

## HIGHLIGHTS IN THE WORK CONNECTED WITH PHYSICAL EXERCISE TO ASSIST CHILD IN THE SHADE

UDC: 796.011.1:159.992.7  
(Professional paper)

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**Abstract:**

*It is based on outdated personal profiles and classifications for adolescents, the modern theory of education actually stands apart from the children of the 21st century. In the context of this way of understanding are the paradigms for impact that it tolerates. The results are negative and some of them define the presence of children who live in isolation in the shade chosen as a safe place to protect themselves from all the difficulties around them. Absorbed in our own beliefs and lack of competences for effective impact and interaction we do not pay enough attention to the changes. This paper offers an option for empirical work in order by the potential of physical education the children in the shadow to be socialized as effectively as possible.*

**Keywords:** *socialization, testing, programs, physical activities*

The role of physical education is not sufficient for everyday use in child development, and this in turn is in direct correlation with the functional maturation of the organism. In the context of similar efforts to improve understanding of motor skills and habits and the development of sports cognitive competencies are covered by this development. They are geared for children who have problems with adherence to a different world outside the family but are in healthy physical and mental attitude. As an object of this study, the children were selected so that are in the category "shadow children." The aim of this work is to outline the focus and priorities to work through that by engaging children in physical activity, so that they can be helped to smooth their socialization. These are children in the early middle childhood, where problems were found, but they are not healthy and normally developed.

Who are the children in the shadows, how we can recognize them? By definition according to Spilbargar there are two available types of anxiety - personal and situational. Bearing in mind their specific features, according to the adopted typology in psychology, I organized the study of children in shadow at the age of 6-7. The main methods were

conducting an observation using art tests and talk and expertise. There were observed twenty-three children, as for seven of them we had previously collected expertise of the teachers who had been working in the group and the medical officer in the pediatric hospital. In the course of observation and discussions, however, it was showed that five more children needed assistance. Thus, helping children in the shade was made with twelve children.

Prior to outline a specific focus and priorities in the teaching experiment I will define the terms "socialization and children in the shadow and the typology of specific children with whom it was worked. More than one or two authors told about the essence of socialization. Some of them - E. Dewey, P. Natorp, E. Durkheim described its characteristics in relation to education. According to Natorp it impacts the environment a priority for Dewey - mostly direct role of society and for Durkheim this is a process of transformation of a social species, which it describes as interiorization. [1, 67-68].

In general outlines the following definitive characteristics inherent in socialization are: the result of aggregated conditions dictated social, factors which had an influence on the personality

change in the direction of its socialization, mutually interrelated and dependent on one another, situations in which the person falls, individual larval impact in perceptivnite abilities of the individual person; personal experiences of the past / especially childhood, and not once psychologists emphasize line and implicitly justifies Freud / constantly coming in light of this, rearranged main structural features of personality and are a factor changes in its parameters.

In psychological literature, socialization is said mostly in terms of how being present in person, through their own experiences. But what is experience? Often in the specification of the mixed term "soul", "psyche" and others. In [3] we find a reasonable interpretation of the word survive, which is defined as:

"I have feelings."

"I spend my life, I live."

"What / who. Eradicate."

Among contemporary artists, experience is considered "situational situated [2, 115], and this explains once again the close connection with the experiences of socialization.

Taking the occasion of what is happening in plenty of situations that we poured child becomes aware of children who are trying to present in about being distanced itself is fragmented showing itself in the actual existence of the group. These are children whose face really fears - these are "shadow children", children who do not have models to address and have no partner or advisor to and by whom to try to cope and have been isolated to where both have failed. These children experience anxiety, experienced a sense of danger and threat, assess risk. Before them, two-way to escape the situation or to fight, they have chosen the first, but he does not give them advantages.

As a base on a validated psychological opinion on three related components of cognitive-anxiety, behavioral and physical manifestations of them: thinking / cognitive / physical symptoms / physical / behavioral / actions and activities of the individual / structured research methodology with which to define them in the group studied as a whole and in each of the children. Allow monitoring of data collection on physical symptoms and behavioral, and talk on cognitive art tests. The expertise was a landmark in the initial screening to define the working group.

Emerged following types of children who had been sought model with a specific focus and prior-

ities to their existing fears.

The trouble comes from many countries. As a consequence there are stereotypical fears, which in turn are divided into subtypes. At the same time child uniqueness and differences between individuals influence on top phenomenology of fear. These features are warning signs on the expression and recognition of fear, respectively, as it can be variable. In the process of defining the fears it was drawn attention on both obvious and obscure. Vision and speech - gestures and mimics were of relatively precise, indices, portrays the faces of fear which were observed in people.

