary source of the integral socialization-individualization process. As noted in domestic and foreign studies, motor activity contributes to the development of children's tactile sensations, speed, accuracy, coordination of movements, speed-strengthening abilities, volitional qualities, discipline. This activity allows children to enter into interpersonal interactions with peers, older children, adults, to be active, initiative, to display interest, and also to have a sensation of success [2, 5, 12, 25]. Thus, it creates the prerequisites for the positive socialization and individualization of a growing person, the complex formation of physical, intellectual and personal qualities.

Note that today the issues of socialization-individualization integrity in the motor activity of children with speech disorders attending preschool educational organizations have not yet been developed; there is lack of adequate educational technologies, methodological support of individual educational routes. Teachers of preschool educational institutions in the organization of motor activity focus more on the implementation of group strategies than individual ones.

The formation of the personality of preschool children is carried out in three main areas of socialization-activity, communication, ego-consciousness. Analysis of the research results of Russian and foreign scientists made it possible to identify the problems of socialization and individualization of preschool-age children with speech disorders in accordance with the identified areas of personality socialization.

Let us turn to the sphere of activity, since motor activity is one of the key concepts of the study. In this connection, of particular interest are the works that emphasize the importance of the motor activity of children with disabilities, including those with speech disorders [6, 12, 24, 26].

According to the results of experimental studies in children with speech disorders, difficulties are noted in the voluntary organization of motor activity and assessment of their success in it, as well as manifestations of disinhibition, impulsivity, chaotic state, lethargy, fatigue, inertia.

[23- 25, 27-28]. In general, the authors note children's deficit of purposeful activity, display of interest in activities in the absence of an aspiration to get the job done, a decrease in the number of aimed actions to achieve the goal.

The studies by V. P. Dudiev, N. V. Nadezhina, A. S. Sableva, T. V. Solovieva et al. reveal the features of the motor activity of children with speech disorders, manifested in the violation of general motor skills, fine motor skills and coordination of movements [5, 6, 12, 17]. The study and analysis of children's motor activity made it possible to determine the forms of motor disorders: Motor immaturity, incoordination of movements, violation of the sequence of action elements, impetuosity, harshness, chaotic state, or conversely, constrained and slow motions, aimlessness, ample and nonproductive movements. Most studies point to the manifestation of discoordination disorders in children with speech disorders when performing complex coordination movements; decrease in the speed and agility of completing tasks; violation of the ability to rhythmize and differentiate strengthening, temporal and spatial parameters of movements. The presence of motor impairment, recognized by the child, can cause lack of confidence in their actions, refusal to participate in joint activities, especially those requiring motor activity. Failure to satisfy the need for movement, communication and recognition of their success, which is important for children with speech disorders, can serve as a disrupting factor of the integrity of the socialization-individualization process.

As noted above, the integrity of the process of socialization and individualization of preschoolers with speech disorders is ensured by the sphere of communication. In our opinion, a scantiness of children's speech experience, insufficient formation of the perception of a peer as a subject of interaction, inadequacy of the use of non-verbal means of communication negatively affect the enrichment of motor development [16]. All these limit the possibilities of social interaction and reduces the resulting effects of holistic socialization-individualization of children with speech disorders in motor activity.

Ego-consciousness as a sphere of socialization and individualization is formed in a child of preschool age in the process of interacting with adults and peers. The children with speech disorders have a deformation of ego-consciousness due to the lack of the verbal component of mental activity.

The data presented in the works by I. Y. Levchenko, A. S. Sableva, et alii made it possible to identify the problems of the formation of ego-consciousness in the children with speech disorders. The authors single out reticence, negativism, self-doubt, shortness of temper, touchiness, tearfulness, proneness to conflict, low level of claims and adaptive function of "I" in communication [14, 15]. They pay attention to children's exhibition of a generalized uncertainty, heightened anxiety, emotional instability, aggressiveness, impulsivity, tension, unreasonable mood changes, inability to control their emotions, etc. Such deviations in the sphere of ego-consciousness in children with speech disorders initiate "social insecure behavior" and restrict the individual to adapt to changing social reality.

