



Social intelligence as a subject of study in clinical psychology

S. Kharchenko

Kharkiv National University of Internal Affairs, Kharkiv, Ukraine

Article info

Received 11.06.2017

Accepted 08.08.2017

Kharkiv National University
of Internal Affairs, Kharkiv,
Ukraine

<http://orcid.org/0000-0002-5149-7892>

svekharchenko@yandex.ua

+380503000467

Kharchenko, S. (2017). Social intelligence as a subject of study in clinical psychology. Fundamental and applied researches in practice of leading scientific schools, 22 (4), 31–35.

The present state of the study of the problem of social intelligence in clinical psychology is analyzed. Scientists are actively studying social intelligence in children with developmental disorders. Scientists have described the negative impact of deficietary peculiarities and brain damage on the level of social intelligence.

It is shown that patients with schizophrenia, depression and persons with chemical dependence have a lower level of development of abilities of social intelligence, than healthy ones. Difficulties in schizophrenic patients' understanding situations of social interaction, their inability to foresee the development of interaction, lack of scenarios needed for predicting the development of the situation, lack of formation of behavioral skills in solving complex social situations have been widely examined.

To a large extent, the disorders of social intelligence in persons with developmental abnormalities or neuro-psychiatric illnesses manifest themselves in understanding nonverbal behavior, above all, emotions. It has been shown that a person with developmental defects or a neuro-psychiatric illness lacks the experience of communication, successful ways of solving problem social situations.

It is noted that in the preparation of teachers of special education and ordinary schools with inclusive education for children with developmental disorders, it is necessary to take into account the resource of social intelligence with their socio-psychological rehabilitation and active implementation in the corresponding programs. It is necessary to conduct psychological and pedagogical education of parents.

According to the author, the preservation of the abilities of social intelligence in mentally ill adults, especially with a long illness, will contribute to their more successful social and socio-psychological adaptation. Development of abilities of social intelligence, can become one of the possible measures to prevent the formation of dependent behavior in youth.

Keywords: social intelligence; interpersonal communication; neuro-psychiatric diseases; children with developmental disorders; neuro-psychiatric patients.

Introduction

In Ukraine and other post-soviet countries, attitude towards patients with neuro-psychiatric illnesses has recently changed. Society is becoming more tolerant and impartial to people with special needs, and inclusive education for children and youth with developmental disabilities is being introduced. Accordingly, the number of psychological studies regarding social and psychological rehabilitation of people with disorders in social learning and social behavior is substantially increasing etc.

The purpose of the article is to summarize modern researches on social intelligence in clinical psychology.

Analysis of recent studies and publications

In special psychology, a number of studies have been carried out on the problem of social intelligence in children with developmental deviations (Agavelyan O. K., Agavelyan M. G., Vatina O. V., Yegorova O. N., Kinstler N. I., Konovalova N. L., Namazbaeva D. I., Pershina N. A., Pinyugina K. O., Sorokoumova S. N., Khlystova Ye. V. etc.).

Difficulties in schizophrenic patients' understanding situations of social interaction, their inability to foresee the development of interaction, lack of scenarios needed for predicting the development of the situation, lack of

Volume 22, Number 4, 2017

formation of behavioral skills in solving complex social situations have been widely examined (Yeligulashvili, 1982; Khlomov, 1984; Rychkova, 2013; Pshuk, 2014; Matrosova, Pakhomova, 2015; Corrigan, Green, 1993; Corrigan, Addis, 1995; Addington, Addington, 1998; Moritz, Woodward, 2005 et al).

In numerous studies, scientists have described the negative impact of deficitary peculiarities and brain damage on the level of social intelligence:

- a stop in the development of dendritic tree in the limbic system and an increase in the number of abnormal cells in the cerebellum in patients with autism (Joseph, 1999);

- difficulties perceiving the emotions and mental state of another after the damage to the right hemisphere and the frontal structures (Luria, 1973);

- disorders of criticality, adequacy of responses to social stimuli in patients with frontal syndrome (Luria, 1973);

- difficulties recognizing the expression of fear and fear in the face when the amygdala is damaged bilaterally (Ammerlaan et al, 2008);

- disorders of social perception after unilateral ischemic stroke in the basin of the right middle cerebral artery (Krukow, 2012).