Here are the most established types of children in shade:

1. Nervous, timid and hesitant children they are often confused, embarrassed, there is a lack of concentration on simple tasks, inattention, inertia, phlegm, applications close with certain people who accepted and loved, too concerned if they do not complain to the support of relatives at any moment of daily life, they feel abandoned, easy to cry and share ailments. These children often stated refusal to attend school, be separated by significant adults to make friends. They test whether the concerns of their beloved people in distress. They show high net wish to be liked by adults and that they are repeatedly shown very attentive and caring are not offended by someone, do not make an error in its interaction with peers or adults. Adopted exclusively responsible tasks which they are placed and are excited about the outcome, even fall into anger and hysteria if they believe that it is not good enough. Observed actions most often are: asking for approval, is hanging around older to make a good impression, and often apologizes without requiring too excited, short, crying.

2. Insecure children in their academic achievements, which lost interest in practicing, despite its high success, dizziness, vertigo, nausea, for which no medical cause. Observed actions are most often: doubt aimed at its own competence, refusing to work on the task placed on the ground, fear of poor results, faltering, headache, dizziness.

3. Failure to children with learning due to absenteeism, distraction and discouragement. Observed actions are most often: uncoordinated movements that prichinavat hustle, spillage, breakage, leaving the classroom on their own will at the wrong time, irritability with attempts by adults to control adolescents, denial of contact with peers.

4. Still, invisible children who have no friends, supporters of privacy, avoiding noisy places and many people. Observed actions are most often: clumsiness in an environment of many people, excessive caution and compliance, Bizarre, own isolation in individual actions.

The described types show different faces of fear. Typology is detailed, though not enough as the first two types are classic. Most of the children of these types win sympathy and support of teachers and parents. At the same time part of other types of adolescents fall for adults who think they are just rude, and irritants can not admit they have a sense of fear. Some of the types do not conform to the stereotype of the troubled children – gentle, with good manners and seeking help.

We follow the stories of these children to build a typology and program for overcoming fear. The suggested model is trying to bring the child to “his real world.” It does not include social pressure from a growing number of academic standards and implement legal tests. Children have the opportunity to make different choices without falling into risky relationships. Parents, according to the proposed model have a place of influence, since children are often in the shadow of the most influential adults in the lives of one child. They form the everyday environment in which children work and should continue as intended and done in school. Parents and teachers are in a unique position to be fully familiar with the daily activities of the child. They are aware of children’s anxiety, so that aid children who they can get involved.

Accordingly, those grounds, the program is as follows:

Voluntary inclusion of children to different types of physical activity / forms-group and individual, means-observations, interviews, meetings with doctors and athletes.

Establishing a set of desired sports to children who are interested / provide lists of annotations for sports

and his influence on the body, observing sporting events.

Differentiation of sports groups according to the stated desires and different age and physical / children are selected according to their own desires, having srakave and conditions under which they can move to other groups after a certain time and under defined conditions with which they advance are introduced.

Collect data on voluntarily by councils need

children / discussion is organized by topics suggested by the children, discussion and role-plays, and anonymous bank answered the questions asked of them.

Organization of mutual learning in relation to the terms and conditions necessary for inclusion in various sports events / awards and to provide incentives.

Preparation of plan participants in the program guide to include children in order to test the support group, the approval of others, their importance and satisfaction with their performances.

Preparation of signs and signals that the group identity and the desire to work in teams to intensify.

Validation of rituals and symbols to distinguish the children contributed to the development of the group.

Create traditions linking group which are satisfied with emotional playing.

Setting the beginning of the mutual learning in which participants assist to lead and attract others anxious children who are in the shade and they need help and support.

Organize forums of public interest on the parents and the wider public to enhance community self-assessment and self-esteem.

Relaxing exercises with therapeutic art-oriented understanding of not fully overcome fears and release them.

Self-evaluation procedures tending towards manual work by children with children who are anxious.

Shaping the messages and thanks to adults by physical appearances.

The program should not be detailed according to time, which may be provided for those working with children such as leisure time and other classes.

There is an evidence of the negative impact of anxiety on individuals / report of the Chief Military Surgery of America on mental health (1999) / However, parents and teachers continue to be apathetic, do not seek help, even children labeled as hyperactive or more worse autistic. They do not even think that anxiety is prevalent mental health problem for children and this may cause “more serious” problems - severity, irritability, impulsivity or use of drugs or alcohol. Often parents, doctors and school personnel do not perceive anxiety as a problem that deserves their attention, do not think the concern of a child deserves discussion and sup-

