

SOCIALIZATION OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

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ABSTRACT: Education represents the basic element in the development of human existence, being considered a continuous process, which involves a social phenomenon. Education is needed for people to adapt to the society rules and become a component of a certain society. The case presented refers to children with special educational needs, who also need a type of education in order to become a part of this society. The study realized has as general objective the testing of different pupils from different institutions offering education to children with special educational needs and to develop and increase their socialization skills and attitudes with the help of education-compensatory-recovery therapy sessions. The study is presented from the perspective of five different case studies and has a result the confirmation that therapy does offer great benefits in developing socialization skills and aptitudes for these children.

KEY WORDS: socialization, therapy, education, special educational needs.

1. INTRODUCTION

Education represents one of the basic components of socio-human existence, being a continuous developing process. J. Piaget stated that “educating means teaching the child to adapt to the adult social environment”, thus being a phenomenon that build a human life inside a social system (Burman, 2007).

Paul Henry Chambort de Lauve sustained that “education may be generally seen as a meeting between the individual and the society” (Paquot, 1996).

Permanent transfers of information from society to the individual are realized on the base of functional subordination relationships, established between the elements and the system to which it belongs to, thus covering an area that is, more often, larger than education (Bransford et. al, 2000).

Education has as purpose teaching behaviours that will allow the individual to adapt and integrate into a social environment (Rotaru et al., 2009). In a contemporary era, all children have the right to

education and learning must be kept at an accessible level for all children.

Educational interventions are realized during the human entire life. Still education is based on the relation between the child and his or her educator or caregiver, especially during the first years of life. The interactive affective adjustment is essential for the child, being necessary in building internal working models of secure attachment for the two partners (Drobot, 2016).

In the case of disabled children, this adaptation and this relation is missing, thus leading to functionality deficiencies.

In 1990, Romania signed the Convention on the Rights of the Child, where art. 23 refers to the rights of disabled children regarding care, education and training, which have as purpose helping them to obtain personal autonomy and to lead an active life in the society (see UNICEF website).

Terms used by the special education needs terminology are (Gherguț, 2005): incapacity, deficiency, disabled. Incapacity refers to a number of functional limitations caused by dysfunctions (deficiencies), physical, and intellectual or sensorial, related to health state or to the environment, to mental illnesses which can be temporary or permanent, reversible or irreversible, progressive or regressive.

Deficiency refers to the absence, loss or alteration of a structure of function (anatomic, physical or psychological), which can be the result or an accident or of negative conditions from the child’s psychosocial environment.

A mental deficiency refers to substantial limitations in the proper functioning. It is represented by a significant intellectual under average functioning, thus existing in a correlation with limitations in two or more adaptative capacities: communication, self-orientation, health, personal security, leisure time and work (Stănică & Popa, 2001).

The term disabled refers to the social disadvantage, to the loss or limitation of one person's chances of being a part of community life, at an equivalent level as the other members of the society (Bowe, 2004).

Thus a disability appears when disabled persons meet cultural, physical, architectural or social barriers, which prevent an access to different society systems, which are accessible for other persons (Cerghit, 2002).

Concepts regarding the integration of children with special educational needs are: adaptation and accommodation (Snell & Brown, 2011). With the help of adaptation and accommodation, recovery is realized; this representing the partial or total use of something that otherwise would be lost.

Another term used in this domain is normalization, which Mikkelsen (1969) defines as being "the right of a person to lead an existence as close to normal as possible, to have access to daily life activities as close as possible to normal conditions".

Integration or inclusion is another important term in this domain. Between normalization and integration one can observe a complex relation, normalization representing the general purpose, while integration, the level or means of reaching normalization (Wolfensberger, 1972).

The principles of normalization are (Verza, 2002):

- The principle of chances equality
- The principle of normalization
- The principle of equal rights
- The principle of deinstitutionalization
- The principle of early intervention and education

Inclusive education allows the child with special needs to live and learn together with other children, to realize common activities, thus gaining indispensable abilities for a life as close to normal as possible and with a proper social insertion.