The identified problems should be explored from the standpoint of assessing the integrity of the process of socialization and individualization of the children with speech disorders in motor activity.

Material and methods

The goal of the study was to identify the problems of integral socialization and individualization of children of over five preschool age with speech disorders in motor activity. Pedagogical experiment (summative stage), testing (tests for studying the level of development of motor abilities: bouncing and catching the ball, hitting the horizontal target from a distance of 3 m, forward inclination of body from a standing position on a gymnastic bench, running from standing start, standing long jump, trunk curl, bouncing the medicine ball, running tolerance) [2]; a modified version of the methodology "What I am" (R. S. Nemov) [13]; a modified version by G. A. Uruntaeva "Studying the Level of Children's Aspirations in Various Types of Activities" [18]; and a modified version of the Children's Anxiety Test (R. Tammle, M. Doki, F. Amen)) [4]. The

experimental study engaged 100 over 5 preschool-age children with a normal level of speech development and 100 preschoolers aged over five with speech disorders attending compensatory and combined groups of preschool educational institutions in Belgorod.

Result and Dissection

Table 1: The Results of Assessing Motor Abilities in Older Children of Preschool Age (with a normal level of speech development and speech disorders)

NO	Tests	Gender	Children with normal speech development	Children with speech disorders	t*	p
1	Motor-coordination abilities					
1.1	Bouncing and catching the ball, number of times	b	18.50±1.72	12.64±1.40	2.64	<0,05
		g	17.15±1.83	11.04±1.51	2.58	<0,05
1.2	Hitting the horizontal target from a distance of 3 m, b ₁ , g ₁ – right hand b ₂ , g ₂ – left hand	b ₁	1.48±0.22	0.95±0.14	2.08	<0,05
		g ₁	1.52±0.14	1.16±0.11	2.02	<0,05
		b ₂	1.24±0.14	0.75±0.10	2.85	<0,05
		g ₂	0.96±0.12	0.46±0.07	3.60	<0,05
2	Flexibility					
2.1	Forward inclination of body from a standing position on a gymnastic bench, cm	b	3.92±0.05	2.78±0.20	5.53	<0,05
		g	6.74±0.19	3.57±0.41	6.88	<0,05
3	Speed-strengthening abilities					
3.1	Running from standing start 10 m, s	b	3.37±0.16	3.88±0.17	2.18	<0,05
		g	3.52±0.13	4.04±0.16	2.52	<0,05
3.2	Standing long jump, cm	b	100.43±2.07	91.23±2.43	2.88	<0,05
		g	98.14±0.69	89.39±1.16	6.48	<0,05
4	Abilities involving strength					
4.1	Sit-up from a back-lying position, number of times	b	9.42±0.59	6.23±0.62	3.73	<0,05
		g	8.08±0.56	5.52±0.50	3.41	<0,05
4.2	Bouncing the medicine exercise ball, cm	b	130.37±11.88	88.14±11.96	2.51	<0,05
		g	123.24±7.09	76.20±7.95	4.42	<0,05
5	Tolerance					
5.1	Running tolerance, min	b	7.68±0.38	2.91±0.33	9.48	<0,05
		g	7.01±0.30	2.77±0.27	9.51	<0,05

*t- Student's test

In the course of analyzing the data of testing of the motor abilities of the children of under school age, the presence of significant differences between the results of children with a normal level of speech development and children with speech disorders was revealed. The significance of differences between the indicators was investigated using the student's test. The observed differences are statistically significant (significance level is $p < 0.05$).

The results of assessing motor abilities in children with a normal level of speech development and children with speech disorders were correlated with the minimum indicators of the development of motor activity in the children of over-five

The assessment of the results of the process of integral socialization-individualization in motor activity of preschool children was carried out using tests to study the level of development of motor abilities (motor-coordinating abilities, flexibility, speed-strengthening abilities, abilities involving strength, endurance) [7, 20]. The results are presented in Table 1.

preschool age [7, 20]. Diagnostics of the level of development of motor abilities has shown the prevalence of insufficient level of development of motor-coordination abilities in the children with speech disorders (in 87.9% of boys and 89.3% of girls), flexibility (in 65.9% of boys and 62.5% of girls), speed strengthening (in 68.2% of boys and 63.4% of girls) and the abilities involving strength (in 70.5% of boys and 72.3% of girls), tolerance (in 77.3% of boys and 75 % of girls) (Figure 1).

