


EDUCATION 5.0

PERSPECTIVES

AND

PREVIEWS


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A SHRIEK BEHIND THE EMOTIONALLY DISTURBED CHILDREN AND THE ROLE OF PARENTS TO THRIVE THEM

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Abstract

It is usual to find children whose behavior does not conform to the expectations of their parents, teachers and norms of the society. They are found to exhibit almost no or very less control over their emotions, suffer from the problems of socially withdrawn behavior to the extent of becoming a serious challenge and problem not only for others but also to their own functioning, learning and educational progress. Such children's are termed as the emotionally disturbed and the causes regarding such disability, the educational provisions given to them are discussed below. The main cause for the disability lies behind the parental involvement and the care taken by them to recover from their hindrance. This article shares the views of the emotionally disturbed children and the role of parents and teachers in giving the educational provisions for them.

Keywords: *emotional disturbance, hyperactive, behavior, disorder, disability.*

Introduction:

Emotional disturbance can be viewed for a variety of perspectives. In the past, emotionally disturbed children were viewed as autistic. They were confined to institutional programmes and were under residential care. The other view which is prevalent is mainstreaming or integrating the emotionally disturbed into a normal environment. In many cases there is no such clear-cut decision regarding the care, treatment, education and rehabilitating of emotionally disturbed. They are hyperactive and hypoactive. They have temper tantrums and display unruly behavior and self injurious behaviors quite often.

Who is an emotionally disturbed?

The term 'Emotional Disturbance' has different meanings. For teachers, an emotionally disturbed child is one who is shying, withdrawn or who is too aggressive. According to this, emotional disturbance is viewed in terms of environmental variables which create maladaptive emotional reactions. A child who cannot make interpersonal adjustment with his age mates is considered as an emotionally disturbed child.

The term 'emotional or behavioral disorder' means a disability that is-

- Characterized by behavioral or emotional responses in school programs so different from appropriate age, cultural or ethnic norms that they adversely affect educational performance;
- More than a temporary, expected response to stressful events in the environment;
- Monsistently exhibited in two different settings, at least one of which is school-related; and
- Unresponsive to direct intervention applied in general education, or the condition of the child is such that general education interventions would be insufficient.

Further, a child is emotionally disturbed when his reactions to life situations are unrewarding to himself and unacceptable to his peers and other members of the society. In general, emotional disorder or disturbance in children can be defined in terms of certain observable characteristics such as: 'hyperactivity, withdrawn behavior, failure to achieve at a level reasonably commensurate with ability, tendency towards fighting and other aggressive behavior, resentment and antagonism towards


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authority and rules and regulations, and general problems in learning and concentrating, not associated with known organic or sensory defects' (Phillips, 1967).

Characteristics:

Bower (1969) gave the following characteristics over a long period of time and to a marked degree that adversely affects educational performance.

- An inability to learn that cannot be explained by intellectual, sensory or health factors.
- An inability to build and maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate behavior of feelings under normal circumstances.
- A general and pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms of fear associated with personal or school problems.

Classification of ED Children:

A classification system was developed by Quay and Peterson (1987) who described six major subgroups of children with ED as follows:

1. Individuals are classified as having a **conduct disorder** if they seek attention, are disruptive, and act out. This category includes behaving aggressively toward others.
2. Students who exhibit **socialized aggression** are likely to join a group of peers who are openly disrespectful to their peers, teachers and parents. Delinquency and truancy are common among this group.
3. Individuals with **attention problems - immaturity** can be characterized as having attention deficits, being easily distractible, and having poor concentration. Many students in this group are impulsive and may act without thinking about the consequences.
4. Students classified in the **anxiety/withdrawal** group are self-conscious, reticent and unsure of themselves. Their self-concepts are generally low, causing them to retreat from immediate activities. They are also anxious and frequently depressed.
5. The subgroup of students who display **psychotic behavior** may hallucinate; deal in a fantasy world, and exhibit bizarre behavior.
6. Students with motor excess are **hyperactive**. They have difficulties sitting still, listening to other individuals, and keeping their attention focused.

Classification becomes less important when school personnel use a functional behavioral assessment and intervention model. This approach primarily emphasizes determining which environmental stimuli influence inappropriate behaviors. Once these stimuli are identified and altered, the inappropriate behaviors may decrease or disappear (McConnell, Patton & Polloway, 2006). In such instances, the process of clinically classifying a student's problem becomes less relevant to the design of educational programs.

Common Emotional problems in Children:

A child with low self-esteem: This is the most common reason and the children with such problems suffer with feelings of doubt, helplessness and guilt. They may sometimes develop problems in behavior, motivation and even physical health.

A child who sits quietly without participation: Some of these children are unable to form relationships. Stress in young children might have been created by fears of unreal things such as monsters or witches. These results in worry, anxiety, concern and stress among children.

A child who is unduly aggressive and makes a nuisance of herself/himself: It may come from home atmosphere or in the neighborhood. The aggressive behavior of children not only prevents the children from learning, but also hinders the learning of the peer group. Ex:

disturbing others, hiding the article of others, hitting and pitching, spitting, biting, defying or challenging adults etc.

A child who is hyperactive and cannot concentrate on any activity: A hyperactive child may not be able to sit quietly and work, because of some of the problems as mentioned above. Sometimes it is also possible that the child is more intelligent than her/his peers and may not find the work challenging and interesting.

