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SIGNALING OF PAIN BY STUDENTS WITH AND WITHOUT SPEECH DISABILITIES IN THE OPINION OF PEDAGOGICAL STUDENTS

Annotation. *Associated disabilities can determine a student's quality of life, including how they communicate with others. Often, these children do not use verbal speech, and their health status can vary depending on their disease symptoms or stage severity. The multimorbidity they experience is often associated with experiencing Pain of various types and intensities, which can affect their role as learners. Prompt recognition of a child's behaviour that may be indicative of the Pain he or she is experiencing will allow measures to be put in place during class to calm him or her (for example, changing seating in the classroom to the last row where it is quieter, airing the room, informing the school nurse or parents).*

The purpose of the research was to describe the communicative behaviour of a student with a coupled disability related to his or her experience of Pain as perceived by education students. The research was embedded in a quantitative strategy using a diagnostic survey method. According to the students, students with a coupled disability signal the feeling of Pain by using their bodies as a means of communication, such as lying down on the classroom floor, rubbing their eyes, or changing their behaviour by demonstrating irritability or excessive tenderness.

Keywords: *Pain, communicative behaviour, student, teaching, multiple disabilities*

Introduction

Experiencing multiple disabilities changes the quality of a student's life and can both limit his developmental opportunities and hinder his success in school. In addition, being diagnosed with multimorbidity will be associated with the manifestation of a period of disease stabilization or regression. The period of regression may be associated with experiencing physical discomfort, including Pain, which may make it difficult and even limit his role as a student for a certain period of time. It can contribute to more frequent and prolonged absences from school, which causes his isolation from his peers. A student's perception of Pain may also cause him to become more fatigued and reduce his attention span on the task. It will also force more frequent and longer breaks while working in class. Given the variability of the illness picture and the associated Pain, discomfort and negative emotions felt, the teacher needs to recognize when the child is

feeling it. This is possible by observing the students' communication behaviour because children with diagnosed complex disabilities experience the world around them using their bodies. It also helps them express their needs and communicate with others (Fröhlich, 2016). Thus, the child's body becomes "a means of communicating with the world" (Jerzyk, 2024, p. 117). According to Monika Jerzyk, the world of a student with a coupled disability is primarily limited to the physical sphere and the holistic physical-spiritual way of experiencing (Jerzyk, 2024). Taking these premises into account, it can be pointed out that a teacher working with a non-speaking student with a coupled disability should be able to recognize from his or her behaviour the symptoms indicative of the Pain he or she is experiencing in order to adapt the tasks performed and the course of activities to his or her current well-being. On the other hand, when there is an opportunity to neutralize the Pain, he should have a procedure for notifying parents of the child's deteriorating condition.

Pain - a short introduction

Pain as a sensory and emotional sensation is perceived negatively, causing unpleasant feelings. It can be associated with actual and potential human body damage (Dobrogowski et al., 2011). Dobrogowski et al. points out that it is "a perception arising from the patient's mental interpretation of the phenomena taking place, modified by previous experiences and psychosomatic conditions" (Dobrogowski et al., 2011, p. 20). In the medical literature, there is a division of Pain into 1) anatomical (physiological and pathological) and 2) taking into account the place of origin (receptor and non-receptor) (Table 1). They differ in nature (e.g., superficial, deep) and function (e.g., protective, warning).

Table 1 - Division of Pain anatomically and by site of origin.

PAIN	
Anatomical division	***Division by place of origin***
Physiological • results from irritation of nociceptors of the skin, corneas or mucous membranes by stimuli that cause tissue damage in humans, • is superficial in nature, • has a protective function for the body	**Receptive** • physiological Pain, • originates in internal organs and external tissues, • occurs when there is irritation of receptors located on pain nerve endings.
Pathological • occurs due to damage to the nervous system or prolonged irritation of nociceptors by substances from damaged anatomical structures	**Non-receptive** • is the result of the destruction of elements of the nervous system, • pathological Pain • neuropathic Pain, • two types: 1) peripheral neuropathic, 2) central.

Source: Dobrogowski et al. 2011.

Physiological Pain is experienced by a person, for example, when he touches a hot vessel with his hand. It protects the body from possible tissue damage due to an

external stimulus. Thus, it will have a warning and defence function. A person feels pathological Pain when "damage to the nervous system or prolonged irritation of nociceptors by substances from damaged anatomical structures" occurs in his body (Dobrogowski et al., 2011). Receptor pain, on the other hand, occurs when receptors are irritated in pain nerve endings. Pain can also be classified taking into account its duration, and so are distinguished:

1) Acute - lasts less than three months, with rapid pain, high intensity, and precise localization of pain.

