

Disability induced Mental Sub-normality in Children: A Mainstreaming Task of the Contemporary Counselor!

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Abstract

This paper examines the consequences of stigmatizing the disable child towards the development of mental sub normality. It also focuses on the difficult task encountered and the strategies adopted by contemporary counselors in mainstreaming or integrating children with disabilities into the society. The focal subjects of this paper are children that need special education, the blind, epileptic, partial deaf, lame, albinos, children with down-syndrome and those with other genetic and physical related disabilities which are the subjects for stigmatization. The strategic use of Inclusive approach, re-affirmation, care and integration, confidence building institutionalized in school and family life, have help in mainstreaming these children back to the society. This finding viewed sub Normality as classify within range with adequacy of social adaptation taken into account. Some disable children are even brighter than their normal students but yet classified as and term educational sub normal. Some show weak intellectual capacity and creates the need for some educational authorities to develop special school for them in the developed countries. But in Nigeria, they are accommodated in normal school. Disable children with Sub mentality suffer discouragement, contempt and neglect from early age. They are emotionally and socially dwarfed as most of them cannot respond as adequately to the environment as does the normal children, thus leading to isolation, stigmatization and development of weakened mental health and exclude themselves from social activities from early childhood. Therefore, it is a daunting task to the contemporary counselor to develop strategies that will help mainstream and integrate these disable mentally subnormal children back into the functional society and help to clarify their ill-feelings towards stigmatization due to their disabilities.

Keyword: *Stigmatization, physically challenged persons, mental health, integration, counseling.*

1.1 INTRODUCTION:

Childhood disability maybe more influential in reducing learning potentials and Physiological behavior resulting in dullness & backwardness, heart- beat, muscle tension and brain waves. These classes of children need special education treatment and they include the blind, the partial sighted, deaf, the lame, partial deaf, palsy children and the extreme albinos. Others are educational sub-normal, the epileptic, the maladjusted, the physically handicapped and those with speech defects. This condition occurs in most normal families [1].

Sub-normality is complex, uncertain, quite confusing. Rather, segregated children with disabilities who have been stigmatized can be re-integrated into the complex functional society through inclusive approach with mainstreaming processes that are more institutionalized.

Disabilities children should be care and integrated through re-affirmation, confidence building understanding and accepted alongside with disability education [2].

Counseling therefore is a service that is both preventive and corrective especially with mental sub-normality and treatment strategies for mental disorder.

Davidoff [3]. Cites three therapeutic orientations considered fundamentally to include: Psychoanalysis behavior, Humanistic behavior and Existential behaviour.

The three restored healthy functions though differ on conception of maladaptive behaviour and primary procedure. The education of all mentally handicapped children is both the responsibility of government and families noting that this condition tend to occur in families [4].

Sub mental in some instance arise as a result of large family arising from neglect, inadequate food over look of early infection, the mother maybe promiscuous and the father maybe a drunkard, this is frequently with juvenile delinquency – so it is important that sub normality should be detected at early stage and be given attention example, reading, writing and simple number work or an intellectual stimulating atmosphere and opportunity to develop good social and emotional adjustment. Sub normal children grow up to self-respecting and supporting adult. The student that is sub normal should be always reported to a guidance counsellor in the school, sub normal student sometimes come from family with lower social-economic status [5,].

1.2 Factors inducing mental Sub-normality in Disable children

1.2.1 Gender

Gender is the way a community defines what it means to be a man or a woman. In communities that do not value girls as much as boys, girls experience more stress. The males may be given more education or more food. Girls may be criticized a lot and their hard work may go unnoticed [6]. A girl with a disability is much more likely to be treated this way than a girl without a disability or a boy with a disability. As the child grows up, they may not believe they deserve to be treated well by their partner and family, to have health care when they are sick, or to develop their skills. When they feel this way, they may even think their lack of importance in the family and community is natural and right when, in fact, it is unfair and unjust [7].

1.2.2 Poverty

When a family is poor, it is harder for a disabled child to get the skills he/she needs to work. He/she may not get the hearing aids or crutches needed in order to go to school. If a disabled child does not have a chance to help support the family, they may treat child like a burden. If the family has only a little food, they may decide more food should go to the family members who go out to work and help support them [8].

1.2.3 Isolation

Disabled Children may grow up separate from other children and not have the chance to develop friendships. They may not learn the social skills they need to build strong relationships as adults. Being alone and isolated creates stress. Having friends and being part of a community is important for good self-esteem. A teenager who has a disability also needs support to develop confidence about his/her sexuality so she can form close personal and sexual relationships [9].

1.2.4 Job skills

Children with disabilities are less likely to receive training for work so they can earn money. If they have not had a chance to gain job skills, it is harder for them to support their families and themselves [10].

