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*Systematic review*

# Perspectives in Studying Self-Consciousness in Special Education

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## Abstract

**Introduction.** Studying self-consciousness in individuals with disabilities is associated with certain diagnostic, interpretation, and organization difficulties. Elaboration of a unified methodological basis to investigate personality traits in individuals with developmental abnormalities represents a scientific challenge.

**Theoretical Basis.** When studying mental states and cognitive or other impairments, methodology for exploring individual inner world and self-representations should rely upon explanatory, phenomenological, and interactive research viewpoints.

**Results and Discussion.** This paper introduces the 'embodied self' concept, that partially unifies three basic methodological approaches and contains some elements of self-models and a narrative component integrating biopsychic, emotional, and cognitive-behavioral factors. This offers the components important to researchers in the field of self-consciousness in special education, including biogenetic component, self-model, implicit 'sense of self', cognitive component of the 'explicit self-concept', behavioral component of self-representations, and narrative component of self-representations. A system approach to the study of self-consciousness in individuals with disabilities is related to intrinsic mechanisms of the development of self-consciousness, specific characteristics of individuals' activities towards themselves and their behavior, self-orientation as the behavioral result of self-consciousness. Special educationalists may be interested in such mechanisms of self-consciousness in individuals with developmental abnormalities as self-acceptance/self-rejection, identification/de-identification, reflection/de-reflection, and consolidation/delimitation.

**Conclusion.** The approaches to studying self-consciousness in individuals with disabilities require the techniques relevant to aims of special educationalists' work with individuals of various ages with various dysontogenetic abnormalities. The development of new methods and techniques of psychological interventions influencing adaptation-related components of self-consciousness may help create the differentiated environment for person-oriented interaction in the context of psychological support of individuals of different ages with developmental disorders.

## Keywords

self-representation, embodied self, reflection, de-reflection, consolidation, delimitation, identification, de-identification, self-acceptance, self-rejection

## Highlights

- Narrative representations alone are insufficient to explore self-consciousness of individuals with impaired development due to substantial specificity of verbal self-expression in many studied individuals.
  - A systematic approach to studying self-consciousness in individuals with disabilities is associated with research problem-solving in the context of the development of their personality adaption and integration potential.
  - Theoretical background for diagnostics should include narrative and behavioral components presented as a complex of biopsychic, emotional, and cognitive-behavioral factors.
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## Introduction

Self-consciousness is one of the most socially significant categories characterizing a person and a subject in the context of the investigation of self-representations of a person and his/her social behavior evolvement. A mature self-consciousness and capability of an individual to self-exploration shape his/her ability to be in a dialogue with himself/herself and others, to exist in a system of double openness, toward her/himself and the world. Development of the skill to refer to her/himself, to obtain the information about her/himself not from external sources only, but from her/himself allows a subject to put into irreversible relations with the life, to admit its charges and contextual expectations which form the mode of being (Stolin, 1983; Pantileev, 1993; Chesnokova, 1977; Längle, 1990, 1992/1999; Newen, 2015).

The relevance of studying behavioral and regulative components of personality in subjects with disabilities is indisputable, particularly with light development disorders, when they could be adequately adapted in a social environment, provided a comprehensively psychological-pedagogic follow-up. It is of interest as well to research socialization and integration mechanisms of social behavior in children, teenagers, and adults with various developmental disorders (Troshin, 1915; Vygotskii, 1983; Lubovskii, 2017, 2018; Lebedinskaya & Lebedinskii, 2018; Levchenko, Prikhod'ko, & Guseinova, 2017).

Psychological investigation of self-consciousness in persons with developmental disorders presents several diagnostic and interpretation difficulties arising from the particularities of their introspection experience, contents of self-reports, and verbal representations of individuals with disabilities, if with a light degree of impairments.

Investigating a person's self-consciousness merely as a narrative can bring us into an epistemological trap (Parnas, Sass, & Zahavi, 2013), because substantially limited abilities of such a diagnostics subject own to the specificity of his/her verbal means of self-expression and the lack of adequate psychodiagnostic tools that could help to overcome analyzing, intellectual,

and psychological limitations of the subject and to obtain access to deep mechanisms of the involvement of his/her Self, can create in researcher an illusion of lack of the self-consciousness or of which is understood by that term in the theory of narrative Self (Dennet, 1992; Schechtman, 2007; Newen, 2018a, 2018b; Galbusera & Fellin, 2014; Parnas & Gallagher, 2014; Parnas & Bovet, 1995).

In our opinion, the character of diagnostic problems and further directions of their overcoming can depend on the researcher's methodological attitude.