2. PERSONALITY AND PSYCHIC PROCESSES IN MENTALLY DEFICIENT CHILDREN

By analyzing self-image in pupils with mental disabilities, it has been observed that for many of them the component of their personality leads to adaptation and integration problems to their social environment, to feelings of inferiority, avoidance behaviours, behaviour disorders, envy and hate (Weihs, 1998)

When studying their psychic processes the following can be observed:

- in the case of sensations a slight decrease in sensibility is observed;

- perception has a fragmentary, incomplete, limited, disorganized and rigid character;
- representations have a narrow and unilateral character, being rigid and inexact in reproduction;
- thinking is characterized by inconsistency, the capacity to concentrate and the observation character being reduced; a lack of coordination during activities is observed;
- imagination is characterized by a rigidity in adaptive reaction and a poverty in the representations deposit;
- memory is mechanic, short term, fidelity and the transfer capacity being reduced;
- attention is instable and the capacity and volume of concentration are reduced (Cerghit, 2002).

3. SOCIALIZATION OF CHILDREN WITH SPECIAL EDUCATIONAL NEEDS

The concept of education for all was first used during the International Conference of the Ministry of Education, held in Jomiteu, Thailand, in 1990. Education represents an essential right of any child and must belong to all children, valuing differences between them: cultural, economic, religious, development rhythm and learning style, possible deficiencies, learning disabilities or individual development ones (Neacșu et al., 2001).

The Salamanca Statement, signed in 1994 (www.csie.org.uk), established the dimensions of an education for all: quality and access for all children, eliminating from the beginning the idea that certain children can be recovered or are can't be educated.

By accepting and including children with disabilities in mass education, education is the one that gains quality in teaching all children.

Inclusive school realized a bridge between group individual perspectives to the curriculum perspective. An individual perspective starts from the following hypotheses:

- a child or a group of children can be identified as being special, the child (or group) needing individualized learning-teaching processes as an answer to problems identified;
- for children with similar problems it profitable they learn together; other children are considered normal and benefit from existing schooling facilities (Păun, 1999).

4. RESEARCH METHODOLOGY

Socialization is an important condition for human development. The child is raised in interpersonal

relations where he gains sociability attitudes (attachment and rejection) from people in his entourage (Bowlby, 1969).

Socialization is a complex activity, where emotions, imitations, aggressions, identification and comparisons between people play a multiple role in the child's development (Richters & Waters, 1991).

The purpose of the research presented in this paper, is to highlight the role of therapy in the development of a personal autonomy and of the social behaviour of pupils with mental deficiencies, integrated in mass education activities.

During therapeutic activities, pupils with mental deficiencies, from mass education institutions, develop their abilities of personal autonomy and a proper social behaviour.

The objectives of this research are the following:

- the initial evaluation of a level of acquisition and competencies in the socialization field;
- the application of therapy in order to increase the degree of socialization;
- the use of research methods to register study data;
- a final evaluation at the level of learnt acquisitions and of social competencies;
- results obtained after therapy, which follow the highlight of progress made by pupils during the study.

The research methods and techniques used were: observation, conversation, tests method and case studies.

The research was realized in the following manner: it took place during the period 13.09.2011 - 31.05.2012 and was schedules to take place in three stages: A. The pre-test stage; B. The test stage (formative-compensatory) C. The post-test stage.

A. The pre-test stage established the level of acquisitions made by pupils and their social competencies. It took place during the first week of school (13 - 17 September 2011) and had as purpose an initial evaluation of personal autonomy level and of a social behaviour of pupils enlisted in the study.

In order to realize an evaluation of the two fields contained in the study: personal autonomy and social behaviour, the following methods were used:

The observation method: During therapy activities, pupils were observed if they realized tasks registered in the evaluation-observation chart.