2.1 Some Causes of Mental Sub-Normality in Children with Disabilities

Brain injuries, birth defects, early child infection, metabolic disorder, severe emotional disturbance, poor up-bringing, physical injuries, accidents, poor quality of neural mechanism which the child is born with and poor environmental stimulation, trauma, stress, abuse, depression [11].

2.2.1 Parental development disorder

At birth children have different problem associated with pregnancy and the different environment condition viewing the social, physical economic structure of parent, and the Educational level, and proximity to health and medical facilities [12]. Therefore, mal-function in foetus during growth within the mother uterus can bring about injuries, body temperature conditions, chemical conditions, temperature conditions, interference with oxygen supply and nutrition. Under development in the size of the brain in micro cephalic. Although, such disorder is sometimes due to genetic causes, toxic substance produced in a mother if the blood is negative and she is carrying a foetus whose blood is positive. This poison when reach the foetus may cause damage to the blood, liver, brain, at birth such children may have anemia, jaundice, or paralysis etc [13].

2.2.2 Infectious Diseases

Children suffer different early birth disease which causes different malfunctions and impair their health and circumstance of their birth such disease as measles, scarlet fever, mumps, whooping cough etc. this may cause retardation in learning process example to speak, walk and intelligent development. Metabolic disorder may arise as a result mental deficiency e.g amaurotic, idiocy, gargoylism and phenylketonuria [14].

2.2.3 Chromosomal abnormality

This can be referred to mongolism resulting to short growth, slanting eyes, depressed nose bridge, dry lips, open mouth, enlarged and fissured tongue, and flat facial features. Consequently, when the ovum is formed after fertilization the body cells of the embryo contain an unusual numbers of chromosomes leading to abnormal development [15].

2.2.4 Brain Injuries

Cerebral palsy is a disorganization of the motor control system as a result of damage to the central nervous system, birth injuries can be viewed as a complication either before or after birth processes [16].

2.2.5 Depression (Extreme sadness or feeling nothing at all)

Depression affects almost 5 in 10 children with disabilities, compared with around 2 in 10 people without disabilities. This is not surprising, because many children with disabilities do not get the chance to get an education, develop confidence, or learn how to do things for themselves. As they grow older, the social barriers and changes in their health that makes it more difficult to do as much as they used to, make them more likely to feel unhappy and depressed [17].

2.2.6 Anxiety (feeling nervous or worried)

The children feelings of nervousness or worry (other common names for anxiety are ‘nerves,’ ‘nervous attacks,’ and ‘heart distress’) continue for a long time or become more severe, then you may have a mental health problem. Some of the signs include feeling tense and nervous without reason, sweating, feeling the heart pound (when there is no heart disease), and frequent

physical complaints that are not caused by physical illness and that increase when they are upset [18]

2.2.7 Panic attacks are a severe kind of anxiety. They happen suddenly and can last from several minutes to several hours. In addition to the signs above, children may feel terror or dread, and fear they may lose consciousness (faint) or die. Children may also have chest pain, difficult breathing and feel that something terrible is about to happen [19].

2.2.8 Trauma

When something horrible has happened to a woman, she has suffered a trauma. Some of the most common kinds of trauma are violence in the home, rape, war, torture, and natural disasters. Trauma threatens a woman's physical or mental wellbeing, or both. As a result, she feels unsafe, insecure, helpless, and unable to trust the world or the people around her. It can take a long time for a woman to recover from trauma, especially if it was caused by another person [20].

2.2.9 Disability caused by trauma

When a woman becomes disabled later in life, because of war, an accident, or an illness, the sudden change can be very difficult for her. Some women who are newly disabled may feel they have lost all worth to themselves, their families, and communities. They may also be afraid or disturbed because of a trauma that has happened to them [21].

Often, a woman who becomes disabled later in life has grown up with confidence, good education, and many skills. She may have always had strong relationships with others and expects to be treated with respect. When she becomes disabled, it can take time to adjust to the changes in her body. It can be even harder to adapt to the changes in how other people see her, or how she sees herself [22].

Many adults who become disabled later in life say they had to make a decision not to give up. Even though they felt sad and shocked, they realized they had choices about how to live their lives. See Annie's story on page 63 about a woman who became disabled later in life [23].

2.2.9.1 Reactions to trauma

If a child have experienced trauma, the child may have many different reactions, such as: going over the trauma again and again in their mind. While they are awake, they may keep remembering the terrible things that happened. At night, they may dream about them or be unable to fall asleep because they are thinking about them. Feeling numb or feeling emotions less strongly than before. Children may avoid people or places that remind you of the trauma. Becoming very watchful [24]. Children are constantly looking out for danger, the child may have difficulty relaxing and sleeping. Children may overreact when startled. Feeling very angry or full of shame about what happened. If children have survived a trauma where others died or were seriously injured, they may feel guilty that others suffered more than they did. Feeling separate and distant from other people. Having outbursts of strange or violent behavior, in which they are confused about where they are [25].