### Theoretical Basis

An approach to studying a human being's self-representations in the context of the diagnostic and prognostic investigation of specificity of his/her mental state and cognitive or other impairments can be based on three researcher positions: from the 1st, the 2nd, or the 3rd person (Galbusera & Fellin, 2014).

*An explanatory paradigm of the 'third person'* in the context of the cognitive theory for social perception comprises theoretical assumptions as follows:

- a) researcher has no direct access to mental states of other people;
- b) there is a so called 'mental gap' between a researcher and a subject of the study;
- c) to pass judgment on the mental state of another person, a diagnostician has to make supplemental cognitive efforts, because according to the concept of the inner world, we do not acquire knowledge about another person in direct experience, but that knowledge represents rather a set of subjective mental assumptions made based on symptomatic analysis of behavioral expressions demonstrated by the person;
- d) assumptions about the state of the others draw on observation results;
- e) researcher's attitude suggests that diagnosticians using a kind of detached observation seek to match the mental state of the diagnostic subject against several categorical descriptions in the context of well-established theories and categories;
- f) the experience of a person subject to diagnosis is perceived immediately and evaluated from the expert point of view of the researcher, who, based on generalized theoretical assumptions, tries to determine the mental state of a person subject to diagnosis as an objective and contextual one (Gallagher, 2001, 2008a; Galbusera & Fellin, 2014).

*A simulation approach 'in the first person'* necessitates the basis of phenomenological point of view for a diagnostician seeking to recognize a subject's mental state. In its classical interpretation the phenomenology does not consider a person in a digitally and quantified way, but identified her/him as a changing flow of interplaying phenomena, as something integer, a 'thing in itself'. Diagnostics is focused on the consciousness, which could be understood through a profound exploring of the embedded first-person experience of a subject (Parnas & Gallagher, 2014). Such concepts as follows gain importance: Self, self-experience, self-awareness, subjective reality, personal agency. A first-person perspective appeals the investigator to meet itself, to open her/himself to her/him own experience of another person, to get embedded and to model the mental state of another person in order to understand her/him from within, and not to try to explain her/him when observing, using well-established psychological theories (Gallagher, 2001, 2008a, 2012; Gallagher & Daly, 2018). Proponents of that approach see the main evidence for mental health in well-developed reflection and empathy because they

suggest that one of the best ways to access to another person's experience is its presentation through imagined identification (Wiggins & Schwartz, 2013).

Thus, in attempt to imagine intuitively the psychic state of a subject, investigator can grasp what it is like, 'to be like her/him' or to be 'her/him' (Stanghellini, 2007, 2010). This theory does not help to resolve the problem of the 'mental gap' between a cognizing subject and a cognized subject. It is focused on the total generalizing of a diagnostician own experience with the shift of gravity center toward grasping the experience of diagnosed subject's in contrast to 'mentalizing' and interpretations from 'the third person' perspective (Reddy & Morris, 2004). The 'in first person position' does not pay due attention to contextualized content and interactions as necessary structural and content components of social understanding (Gallagher, 2008b, 2013, 2018).

*Interactive theory from the second person perspective approach* offers an alternative to the 'first-person' or 'third-person' perspectives explanation of social cognition, underpinned by theoretical assumptions related to a conception of no mind-body gap in a subject; it admit no mental gap between I and Other, as well. Proponents of the theory of interaction recognize the significant role of the body in the interaction process, and at that give up on the Cartesian dualism with its body-mind dichotomy. In their view, the ability to understand another person is based on a pre-reflective intentional connection where personal emotions and intentions present in every expressive behavior, meaningful to diagnosticians since the very beginning of the interaction (Thompson, 2007; Gallagher, 2012). In this event, self is embodied and intrinsically integrated into the body, and according to proponents of the theory, while interacting with another person, we can see and recognize his/her states without having to theorize to that regard. Pre-reflective involvement in social cognition is possible already in very young children, when a child learns to understand another person not through reflection but interacting with her/him at a pre-reflective level (Fivaz-Depeursinge & Philipp, 2014; Fivaz-Depeursinge & Corboz-Warnery, 1999; Reddy, 2008).

According to the interactive approach, the self-consciousness is a result of the integration of the embodied basic affective flow, arising in association with an intentional object/subject, where self is at the same time an actor and a center of attraction for thought. Processing requests from the environment and seeking for an adequate behavioral response to them a subject faces with many diversified multi-contextual situations where a behavioral realization need to involve meaningful aspects of Self as an actor, as well as a set of affective dispositions constituting an integral part of the Self (Newen, 2015, 2018a, 2018b).