To identify the level of self-appraisal among the children of over-five preschool age in motor activity, a modified version of the method "What I am" (R. S. Nemov) was proposed [13]. Diagnostics

of the children of over-five preschool age with a normal level of speech development and speech disorders, according to a modified methodology, implied self-assessment according to the parameters – “Strong”, “Tolerant”, “Fast”,

“Dexterous”, “Accurate”, “Flexible”. Estimated marks for the answer are “yes” -1 point, “no” -0, “I don’t know”, “sometimes” -0.5 points. The significance of differences in the levels of the parameters was proved using Fisher’s test.

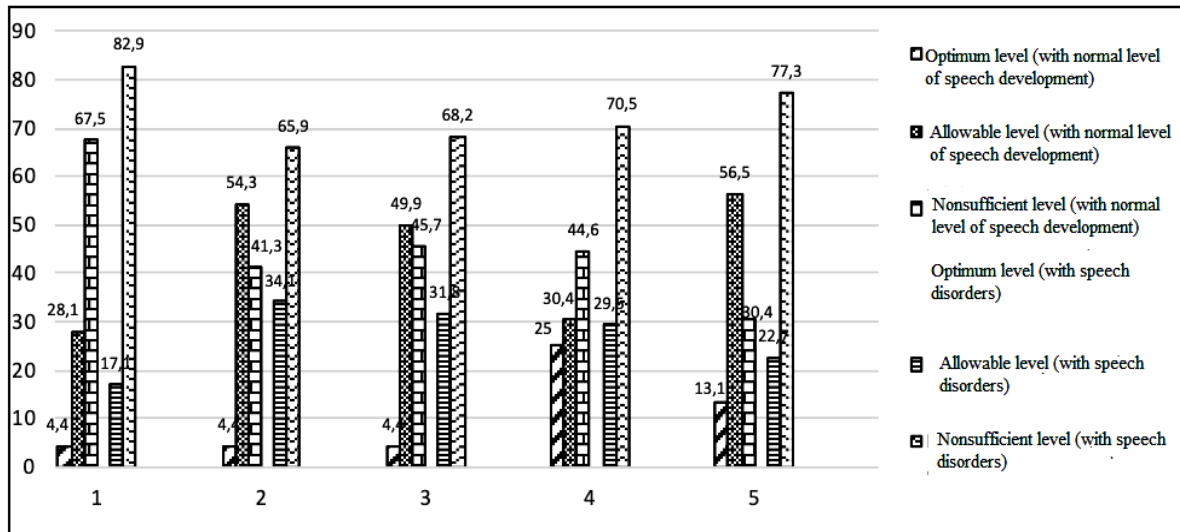


Figure 1: Levels of Development of Motor Abilities in the Over-Five Preschool-Age Children (with a normal level of speech development and speech disorders (boys, in%) (* Note: 1,2,3,4,5 - the type of motor abilities in accordance with Table 1)