- disorders of social intelligence in patients with hearing disorders (Sutirina, 2010), vision disorders (Nikolayeva O. I., Yaparova O. G.).

A number of studies on social intelligence have been carried out in addicts or individuals susceptible to addiction to the psychoactive substances (Yelshansky, 2010; Kamalova, 2013; Plotnikova, Rodionova, & et al, 2015).

It should be noted that the largest number of studies have been carried out using the test of social intelligence of J. Gilford and M. Sullivan, adapted by Mikhailova O. S. for adults and children, which allows to substantially compare and generalize of data of various researchers.

Presentation of the main research material

Numerous studies of social intelligence have been conducted in children with developmental deviations. Scientists point out that social intelligence is more accessible to these children than academic, although the former is developing slower than usually. Social intelligence is considered to be one of the mechanisms of adaptation and integration into social environment. The source and the constant regulator of the processes of formation and development of social intelligence is the social situation of a child's development.

The study of the abilities of social intelligence in children with intellectual disorders has showed that the perception of a person's emotional state, peculiarities of his or her non-verbal behavior exists at a person's younger school age. In general, children with mental retardation show a low level of development of the ability to recognize emotions or levels below the average (as a rule, children with a slight degree of mental retardation), in addition, there is a lack of their awareness of their own and other people's emotions (Namazbayeva Zh. I., Stadnenko N. M.).

Children with mental retardation find difficulty identifying emotions of contempt, anger, surprise by intonation, as well as mistakes in identifying such emotions as "sadness", "calm", "fear", "anger". The easiest emotion for

these children to recognize was the emotion of "joy". Children with intellectual disabilities are not prone to verbal descriptions of other's emotions recognized by them. At the same time, these children recognize the emotional states of children is somewhat better than those of adults (Alekseeva, 2009). In adolescence, children with intellectual disorders are able to identify the basic emotions by the expression of the eyes (Agavelyan O. K., Agavelyan M. G., Namazbayeva Zh. I.), but they have unformed communication skills, lack of ability to adequately recognize the intentions of the partner and correctly form the line of behavior.

According to Yegorova O. M, in adolescents with a slight degree of mental retardation, social intelligence is formed at the level allowing them to be sufficiently oriented in the norms and rules of conduct (Yegorova, 2014). Underdevelopment of social intelligence is expressed in the difficulty of recognizing nonverbal reactions of a person, understanding the meaning of similar verbal messages in the context of a changing situation, inability to put a task and find ways to solve it, resulting in behavioral disorders.

The profile of social intelligence of adolescents with a slight degree of mental retardation and deviant behavior differs from that of intellectually preserved adolescents with deviant behavior. Mentally retarded people are characterized by weak ability to apply knowledge of rules and norms of behavior at insufficient skills empathy, while their intellectually preserved peers – by a rather formed understanding of non-verbal forms of communication and the ability to behave in situations of interpersonal interaction. The lower social intelligence is, the more expressed behavior disorders adolescents have.

Vasilevskaya Ye. A. and Mendelevich V. D. examined persons with the set diagnoses of "easy mental retardation" and "moderate mental retardation". The scientists have found that in patients with mental retardation, social intelligence correlated with IQ and age, and in 93.8 percent of those examined social intelligence indicators were below average (Vasilevskaya, Mendelevich, 2014). It has been found that in patients with mental retardation, a decline in social intelligence is combined with a decrease in the ability to anticipate and probabilistically predict.

Children with mental retardation of the preschool age can differentiate opposite emotions or those that are significantly different, but experience difficulties naming emotions that are close in their manifestations or those that have no vivid elements of expression. In general, children with mental retardation adequately correlate portrait pictures with the states of characters depicted in them, but they have an inaccessible understanding of emotions from the expressions of the faces of characters in the pictures. Children are most often mistaken when recognizing the emotions of adults than those of their peers. In general, children with mental retardation show an average level of development or a level below the average for the ability to recognize emotional states of people (Vasilevskaya, Mendelevich, 2014).

Alekseyeva Ye. A. showed that for children with cerebral palsy, it is rather difficult to perceive facial expressions in a photograph or drawing. Most children only recognize joy and sorrow. These children perceive emotions from pantomimic peculiarities easier than those from mimic

aspects. In perceiving pantomime, children with cerebral palsy can not describe situations in which a person can experience similar emotions. Preschoolers with cerebral palsy also have an unformed idea about one and the same emotion being capable of being manifested in different ways, and different emotions being capable of having similar expressive manifestations (Alekseeva, 2009).