## Results and Discussion

In our opinion, no one of above-described approaches is comprehensive enough to help researchers to cope with a great number of diversified tasks facing them in the field of personality psychology of people with special needs: describing and characterizing structural components and contents of self-consciousness as a regulator of social cognition which influences social adaptive strategies; integrating persons with abnormal development into society; generalizing and categorizing quality peculiarities revealed in persons' self-awareness; outlining directions and methods for assistance psychological and psychological follow-up of personality development in subjects with disabilities; elaborating of long-term programs of psychological support

for persons with developmental abnormalities of all ages, and implementing of special methods adapted for diagnostics and psychological correction.

From this perspective, a system synergetic approach accounting for all advantages and limitations of existing theoretical and methodological points-of-view could serve as a methodological starting point.

Personality psychology of people with special needs at the current stage with its 'third person' approach suffers a lack of conceptual generalizing typologies, or conceptions considering specific characteristics in common patterns of personality development abnormalities in various disorders. At that, a body of data is collected about specific patterns of abnormal personality development in subjects with disabilities due to nosological entities of various groups. These data are to be systematized and need a paradigm basis for their study, which has yet to be established. Any categorization principle, any conceptual basis simplify the task facing a diagnostician: to group out phenomena of interest, based on existing classification criteria. At that, detailed and diversified empirical data of quality peculiarities of phenomena in the studied content of self-consciousness in persons with impaired development represents a unique ground for methodological synthesis and functional models building helping to realize a research vector 'from practice to theory'.

A 'first-person perspective' approach with its focus on phenomenology gives more space for diagnosis work, helps develop special research methods considering the specificity in self-consciousness in persons with the impaired development and allows researchers to reveal specificity in abnormalities of self-consciousness formation in persons of different ages in the context of different nosological groups.

Special methods can be elaborated based on such an approach, on conceptions of verbal and behavioral expression specificity (e.g., verbal materials for the methods comprise the specific verbal material obtained using content-analysis from the subjects of diagnostics, set of situations typical for their everyday life and so on) (Kuzmina, 2016). But it should be mentioned that a diagnostician is limited in his/her attempts to get impressions, empathically or with reflection, about a disabled person, to comprehend at maximum the representing experience of a diagnosis subject, and these limitations stem out of a philosophical principle of 'analogy', which reads that phenomenological perception helps a researcher to reach a position where other people could experience the same psychic states that we do, by analogy with our own experience (Stanghellini, 2007). In this connection reflective intentions of a nominally healthy person toward a developmentally disabled person are limited by predetermined conditions of the conceptual difference between 'Self-models' (Metzinger, 2009, 2011, 2014) in a diagnostician and a subject of diagnostics, associated with differences in psychic processes in normal and impaired development.

Reference to the phenomenological diagnostics with its detailed descriptions and quality analyses helps to outline directions of psychological assistance but does not disclose mechanisms of the process realization of that assistance. Such an approach could help to figure out 'what' one could make using specific characteristics revealed as a result of diagnostics, but does not help to grasp 'how' to implement these plans because, in order to do that, a diagnostician must get out of the phenomenological openness and get feedback from the diagnosed subject right in the course of the interaction process.

Dynamic changes in self-awareness, manifested in behavioral changes, in particular, in new acts, actions, and reactions of a person that do not correspond to his/her usual behavior, can be revealed using an interactive approach precisely, as implemented in social interactions with their dynamic relationships, where mostly phenomenological information collected during the diagnosis will be refined and specified.

A conceptual unit, based mostly on phenomenological and interactive approach but partly unifying all three above-mentioned methodological attitudes could be a concept of 'embodied Self', whereby the ability to self-cognition is defined as the ability of an individual to represent his/her states as belonging to himself/herself, particularly (but not exclusively) psychological states where such a self-representation is associated with conscious experiences (Newen & Voegeley, 2003).

Self-consciousness in the context of 'embodied self' includes 1) explicit self-awareness; 2) implicit self-awareness; 3) direct self-representation, not supported by any conscious experience. The specific weight of explicit (consciously available) and implicit (partly of not consciously available) elements in the structure and content of Self, as well as significance of a direct self-representation combined with some conscious experience are not yet well defined. But according to naturalistic theory, the theoretical concept of 'embodied Self' being the basis both of explicit and implicit self-consciousness could allow a subject to predetermine himself/herself, to exercise anticipation, prognostics, and behavior based on the past experiences (Newen, 2018a).