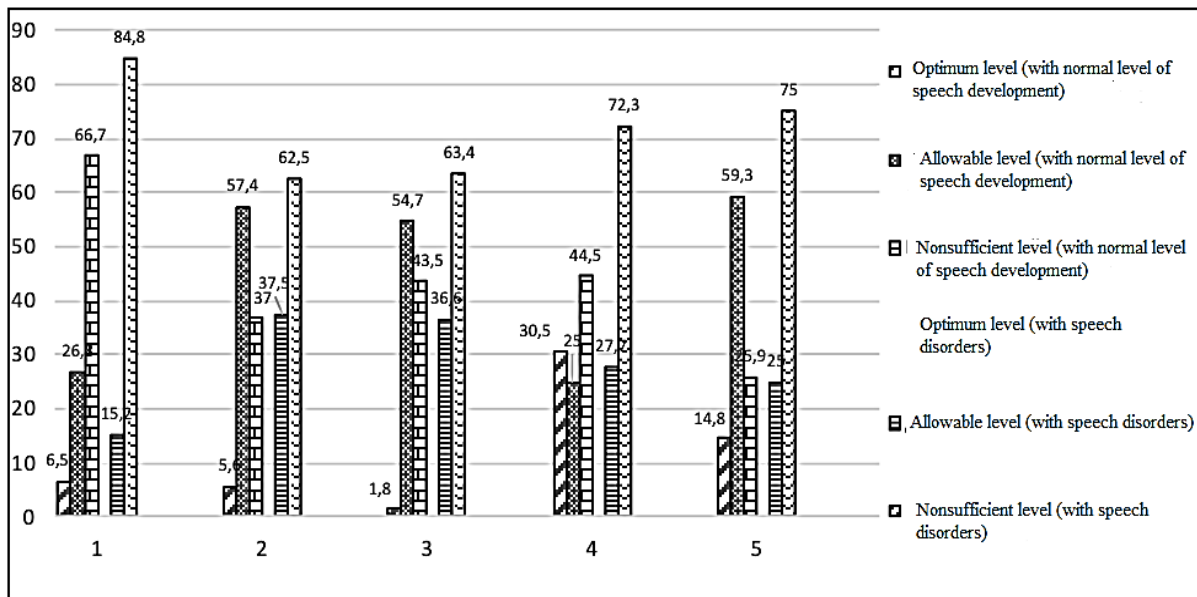


Figure 2. Levels of development of motor abilities in the Over-Five Preschool-Age Children (with a normal level of speech development and speech disorders (girls, in %) (* Note: 1,2,3,4,5 - the type of motor abilities in accordance with Table 1)

Quantitative and qualitative analyses of findings of the study made it possible to reveal the level of self-feeling of these children. The preschool-age children with a normal level of speech development mostly had reasonable self-esteem (67%); self-depreciation was found in 13% of children, and unreasonable self-appreciation - in

20% of children. Among the children with speech disorders, 49% had reasonable self-esteem, 21% of children had self-depreciation, 30% of children had unreasonable self-appreciation. Comparative analysis of the results according to the level of self-esteem has shown that reasonable self-esteem is characteristic of 67% of children

with a normal level of speech development and of 49% of children with speech disorders. The accuracy of the results is confirmed using Fisher's test. At $p \leq 0.01$, the differences have been found at a high level of statistical significance ($\varphi_{emp} = 2,595$, $\varphi_{crit} = 2,31$, consequently $\varphi_{emp} > \varphi_{crit}$).

The level of aspirations of children with speech disorders was assessed using a modified version of methodology by G. A. Uruntaeva "Studying the Level of Children's Aspirations in Various Activities" [18].

The results of the study on the series "Motor Exercise" allowed us to divide the children into 4 groups. The first group (adequate level of aspirations) involved 70% of children with a normal level of speech development and 54% of children with speech disorders. After unsuccessful fulfillment of a motor exercise, the preschoolers chose simpler ones, and successful and high-quality exercise performance motivated them to choose the ones that were more difficult. The second group (underestimated level of aspirations) consisted of 25% of children with a normal level of speech development and 35% of children with speech disorders who chose extremely simple motor exercises, regardless of success and/ or failure of the fulfillment. Five per cent of children with a normal level of speech development and seven per cent of children with speech disorders were included in the third group (overestimated level of aspirations). These children, after unsuccessful fulfillment of motor exercises, still preferred exercises that were technically more difficult.

The fourth group (indifferent level of aspirations) consisted of children with only speech disorders in 4%. Among these children, the choice of the complexity of motor exercises was not determined by the success and/ or non-success of the result of the fulfillment. An unfavorable emotional background, exhibited in an increased anxiety, plays a negative role in the development of all spheres of children's socialization and individualization. To assess it, a modified version of the Children's Anxiety Test was used (Tammle, et al.) [4]. The test data made it possible to ascertain the manifestation of heightened anxiety in children with a normal level of speech

development and children with speech disorders, and to identify the characteristic behavioral reactions of children with speech disorders in their typical life situations. Of a particularly high projective value were the pictures that modelled the "child-child" relationship in various forms and types of motor activity.