Alekseyeva Ye. A. pointed out that in children with cerebral palsy the level of verbalization of emotions was lowered. Unlike peers who are developing normally, preschoolers with cerebral palsy in describing emotions and situations associated with them, limit themselves to short answers, and do not use comparisons in their language (Alekseeva, 2009). Timofeyeva I.V. (2014) noted that adolescent girls with cerebral palsy recognize a wider repertoire of behavior than boys.

Optic disorders hinder the full development of ideas about expressive manifestations of emotions, and negatively affect the perception of external signs of emotions and their adequate reproduction, children with vision disorders having a higher level of social intelligence than children with CP (Nikolayev O. I., Yaparova O. G.)

Sutyryna M. P. made it apparent that persistent hearing loss negatively affects the components of social intelligence, namely: the ability to predict behavioral effects, the ability to understand verbal reactions and meanings, the ability to understand the logic of development of an interaction situation. In people with persistent hearing loss, the ability to predict the consequences of behavior in a particular situation, to understand the change in the meaning of such verbal reactions of a person depending on the context of the situation that caused them, is authentically lower than in healthy ones (Sutyryna, 2010).

Solovyova L. G. notes that in children with speech disorders there is a decrease in the need for communication, lack of formation of communication forms, inability to behave in a communication situation. Speech disorders or speech underdevelopment are compensated for by the development of sign communication. According to Fatikhova L. F., children with a general speech underdevelopment are lagging behind their peers, who are developing normally, and according to the level of development of the ability to recognize emotional states, have a mean level and a level below the average (Vasilevskaya, Mendelevich, 2014).

Fedorova Ye. A. and Nikiforova S. N. discovered that the level of development of social intelligence also corresponds to the lower limit of the age norm, children with HIV experience great difficulties in understanding the emotions of other people (Fedorova, Nikiforova, 2013). These children can not establish cause-effect relationships of behavior of others, they can hardly predict the consequences of their own and others' behavior in a particular situation.

Studies by Rychkova O. V. confirmed the data that patients with schizophrenia have a distorted social perception as a special ability to perceive socially relevant incentives (another person's emotions, motives, intentions, nature of relationship between people etc.) (Rychkova, 2010). The author described the following peculiarities of social intelligence in patients with schizophrenia:

- recognition of emotions by patients, including those based on mimic and paramimic stimuli, is worse than by healthy people;

- recognition of emotions by patients is somewhat easier when using mimic signals in comparison with paramimic ones;

- patients with schizophrenia are characterized by "non-emotional interpretations", which were not observed in mentally healthy people;

- most effectively identifiable by patients with schizophrenia is the emotion of "joy" (which concerns both mimic and pantomimic manifestations);

- "surprise" is often mistakenly recognized by the patients with schizophrenia as a different emotional state, mostly of negative spectrum;

- patients with schizophrenia have a significantly distorted ability to logically process socially relevant information, construct strategies for solving mental problems of this type, arbitrary and reflexively regulate social thinking when there arise difficulties in social behavior, especially in joint activities. n of social thinking with Researches by Matrosova O. S. and Pakhomova S. A. confirm data that patients with schizophrenia are characterized by a lower level of social intelligence than healthy people, women's social intelligence being lowered to a lesser extent than that of men's (Matrosova, Pakhomova, 2015). These scientists showed that the longer the disease period is, the more visible the decline in the level of social intelligence is. In addition, the level of social intelligence is lowered to a greater extent in patients with conductive hallucinatory paranoid syndrome and in patients taking typical neuroleptics.

Pugovkina O. D. (2015) in her study of social intelligence in patients with depression revealed a significant and considerable decrease in all social intelligence indicators in patients with depression, not related with the subjective weight and length of the disease.

In science, researches on the peculiarities of social intelligence in people who are prone to a certain dependence have been studied widely. Yelshansky S. P. studied the peculiarities of social intelligence in men-alcoholics or heroin addicts (Yelshanskiy, 2010). He found that in patients with drug addiction, the index of the general level of social intelligence is lower than that of patients with alcoholism. In the group of patients with alcoholism, it was significantly lower than in the norm group. In general, patients with alcoholism and drug addiction badly recognize the connection between behavior and its consequences, understand the nature, content, shades and context of social relations worse than healthy ones, have difficulties in the analysis of interpersonal situations.