2) Chronic - lasts over three months, slow pain, lower intensity than acute pain, such as headache.

3) Persistent - is experienced despite full tissue healing, such as phantom pain (Ramón López, 2024).

Methods of research

The study used a quantitative strategy and the diagnostic survey method. The respondents filled out the author's questionnaire "Communication behaviour of a non-speaking child", which consisted of the following parts:

I. Metrics of the subjects, including sociodemographic data of the studied group.

II. Communication behaviour of the non-speaking child:

1. Communication behaviour related to signalling physical state

2. Communication behaviour related to signalling emotional state.

Survey procedure

Respondents were informed that they could opt out of participating in the survey at any stage. Participation in the study was voluntary and anonymous. The research conducted consisted of two stages: 1) a pilot study to evaluate the survey instrument and 2) a survey proper. The research aimed to identify and describe the communicative behaviour of a child with a coupled disability in signalling feelings of Pain. The main research question was: How does a child with a coupled disability signal pain?

Specific questions were also formulated:

- Can a child with a coupled disability signal the feeling of Pain by using his body in communication?
- How does a child with a coupled disability behave when he feels Pain?
- What sound signals and vocalizations does a child with a coupled disability use when they are in Pain?

Organization of the study

The author's questionnaire, "Communication behaviour of a non-speaking child," was made available to respondents online. Students received a link to the questionnaire, which was active for a month. According to current data protection regulations, all data collected were coded. The study was conducted in 2024.

Study group

The study group consists of 90 people. The majority are women (96%). The largest number of respondents is in the age range of 19-24 years (86.7%), and the rest indicated that they are 25-30 years old (13.3%). The most significant respondents were second-year students (36.7%) and first-year students (33.3%). The smallest group was third-year students (30%). Respondents lived in rural areas (45%), in a city with a

population of 50,000 to 100,000 (35%) or in a city with a population of more than 250,000 (20%) (Figure 1,2,3).

Figure 1,2,3. Gender of respondents, age of respondents, place of residence of the respondent

Results

More than half of the respondents (65%) believe that a child with a combined disability signals the feeling of Pain using his body. First, the child lies down on the floor and closes his eyes or rubs them with his hands, sways, and yawns (Figure 4).

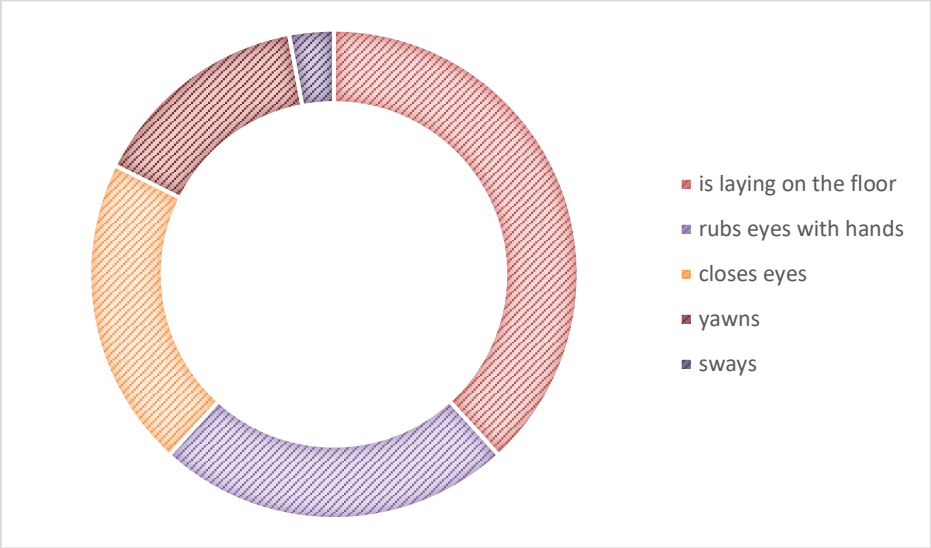

Figure 4. Signaling Pain by a non-speaking child using his own body.
Source: own research.

Respondents' second most frequent indication was a change in the child's behaviour, with irritability, an excessive need for affection, and a reduced attention span visible in the child's activities (24.5%). Some respondents indicated that emotional lability was apparent (Figure 5).