Quantitative and qualitative analyses of the diagnostic results have shown that a moderate level of anxiety prevails in children with normal speech development (79% of children, anxiety index from 20 to 50%). Children with a moderate level of anxiety most often responded adequately to certain social situations modelling the "child-adult" and "child-child" relationships. 16% of children with normal speech development demonstrated a high level of anxiety (anxiety index from 50 to 70%), manifested in hyperirritability, emotional instability in the situation of interaction "child-child". Among 5% of children, a low level of anxiety (anxiety index from 0 to 50%) was revealed.

Most children with speech disorders also showed a moderate level anxiety (63%, anxiety index from 20 to 50%). Despite the existing specific speech and language disorders, children with this level of anxiety displayed interest and the need to establish interaction in the "child-adult" and "child-child" systems. 29% of children with speech disorders had a high level of anxiety (anxiety index above 70%). They showed mood swing, tension, aggressiveness, anxiety, embarrassment and/ or avoidance of interaction with peers. 8% of children showed a low level of anxiety (anxiety index from 0 to 50%). Disinhibited behavior, predominance of an elevated mood, and reduced criticality of themselves and the situation overall were characteristic of these children. The accuracy of the results is confirmed using Fisher's test: $\varphi_{emp} = 2.517 > \varphi_{crit} = 2.31$ at $p \leq 0.01$ of differences were found at a high level of statistical significance.

Conclusion

The study has shown the urgency and necessity of searching for new approaches to ensure the integrity of the process of socialization and individualization of preschool-age children with

speech disorders. The children have specific developmental disorders of speech and language, which, in turn, hinder the process of social interaction, an adequate attitude towards themselves, adults and peers, the formation of a style of healthy behavior, as well as the development of general, fine motor skills and motor coordination. Theoretical analysis of literary sources and data of experimental research allowed us to consider and highlight the problems of socialization-individualization of children with speech disorders in three spheres – activity, communication, ego-consciousness. The analysis of results of the study of motor activity of children with speech disorders has shown that in all the parameters of the assessment of motor abilities, i.e. motor-coordination, flexibility, speed-strengthening, involving strength, tolerance, a nonsufficient level of their development prevails. Low results were obtained for motor-coordination abilities (accuracy – nonsufficient level of development in 100% of girls and boys; dexterity – in 68.2% of boys and 71.4% of girls), strength abilities (in 70.5% of boys and 72.3% of girls), and tolerance (77.3% of boys and 75% of girls). The identified problems are confirmed by the data presented in the works of Russian and foreign scientists: V. P. Dudiev, K. Y. Zakhodyakina, N. V. Nadezhina, A. S. Sableva, T. V. Solovieva, G. Jelovcan and others.

Quantitative and qualitative analyses of the results of studying self-esteem and the level of aspirations in the children with speech disorders have shown that in 51% of children the development of self-perception and their physical qualities, their verbal mediation do not correspond to the actual level of development of motor abilities. In addition, in 35% and 11% of children with speech disorders, unreasonably low and unreasonably high levels of aspirations prevail, respectively. High and low, levels of anxiety are in 29% and 8% of children. Children show signs of anxiety disorder (at the social, adaptive, emotional levels, etc.): Mood swing, tension, aggressiveness, anxiety, embarrassment and/ or avoidance of interaction with peers, disinhibited behavior, the predominance of an elevated mood, reduced criticality of self-assessment and the situation in

general. The identified problems in the spheres of communication and ego-consciousness of the children with speech disorders during the experimental study are confirmed by the data presented in the works by A. S. Sableva, L. G. Solovieva, G. Kh. Yusupova, C. M. McMahon et al. Further research can aim at developing a diagnostic model for assessing the results of the process of integral socialization and individualization of preschoolers in motor activity.

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Authors' contributions

All authors contributed toward data analysis, drafting and revising the paper and agreed to be responsible for all the aspects of this work.

Conflict of Interest

We have no conflicts of interest to disclose.

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