Kamalova A. M examined students who were prone to alcohol and drug addiction, and found that they have a significantly reduced social competence in analyzing the structure and dynamics of interpersonal interaction (Kamalova, 2013). Their ability to analyze complex situations of interaction between people, understand the logic of their development, feel the change in the meaning of the situation when incorporated into communication is developed extremely poorly. They tend to overestimate their own social skills in comparison with their peers' skills.

Plotnikova A.L., and Rodionova O.G. examined the adolescents who use the smoking blends (Plotnikova, Rodionova, 2015). In the majority of adolescents who use smoking mixtures, have a lowered level of social intelligence, whereas adolescents with normative behavior are characterized by the average level of development. In the control group, girls have higher results, whereas in experimental one it is boys.

Adolescents who use smoking mixtures have a lower level of development of social intelligence due to underdevelopment of the ability to predict the consequences of human behavior in a particular situation and to single out common essential features in various non-verbal reactions of a person. Girls who use narcotic smoking mixtures have a lower level of development of social intelligence than girls in the control group, due to underdevelopment of the ability to predict the consequences of human behavior in a particular situation (prognostic competence).

Conclusions and perspectives of further researches

In clinical psychology, there is a significant empirical material on social intelligence. The most prominent component of social intelligence in children with developmental defects is recognition of non-verbal behavior, above all emotions. Adolescence can be considered to be sensitizing for the formation of social-perceptual skills in people with mental retardation.

Patients with schizophrenia, depression, and persons with chemical dependence have a lower level of development of abilities of social intelligence, than healthy ones.

At the same time, the development of rehabilitation measures to compensate for the disadvantages of the social intelligence in patients with neuropsychiatric diseases is paid insufficient attention. It is necessary to create special conditions for the development of interpersonal communication skills in children with developmental

defects, the ability to apply a certain strategy of behavior in the process of interaction, depending on the current social situation, expanding its own expressive repertoire. To develop measures for a correction-development program for the development of abilities of social intelligence in children with developmental defects, it is possible to adapt the methods which have been worked out for children developing in a normative way. Leading method in the development of abilities of social intelligence is, of course, an intensive interaction with meaningful adults in the form of non-social - personal communication. It is necessary to create for children with developmental disorders a subject-spatial development environment, namely, specially-organized and appropriately coordinated activities: plot-role, didactic and creative games; artistic and creative activity; psycho-gymnastics; exercises that contribute to the development of communicative skills, the removal of fears and increased self-confidence, reduce aggression and weaken negative emotions, reduce uncontrolled motor and emotional reactivity.

It is also necessary to conduct psychological and pedagogical education of parents, a broad partnership of physicians, teachers and parents. When preparing teachers of special education and ordinary schools for the inclusive education of children with developmental disabilities, it is necessary to take into account the resource of social intelligence in relation to their socio-psychological rehabilitation and active implementation in the corresponding programs.

In addition, more attention must be paid to preserving the abilities of social intelligence in mentally ill adults, especially with a long period of illness, which will undoubtedly contribute to their more successful social and socio-psychological adaptation.

The development of abilities of social intelligence, in our opinion, can contribute to one of the possible measures to prevent the formation of dependent behavior in youth.