The conversation method: Conversations with parents of pupils enlisted in the study took place, together with discussions with didactic personnel from the pupils' classroom or school, in order to observe if pupils realized the tasks from their charts.

The test method: Initial evaluation tests were realized, on the base of an evaluation chart in order to test acquisitions previously made in the researched domains.

After results were gathered and processed, the elaboration of a plan of necessary therapeutic-recovery activities was taken into consideration, in order for pupils to gain competencies and behaviours from the socialization field.

B. The test stage (formative- compensatory)

The formative stage took place during the period 1.10.2011-31.05.2012, during which activities to develop a personal autonomy and a social behaviour based on acquisitions from area like: feeding, body hygiene, dress code, movement and personal security, transport and financial autonomy, were realized.

Activities realized by pupils were organized on time units, activities and objectives, as part of the Therapeutic educational plan of socialization, highlighted during activity projects.

Activities realized during this stage took place inside the school, but also outside it, in different life situations, according to the theme of the plan and of didactic activities projects, these also being described in the paper.

C. The post-test stage

After the formative intervention, described in the previous stage, final evaluation tests were applied in order to evaluate the level of acquisitions realized during the compensatory therapeutic programme. During this stage, tests were applied in order to observe results obtained after a therapeutic intervention and aimed the efficiency of the methodology used.

Samples and tests were applied to all subjects participating in the study.

The items of the samples of school acquisitions were of a gradual difficulty and were realized according to the school curricula of that period. Intermediary and final evaluations and case studies reflect the measure in which objectives were reached.

After realizing complex evaluation activities and therapy sessions, after data were gathered and process, five case studies were also described:

Case study no. 1:

Name and first name P. R., Age: 8.

During the development of a personal autonomy, at the level of an initial evaluation of body hygiene, the pupil showed that she knew and was aware of objects used in body hygiene, but didn't use them – especially the tooth brush and the comb.

Through permanent discussion and educational – therapeutic 0 recovery activities, the pupil got used to all objects of personal hygiene, as observed in the final evaluation.

During a first evaluation of her feeding habits, this pupil proved that she was able to use proper tools, but not for proper foods (she used the spoon for every meal).

During the final evaluation she proved that she could use the spoon, the fork and the knife properly.

The pupil was capable to walk from home to school and back home, using appropriate landmarks (buildings), thus proving correct spatial orientation and avoiding dangerous situations.

When talking about behaviour and relations with the people near her, the initial evaluation revealed that she behaved as a leader in conflicts between children; she didn't obey rules of games, while performing specific activities, a behaviour she also kept during the final evaluation, but with a slight improvement.

During the initial evaluation it was observed that she knew all mean of transportation, and the final evaluation revealed an improvement in knowledge.

When talking about money, the pupil proved during both evaluations that she was able to use money correctly, reporting the correct price to the sum of money.

During educational-compensatory-recovery activities, a permanent adaptation was realized to the pupil's availability and to her progress or regress.

Case study no. 2:

Name and first name: T. A. V. Age 9.

During the personal autonomy development stage, a special attention was offered to the correct use and knowledge of eating tools, because during the initial evaluation the pupil proved that he was not aware of these tools and didn't know how to use them.

He ate by drinking the content of the bowl or by hand. During therapeutic activities, he manages to learn the denomination of all cutleries and use them correctly: the knife less than the others.

The initial evaluation revealed that he wasn't using object of personal hygiene and didn't even know the proper denomination of them.

Daily exercises were used for him to learn how to take care of himself, in the end being able to name every object and even use them sometime, thus the final evaluation showed a slight improvement. He was able to get dress and to undress on his own, to choose clothes appropriate to the season, fact observed during the initial evaluation.

The pupil was able to walk to school and back home, proving a proper spatial orientation and the ability to avoid danger.