Considering that there are various aspects of selfhood: selfhood as a biological being; a specific self-relation, namely, the ability to form self-representations using a 'self-aimed' way (i.e. with direct, subjective means); and 'self-model' as the ability to admit the unity of different sources of information about oneself, brought together by a biological system, it is worth to suggest a concept of 'embodied Self' (Newen, 2018a), as a supplement to the 'Self-model' and brain structures (Metzinger, 2014), to properly explain phenomena of self-consciousness as well as a number of associated events. A realistic concept of a human being as an 'embodied self' is crucial to his/her ability to act here and now, or properly plan his/her behavior.

In our opinion, research of self-consciousness in the context of special education must follow such directions:

- studying self-awareness, first of all, in a dialogical relatedness of the outer world and the inner world of a subject, as its significance for the social behavior control following integrating and adaptive goals of his/her socialization;
- using phenomenological, interpretative, interaction methodological attitudes and models as available not only to a diagnostician but to the diagnosis subject, too (e.g., phenomenological approach using verbal representation 'from the first person', presuming mostly narrative translations of introspective experience, cannot be a ground for psychological investigation of persons with severe language impairments, cognitive deficits, Autistic Spectrum Disorders, and aural disorders because of their markedly disturbed verbal representations);
- to undertake longitudinal studies of the self-consciousness development in persons of various ages (adults including) within different nosologic groups in order to investigate specific development of self-representation forming paths at the background of the existing disorder;
- to reveal peculiar characteristics of self-consciousness in persons with health disability while defining safe and impaired contextual zones of self-concept formation as

a self-perceiving subject (Self-model), self-producing subject (sense of Self, Self-concept), self-actor (Self-representation).

Based on the conception of 'embodied Self' which includes all elements of Self-models and narrative constituents, presented in the unity of biopsychic, emotional and cognitive-behavioral factors (Newen, 2018a), we consider it helpful to identify the following constituents of 'embodied Self', important for special education:

1. A *biogenetic component* pre-determined by the nosology of one or more primary development disorders, i.e. by a medical diagnosis.

2. *Self-model*, related to the subject ability to reflect reality properly, to process from outside incoming information including that related to oneself.

3. An *implicit 'sense of self'*, associated with the ability of a subject to experience emotionally and not verbally oneself or another as an actor. Self-model and implicit sense of self provides a pre-reflexive level of social understanding that is formed earlier in ontogenesis than reflective understanding related to the meanings and verbal representation level. Pre-reflective understanding, e.g., in intellectually deteriorated persons, presents as a more safe element of self-consciousness than reflection. In attempts to form reflective skills in persons with intellectual underdevelopment using pedagogic ways, one can block out the pre-reflective understanding being the main basis of interaction, but fail, due to intellectual deteriorations of a subject, to build a full-scaled reflection. As a result, suggestibility can be formed as an element of peculiar characteristics of self-consciousness based on the underdeveloped ability to grasp the semantic context of address and reflective-suggestive components of external influences (Kuzmina, 2016).

4. A *cognitive component of the explicit 'Self-model'*, associated to the ability to form a conscious image of Self, a Self-presentation, Self-conception, both in the context of a present situation, and referentially linked with prognostic constituents of consciousness (formation of a future, present and past images of Self).

5. A *behavioral component of self-representations*, associated with the ability to act and behave based on personal analysis of a situation (situation evaluation, decision-making, development of a plan to implement the decision, and implementing actions not only in the context of psycho-physiological foundations but taking into account moral rationales as well).

6. A *narrative component of self-representations*, associated with the ability to express in a clear to others way the existing conception of one's own self, one's own behavior, and moral and ethical evaluation of actuality, i.e. the ability to maintain a verbal dialogue.

From the practice point of view, in order to form a social-personal adaptive potential in individuals with developmental abnormalities in the context of the psychological follow-up, one must focus, in our opinion, on studying self-consciousness developments mechanisms, that are implemented in subject's activity directed toward her/himself and can lead to the building of his/her self-orientations as a behavioral result of the self-consciousness functioning.

Special psychologists are interested in mechanisms of the disabled persons' self-consciousness development as follows:

1. **Self-acceptance/self-rejection** (those mechanisms are intrinsically associated with a critical attitude of a subject toward his/her actual state or some other his/her peculiar characteristics, within the range from a total self-acceptance, noncritical attitude toward himself/herself and improperly inflated self-esteem up to overcritical attitude to himself/herself, exaggerated

self-exactingness, self-rejection. Those mechanisms manifest themselves the most brightly, for example, in late-onset deficiency disorders).

2. **Identification/de-identification** (those mechanisms, on the one hand, are associated with a subject ability to admit a social role and corresponding behavior, to identify her/himself with certain social groups, including other people with the same kinds of disability; on the other hand, to de-identify her/himself with such social stigmata with negative connotations as 'patient', 'handicapped', 'moron' and so on. Those mechanisms manifest themselves the most brightly, for example, in problems of adaptation).