References

- Alekseeva, E. A. (2009). Experimental study of the features of emotional and personal development of preschool children with cerebral palsy. *Izvestiya of the Russian State Pedagogical University. A.I. Herzen*. 94. 245 – 248. [In Russian]
- Алексеева, Е. А. (2009). *Известия Российского государственного педагогического университета им. А.И. Герцена*. 94. 245 – 248.
- Vasilevskaya, Ye. A. & Mendelevich, V. D. (2014). Interrelation of anticipation, probabilistic forecasting, social intelligence and IQ in patients with mental retardation. *Practical medicine*. 2 (78) april'. 64 – 66. [In Russian].
- Васильевская Е. А. & Менделевич В. Д. (2014). Взаимосвязь антиципации, вероятностного прогнозирования, социального интеллекта и IQ у пациентов с умственной отсталостью. *Практическая медицина*. 2 (78) апрель. 64 – 66.
- Yegorova, O. N. (2014). The social intellect of mentally retarded adolescents with deviant behavior. *Extended abstract of candidate's thesis*. SPb. [In Russian].
- Егорова, О. Н. (2014.). Социальный интеллект умственно отсталых подростков с девиантным поведением. *Автореф. дис. канд. психол. наук* : СПб.
- Yelshanskiy, S. P. (2010). Communicative deficiency in dependence on psychoactive substances. *Journal of Neurosurgery and Neurology of Kazakhstan*. 2 (19). 93 – 95. [In Russian].
- Елшанский, С. П. (2010) Коммуникативная дефицитарность при зависимостях от психоактивных веществ. *Журнал «Нейрохирургия и неврология Казахстана»*. 2 (19) -- С. 93 – 95.
- Kamalova, A. M. (2013). Features of the structure of social intelligence (on the example of students who are prone to alcohol and drug addiction). *Bulletin of the Udmurt University. Philosophy. Sociology. Psychology. Pedagogy*. 4. 55 – 61. [In Russian].
- Камалова, А. М. (2013). Особенности структуры социального интеллекта (на примере студентов, склонных к алкогольной и наркотической зависимостям). *Вестник Удмуртского университета. Философия. Социология. Психология. Педагогика*. 4. 55 – 61.
- Matrosova, O. S. & Pakhomova, S. A. (2015). Features of social competence in patients with schizophrenia. *Bulletin of medical Internet conferences*. 2. 108 – 110. [In Russian].
- Матросова О. С. & Пахомова С. А. (2015). Особенности социальной компетенции у больных шизофренией. *Бюллетень медицинских Интернет-конференций*. 2. 108 – 110.
- Plotnikova, A. L. & Rodionova, O. G. (2015). Features of social intelligence of juvenile delinquents who use smoking mixtures. *Modern Research of Social Problems www.sisp.nkras.ru, №11 (55)*. 518 – 531. [In Russian].
- Плотникова А. Л., Родионова О. Г. (2015). Особенности социального интеллекта несовершеннолетних правонарушителей, употребляющих курительные смеси. *Современные исследования социальных проблем (электронный научный журнал), Modern Research of Social Problems www.sisp.nkras.ru, 11(55)*. 518 – 531.
- Rychkova, O. V. (2014). Breaches of social intelligence in patients with schizophrenia. *Extended abstract of Doctor's thesis*. SPb. [In Russian].
- Рычкова О. В. (2014). Нарушения социального интеллекта у больных шизофренией. *Автореф. дис. д-ра психол. наук*. СПб.
- Sutyryna, M. P. (2010). Social intelligence and communication skills in students with hearing impairment. *The world of science, culture, education*. 1 (20). 240 – 244. [In Russian].

Сутырина М. П. (2010). Социальный интеллект и коммуникативные способности у студентов с нарушениями слуха. *Мир науки, культуры, образования. -1 (20)*. 240 – 244.

Fatihova, L. F. & Harisova, A. A. (2010). *Practice on psycho-diagnostics of social intelligence of preschool and primary school children: educational-methodical manual*. Ufa: Izd-vo Ufimskogo filiala GOU VPO "MGGU im. M.A. Sholohova" [In Russian].

Фатихова Л. Ф. & Харисова А. А. (2010). *Практикум по психодиагностике социального интеллекта детей дошкольного и младшего школьного возраста: учебно-методическое пособие*. Уфа : Изд-во Уфимского филиала ГОУ ВПО "МГГУ им. М.А. Шолохова".

Fedorova, Ye. A. & Nikiforova, S. N. (2013). Features of the development of general and non-verbal, verbal and social components of the intellect of children 5-12 years old with HIV infection. *Modern medicine: topical issues: by mater. XXIII Intern. scientific-practical. conf. Novosibirsk: SibAK*. 518 – 531. [In Russian].

Федорова Е. А. & С. Н. Никифорова (2013). Особенности развития общего и невербального, вербального и социального компонентов интеллекта детей 5—12 лет с Вич-инфекцией. *Современная медицина: актуальные вопросы: по матер. XXIII междунар. науч.-практ. конф. 9(23)*. Новосибирск: СибАК. 518 – 531.