An initial evaluation of his social behaviour showed that the pupil didn't learn to use polite expressions and didn't respect the others' opinions, not rules established during games and activities.

During a final evaluation, a slight progress was observed, the pupil being aware of opinions of other members of the group and respecting them.

He didn't learn denominations of means of transport, fact observed during an initial evaluation, but until the final evaluation he was able to recognize them.

Financial autonomy and the use of money proved, during the initial evaluation, as being correct, an acquisition also kept during the final evaluation.

Case study no. 3:

Name and first name: G.A. Age 9.

During an initial evaluation in the development of personal autonomy, in the personal hygiene domain, the therapist observed that knowledge wasn't gained properly, even if the pupil knew the names of all objects, she wasn't able to use them correctly.

During a final evaluation the pupil revealed that she was aware of all objects and knew how to use them. Thus, related to feeding activities, she could eat correctly and keep a proper conduct during meals.

The pupil could get dressed and undresses on her own, selecting her clothes according to the season. She was also capable of walking to school and knew how to keep track of her target, thus avoid dangers.

From the social behaviour point of view, the pupil proved during her first evaluation that she could communicate easily with people around her, she respected the opinions of others and used politeness formulas, because the child's family also promoted these values. During games, she related to other children and followed rules.

The final evaluation sustained a progress registered in communication, through enriching her vocabulary with new term.

When talking about transport means, during the initial evaluation, she showed that she knew all their denominations and how to use them properly, knowledge also kept and proved during the final evaluation.

During an initial evaluation of financial use of coins, one could observe that the pupil knew different types of money and how to use them correctly, being able to shop on her own, this knowledge also being proved during the final evaluation.

Educational-compensatory-recovery activities were realized through a permanent observation of adapting

to tasks and objective to the pupil's availability, thus tasks being adapted to the pupil's progress.

Case study no. 4:

Name and first name: S.G. Age: 9.

The pupils presented disorders of an emotional character, the pupil being shy, avoiding eye contact with the speaker, especially if this was an adult, thus even his teacher.

During an initial evaluation for the development of a personal autonomy, the pupil proved that he knew all objects of body hygiene and how to use them correctly, a knowledge which was also kept during the final evaluation.

When talking about feeding habits, an initial evaluation revealed that the pupil knew all eating tools and had a correct behaviour during meals, a knowledge which was also kept during the final evaluation.

The child also knew how to get dresses and undressed, being able to differentiate season clothes. He was also able to walk to school and back home, without help, thus proving to be able to keep his road and avoid dangers.

When speaking about his social behaviour, an initial evaluation showed a deficit communication, because of his shyness and his poor vocabulary. He was able to use polite words, but these were not a permanent component of his actions.

Because of his communication deficit, he didn't get involved in discussions, games or actions, which were based on communication between the group members.

After educational-therapeutic-compensatory activities, a final evaluation showed a slight improvement of his communication skills.

He was able to recognize all transport means, but he avoided using them. During a final evaluation he proved that he kept his knowledge on transport means, but he also made some progresses.

During an initial evaluation, regarding his financial skills, he was able to recognize coins and to use money correctly, an acquisition which was also kept during a final evaluation.

During the development of educational-compensatory-recovery activities, a permanent adaptation to the pupil's availability was realized

Case study no. 5:

Name and first name: R.S. Age: 8.

During an initial evaluation for the development of personal autonomy, the pupil showed that he didn't know the proper denomination of personal hygiene objects, nor did he know how to use them. Educational-compensatory-recovery activities were

used to improve his knowledge, so that a final evaluation showed a slight improvement in knowing the proper denomination of personal hygiene objects, but still didn't use them.

When talking about meals, the pupil proved that he knows all cutleries, but he used only the spoon or just his hand to take food from the plate, thus he didn't possess a correct behaviour at the table. Through educational - compensatory - recovery activities permanently developed, the pupil was helped to serve correctly all types of foods, by the final evaluation.