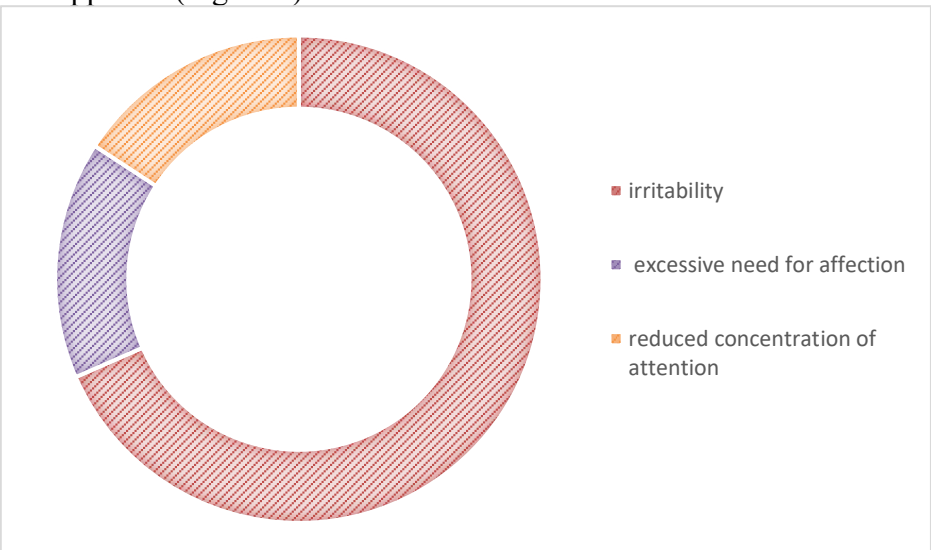

Figure 5. Non-speaking children's signalling of Pain through behaviour change.
Source: own research.

The fewest responses were for vocalization and making sounds (10%). According to respondents, when a child with a coupled disability feels Pain, he cries or screams (Figure 6).

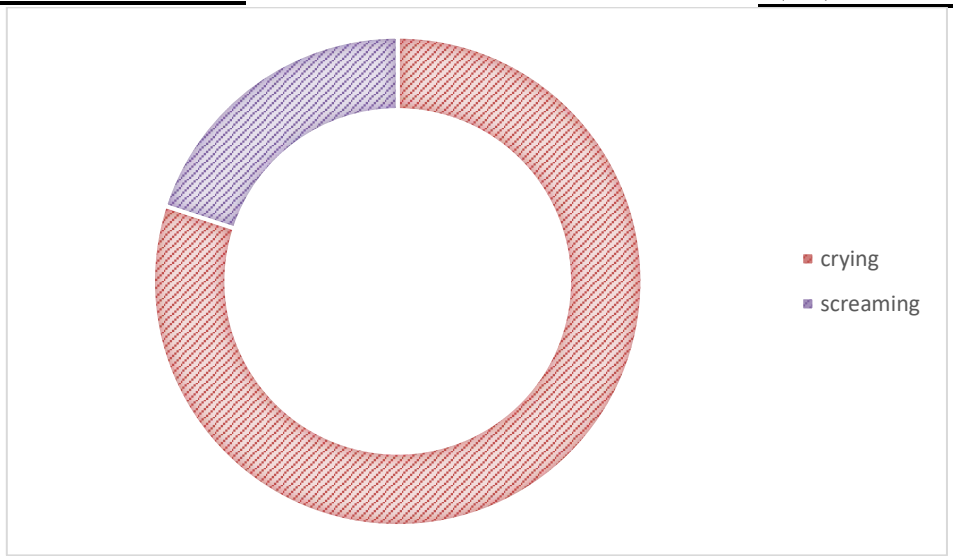

Figure 6. Non-speaking children signal pain using vocalization.
Source: own research.

Conclusions and discussion

Feeling pain is associated with unpleasant sensations. Depending on its intensity and duration, the psychophysical functioning of the child will be determined in different ways. The respondents indicated that a student with a coupled disability signals pain primarily using his body as a means of communication. This alludes to the conclusions drawn by Fröhlich, who pointed out that a person with a coupled disability will use his or her own body in communication, particularly when he or she wants to inform others of his or her needs and emotions. At the same time, the researcher stressed that these students also perceive classmates, colleagues and teachers through their bodies and physical contact (Fröhlich, 2016). According to the students surveyed, a way for students with complex disabilities to communicate Pain is by changing their behaviour and making various vocalizations, such as crying, screaming or inarticulate sounds. This is also supported by research conducted by Tracy and Wallace, who indicated that individuals with diagnosed complex communication needs, including non-speaking children, have the ability to express the Pain they feel through several behaviours, including, for example, banging their heads or screaming (Tracy & Wallace, 2001, after Watson 2011).