3. **Reflection/de-reflection** (those mechanisms, on the one hand, are associated with his/her ability to address to her/himself, to his/her experiences, to reinterpret them, and on the other hand, with the ability to reorient the attention focus from her/himself into meanings, values, perspective, and contexts. Those mechanisms manifest themselves the most brightly, for example, in professional self-definition, perspective planning of the line of life, in overcoming his/her fixation of fears for future independence, potential social failure, or fears about the health deterioration).

4. **Consolidation/delimitation** (those mechanisms are associated, on the one hand, to the specificity of relationships of a subject with significant others where his/her boundaries are markedly violated or not built, where s/he loses his/her intentions toward the communication with interesting people, especially when marked disontogenic manifestations and limited analyzer's functions are presented; on the other hand, those mechanisms are associated with the ability of a subject to separate from the family, to avoid parasitic dependency, to build his/her own space of relationships in order to implement his/her own intentions toward communication and to build a responsible (sometimes over-responsible) independent position ('My own self'). Those mechanisms manifest themselves the most brightly, for example, where family education disorders exist, such as a supporting and condoning overprotection, or development in a child of an exaggerated moral responsibility).

From the perspective of the socially adaptive strategies realization, the most worthy of note is the behavior of a subject with impaired self-cognition related to the ability to analyze his/her own behavior: 1) to percept (situation and his/her own state), 2) to feel (identify his/her own emotional experience), 3) to understand (discriminate individual reasons for an act), 4) to interpret (his/her own behavior and behavior of others toward her/him).

From diagnostics perspective the following points are of interest:

1) self-observation as the ability to see oneself as an actor of behavior performance, in interactions with others and with oneself;

2) self-perception as the possibility to gain impressions, self-image, to structure one's own image;

3) self-esteem as the ability to compare one's own individual characteristics with an etalon in consciousness relating its value, positive or negative personal and social significance;

4) self-assertiveness as the ability to reach (and the need to reach) a certain social, psychological and physical state;

5) self-control as the ability to control one's own behavioral manifestations in conformity to situation and goals and objectives pursued by a subject;

6) self-adjustment as the ability of a subject to act upon his/herpsychic using his/her own



effort in order to change its significant characteristics (e.g., emotional state and pathocharacterological manifestations).

Self-orientations in that context can be considered as a result of implementing mechanisms of self-consciousness development in the context of the personal activity of a subject with limited health abilities and as a basis of intentions in such a subject toward the world. They can be presented with various types, as follows:

- 1) worldview-related self-orientations (image of self and the world, moral standards, conceptions, beliefs, values, and meanings);
- 2) behavior-related self-orientations (identification of situations, decision-making, strategy developments to implementing a decision, behavioral acts);
- 3) reflective self-orientation (adjustment of worldview-related and behavior-related self-orientations as part of the process of self-cognition, self-addressing, and conceptualization of acquired experience).

## Conclusion

Thus, investigating self-consciousness in the field of special education comprises a range of promising directions linked, first of all, with the applied relevance for personal education, i.e., disclosing of personality adaptive potential in people with health disabilities and its realization in social interactions and social behavior.

Future scientific research should be directed to the development of a paradigm basis and a methodological approach to the investigation of self-structures, and the description of necessary and sufficient conditions for the development of personal activity in a subject with regard to her/himself and his/her behavior. To chose a research vector relevant to scientific goals in the context of special education of personality, we need an integrated approach based on the synthesis of fundamental conceptions of social understanding (phenomenological, interactive, and theoretical ones).

In the present theoretical research, we tried not only to form, validate, and underpin methodologically as a promising research direction a systemic approach to self-consciousness research in disabled persons but to assess as well the potential of its practical implementation, which could help to increase our understanding about the pathogenesis of personality abnormal development and to forecast personality specificities in persons with disabilities.

The aforesaid systemic approach can serve as a mounting base to elaborate practice diagnostic methods and directions for psychocorrection in patients of various nosological groups, being treated using to special education, which demonstrated the need for new methods and ways to investigate self-consciousness and its adaptation-related constituents in individuals with various disontogenetic characteristics (e.g., verbal or non-verbal situation-based diagnostic tests) (Kuzmina, 2016). The present approach can be used to elaborate differentiated persons-centered interfaces in the context of psychological follow-up of disabled persons of different ages.

Data collected while elaborating and testing methods and ways of self-consciousness in the context of integrating approach, representing descriptions of hallmarks of self-conceptions in disabled persons could be included in a list of criteria for differential diagnosis in the special needs psychology field.

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