The pupil knew how to get dresses and how to undress, but he couldn't keep his clothes in a proper order or selected proper clothes for each season.

The final evaluation revealed that the pupil needed help in getting dressed and in keeping his clothes in order.

The road from home to school is realized accompanied by one of his elder brothers.

During initial evaluation, one could observe that communication relations with others are poor and that he wasn't able to relate to other members of the group, he didn't respect their opinions, he didn't use polite words, nor did he follow the rules of games.

When talking about transport means, during the initial evaluation, the psychotherapist observed that he didn't know the proper denomination of transport means, but the final evaluation revealed that he learnt all means of transport and that he knew how to use them.

Regarding his financial autonomy, during an initial evaluation, it was observed that the pupil was able to use money correctly and this knowledge was also proved during the final evaluation.

5. CONCLUSIONS

The subject of acquisitions of proper abilities in the feeding domain was a sensible one, because pupils that agreed to be a part of this study all proved during a first evaluation, that they didn't possess proper knowledge and skills to use cutlery properly and didn't use an appropriate behaviour during meals. At the end of the research, after therapy sessions had been realized, most students proved to have gained proper abilities and skills in using correctly cutlery and acquiring an appropriate behaviour during meals. The personal hygiene subject, tested during a first evaluation, was also generalized by a majority of pupils who didn't know or knew only partially, how to use proper objects in personal hygiene activities. After planned activities were realized during therapy with pupils, they gained necessary knowledge to be able to realize a correct body and oral hygiene, also

proving that they continued to practice this behaviour.

Getting dresses properly, is also an important subject when talking about personal autonomy. An initial evaluation showed that most pupils were able to dress correctly; they could differentiate different clothing items and select them correctly according to the season. Only one pupil lacked proper skills in developing this behaviour. But at the end of the study he was also able to acquire this ability and proved to have made progress in this activity.

Movement and personal security also represent important components in pupils' socialization, especially for those with special educational needs, because these reflect their degree of independence.

By using research methods described for the initial evaluation, it could be observed that some of the pupils were dependent on their families (mother, elder brothers), in order to be able to go to school, and others were independent, being able to walk to school on their own or accompanied by colleagues, but by using landmarks in their guidance.

At the end of the research, the pupils' degree of independence was significantly increased.

Relational and emotional behaviour, during the initial evaluation showed situations in which pupils acted quietly, following rules and relating with others, but also other situations in which pupils refused to follow rules, being considered even leaders of opinion. The final evaluation showed a uniformity of behaviours and a progress in harmonious relating.

After an initial evaluation, during interactions with other pupils with special educational needs, most of them didn't respect the person speaking, nor did use appropriate polite words or used them incorrectly. But by the final evaluation, pupils were aware of the need to be able to communicate in a peaceful manner inside the group, to respect the person speaking, to learn polite formulas, to learn proper pro-social behaviour attitudes and to keep practicing these behaviours.

Proper knowledge of means of transport, of professions and activities related to this domain is also important for pupils with special education needs socializing process, this skill also being developed until the final evaluation, applied during the study.

In conclusion, the objective of the study presented received a positive connotation, because the final evaluation proved that all items contained in this study were improved and developed, so that the pupil was able to continue practicing the behaviour learnt and developed during therapy sessions.

The role of educational-compensatory-recovery therapeutic activities is thus an important one in the

case of children with special educational needs, integrated in mass education activities. They should receive proper therapeutic support in order to be able to develop personal autonomy and proper social behaviour to be able to adapt to social groups of any kind.

One limitation of this study could be the small number of pupils desiring to be a part of this type of study and activity. A larger number of pupils should be enlisted in this type of therapeutic activity to prove the efficiency of gaining proper personal autonomy skills with the help of therapy. The lack of state funds and the lack of proper legal procedures or the lack of government involvement in the helping mass education institutions for children with special educational needs, lead to a bordering of social skills and adaptation skills for these children.

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