Recognizing the communicative behaviour that signals Pain will allow an assessment of its severity and show opportunities for its management (Watson 2011). Unrecognized Pain will diminish a student's quality of life and limit his or her ability to acquire knowledge and skills, which will translate into difficulties in achieving school success.

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Камык-Вавришук Агнешка

ПЕДАГОГИКАЛЫҚ УНИВЕРСИТЕТ СТУДЕНТТЕРІНІҢ ПІКІРІ БОЙЫНША СӨЙЛЕУІНДЕГІ ЖӘНЕ СӨЙЛЕМЕУІНДЕГІ АУЫРУ БЕЛГІЛЕРІ БАР СТУДЕНТТЕР

Аңдатпа. Негізгі мүгедектік студенттің өмір сүру сапасын, оның ішінде басқалармен қарым-қатынасын анықтауы мүмкін. Көбінесе бұл балалар ауызша сөйлеуді қолданбайды, олардың денсаулығы аурудың белгілеріне немесе кезеңнің ауырлығына байланысты өзгеруі мүмкін.Олар бастан кешіретін көп ауру жиі әртүрлі типтегі және қарқындылықтағы ауырсынуды қамтиды, бұл олардың оқушы ретіндегі рөліне әсер етуі мүмкін.Баланың ауырсынуын білдіретін мінез-құлқын тез тану оған сабақ кезінде оны тыныштандыру үшін әрекет жасауға мүмкіндік береді (мысалы, сыныпты тынышырақ артқы қатарға ауыстыру, бөлмені желдету, мектеп медбикесіне немесе ата-анаға хабарлау).

Зерттеудің мақсаты студенттер қабылдайтын ауырсыну сезіміне байланысты көптеген мүмкіндіктері шектеулі студенттің қарым-қатынас мінез-құлқын сипаттау болды. Зерттеу диагностикалық сұхбат әдісі арқылы сандық стратегияға ендірілді. Студенттердің пікірінше, қосарлы кемістігі бар оқушылар сыныпта еденде жату, көздерін уқалау немесе тітіркену немесе тым еркелеу арқылы мінез-құлқын өзгерту сияқты денелерін қарым-қатынас құралы ретінде пайдалану арқылы ауырсыну сезімін білдіреді.

Кілт сөздер: Ауырсыну, коммуникативті мінез-құлық, оқушы, оқу, көп мүгедектік.

Камык-Вавришук Агнешка

СИГНАЛИЗАЦИЯ БОЛИ СТУДЕНТАМИ С РЕЧЕВЫМИ НАРУШЕНИЯМИ И БЕЗ РЕЧЕВЫХ НАРУШЕНИЙ ПО МНЕНИЮ СТУДЕНТОВ ПЕДАГОГИЧЕСКОГО ВУЗА

Аннотация. Сопутствующая инвалидность может определять качество жизни учащегося, в том числе то, как он общается с другими. Часто эти дети не используют вербальную речь, а состояние их здоровья может варьироваться в зависимости от симптомов заболевания или тяжести стадии. Мультиморбидность, которую они испытывают, часто связана с ощущением боли различных типов и интенсивности, что может повлиять на их роль как обучающихся. Быстрое распознавание поведения ребенка, которое может свидетельствовать о боли, которую он испытывает, позволит принять меры во время урока, чтобы успокоить

его (например, поменять места в классе на последний ряд, где тише, проветрить комнату, проинформировать школьную медсестру или родителей).

Цель исследования состояла в том, чтобы описать коммуникативное поведение студента с сочетанной инвалидностью, связанное с его или ее переживанием боли, как оно воспринимается студентами. Исследование было встроено в количественную стратегию с использованием метода диагностического опроса. По мнению студентов, студенты с парной инвалидностью сигнализируют о чувстве боли, используя свое тело как средство общения, например, лежа на полу в классе, протирая глаза или меняя свое поведение, демонстрируя раздражительность или чрезмерную нежность.

Ключевые слова: Боль, коммуникативное поведение, студент, обучение, множественная инвалидность.