Etiology of ED:

The following causes are effective in screening emotionally disturbed children:

1. Psychoanalytic causes: This includes anxiety as a source of emotional disturbance, distrust of adults because of traumatic experiences, frustration of libidinal desires, parental rejection, punishment, ridicule and insecurity deprived from lack of affection or social prestige.
2. Environmental conditions: There is some evidence of mental illness occurring in particular families and behavior characteristics of twins. Maternal malnutrition, head injuries as well as school related factors may cause emotional disturbance.

Educational Provisions and Treatment:

There are various methods of treating emotionally disturbed children. Emotional catharsis is a psychotherapeutic technique which is used quite often. The educational programmes should be planned quite cautiously for these children. It may be of three different types:

- a. Day schools which are exclusive for these children.
- b. Special class in regular school for emotionally disturbed.
- c. Integrated setting or school for emotionally disturbed.

A few ideas are of great use in making educational provisions for the emotionally disturbed children.

1. Structuring limits in the classroom receives first priority. The classroom atmosphere should be more than negative restrictions. The classroom atmosphere must give support and direction to activities.
2. There is no value in concluding that emotionally disturbed children are educationally retarded. Subject matter itself should convey appropriate information for social and academic learning.
3. Group dynamics principles may be used for disturbed children e.g., seating arrangements, position of teachers and pupils can be designed to encourage desired interactions between teachers and pupils, and among pupils.
4. Direct group activity can be used. This will break inhibitions.
5. Involve the child in work as soon as he reaches the school or when he is at home in any work.
6. Offer support and reward when they do good work; never attack the child as a person; focus correction on actual task and keep relationship task centered.
7. As the child increases in responsibility and self-direction, plan for more long range activities but with manageable steps.

Emotional disturbances are just like any other problem. These are not insurmountable. Parents and teachers can help the child reach firm strong, and self-directing decisions.

Treatment Measures:

Besides caring for the academic progress and social deficits of the emotionally disturbed children, suitable measures are essentially needed for the proper understanding and treatment of their emotional and behavior disorders. A number of alternative measures separately or in combination are always needed for their treatment besides taking each of the emotionally disturbed children, as a special and unique case in itself for its special care and

reatment. While adopting such eclectic approach, the models adopted for the care and treatment of the emotionally disturbed children may be described as follows:

1. **Biogenic or medical model:** For the emotional and behavioral disorders that are particularly generated through genetic or medical causes, the measures like genetic counseling, gene therapy, drug therapy, diet control, exercise, meditation and yoga, surgery and biofeedback, etc. may be suggested for the effective prevention and treatment of the emotional and behavioral disorders.
2. **Psychoanalytic model:** This treatment is based on the assumption that roots of these disorders lie in the pathological imbalance of the hypothetical structure of psyche and the repressed desires or conflicts experienced in one's life. The focus of the treatment lies in helping the child to get rid of his mental conflicts, rather than controlling, changing or modifying the surface behavior.
3. **Ecological or environmental model:** This treatment approach is based on the assumption that the emotionally disturbed behavior is essentially the product of the defective and uncongenial environment. However, in case a child is trapped into such maladjusted behavior, there are enough chances to bring him back to the right track by paying the proper care and attention for the necessary modification and restructuring of his environment at the home, neighborhood, school and other social work places.
4. **Behavioral model:** The procedure of this treatment may focus mainly on precisely defining and identifying the problem behavior, having the provision for an objective observation and measurement of this behavior and then systematically plan for the manipulation of the consequences of this behavior in order to bring desirable modification in it.
5. **Environment cum behavior management model:** This treatment is based on the assumption that deficits in the environmental setup as well as rewarding consequences of the behaviors both contribute towards the maladaptive behaviors of the emotionally disturbed children.

Parental Influence on the Emotional Development of Children:

Parenting goes far beyond the requirements for meeting the basic survival needs of the child, and parents have a significant influence on how children turn out, including their personality, emotional development, and behavioral habits, as well as a host of other factors. It is important for the overall development of children that parents are present enough to support them, and this support fosters confidence and growth in many areas.

- A study investigating the connection between parent's investment and children's competence suggests that the emotional involvement of parents really does matter and affects the outcome of their child's emotional competence and regulation (Volling, 458).
- If the form of attachment has such long-lasting impacts on children, it is clear that parents must treat their children in ways that foster secure attachment in order for the children to grow into emotionally stable adolescents and adults (Sroufe, 190).
- An important factor in the emotional development of children is how warm caregivers are, and studies have been done to find the effects of depressed mothers on the emotional development of children (Sroufe 204).
- A child's temperament also plays a role in their emotion regulation; guided by the parenting style they receive.

Conclusion:

There is no perfect formula for parents to model behavior or speak to children in certain ways to make them have a perfect emotional development experience. Parents can help their children develop into emotionally stable people by giving them a supportive environment, positive feedback, role models of healthy behavior and interactions, and

someone to talk to about their emotional reactions to their experiences. Furthermore, how parents address the emotions of their children and respond to them affects how expressive the children feel they can be. Instead, guiding children's emotions and helping them find ways to express them in a healthy manner helps them continue regulating their responses to challenges and even aids their academic and social competence. This sort of emotion coaching greatly helps in reducing future problem behavior in children.

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