Many of these signs are normal responses to a difficult situation. For example, it is normal to feel angry that a trauma has happened, or to be watchful if the situation is still dangerous. But they need help if the signs are so severe that they cannot carry out daily activities, or if the signs start months after the trauma has happened. This is a task for the counselor [26].

2.2.10 Abuse of any kind

Children with disabilities are especially at risk for abuse or violence from someone in their family. Abuse happens if anyone touches a girl in a sexual way, or if a father, brother, cousin, or caretaker forces a girl to have sex. Abuse can also involve hitting or hurting a girl, humiliating her, caring for her cruelly, or refusing to care for her. Abuse is a kind of trauma that causes great harm to a girl's mental health. If a woman was abused or hurt as a child, it can affect her for many years. Many children with disabilities who continue being abused as adults don't complain because they believe they do not deserve to be treated well [27].

3.1 Mainstreaming Challenges of the Contemporary Counselor

Mainstreaming disabilities in children building self-confidence and informing about wholeness and ability with strong disposition in addition with strong teacher advocacy, guidance and counseling of disabilities is to equip the school population with forth right attitude, technique and skill of acceptance and integration of disable children (Govig 1989) as he or she prevails over the area of difficult in life. He has self-management affirmation and resources and self-understanding in area of great strength [28].

Social development involves the training the child receives on his interpersonal life and how he relates socially with his peers and others. The child is observed on how he resolves small conflicts; whether he cooperates, leads, fellows or play along when in a group, how he responds to simple training in manners and independence. Specifically, the teachers should study the child's social development through his family type i.e. living together or separated. father's occupation, wealth of the family, attitude of the parent to child and vice-versa, the peer group he plays with, his neighborhood, his moral standard and the type of people he appreciate or copies as models [29,30].

The mental health is important for elimination of tension of the client, such traits, like anxiety, hostility, depression, feeling of inferiority, inadequacy, unhappiness and other emotional symptoms such be put under conscious control which involve internal and external environment.

Counseling help the client/person with sub-normality towards overcoming obstacles to their personal growth and development wherever the maybe encountered [31].

The counseling service provide to children with disabilities are significantly outside the average range of general counseling. Many area of the counseling profession in primary school has fallen short, with a lack of understanding and appreciation (e.g., attitude, values, and belief), a limited repertoire of skills. When school counselor do not provide service or develop programs to accommodates the needs of children with disabilities, they deny these student of their expertise and themselves of the enrichment that come with working with children with disabilities who are challenging, deserving and responsive. There are a number of additional factors that are contributing to the low professional visibility of school counselors; lack of well-defined school counselor's roles, goals and job description too many administration routine assignments and too high counselor – student ratio that don't allow school counselors to use their special skills [32].

However, all students refer to those who are average, gifted and talented, low achievement and to those with handicaps and disabilities; those in all ethnic, and cultural, groups; those who speak other languages as a second language; migrants; boys and girls; and any other "special student" in the school. This strategy indicates that all students, including children with disabilities, should have equal access to counselors, the guidance curriculum, counseling resources, and all other direct and indirect services [33].

Children with disabilities will experiences some of the following problems throughout their school age years. They may be subjected to a multitude of obstacles and barriers. In some cases, these children experience more than their normal share of frustration and difficulty in attempting to resolve the issue that are encounter with daily living activities. It is not uncommon for children with disabilities to experiences chronic hopelessness as a result of anxiety and depression. Sometimes they have access and performance problem in schools, which could or would not be related to the disability. Also, they show delayed in development of self – concept that can influence one’s sense of self – worth, and viewing one’s self as dumb, damages, weak, and vulnerable [34].

Counseling professionals historically, have had limited contact with this population for a variety of reasons. Some counselors lack confidence and training to serve these groups. Some are uncomfortable around peoples with disabilities. Others have incorrect information about or prejudices towards those with exceptional needs in addiction, because services to children. Although children with disabilities are extremely heterogeneous group of diverse leaners, each with unique learning strengths and needs many of the graduates counselor education programs have not provided prospective school counselor with adequate training for the development and provision of services or how to professionally interact with children who have disabilities, which includes physical behavior, emotional and mental disabilities. In addition, limited preparation is provided in the area of cooperation and collaborative effort in working with other specialist and professionals to provide children with disabilities a more comprehensive developmental holistic approach to services [35].

3.2 Educating children with mental sub-normality occasioned by disabilities

Children with disabilities need to go to school and learn with other children. A disabled child is more likely to have strong self-esteem if the immediate family finds a way for the child to go to school and the school makes a place for the child. Working with the families to make schools accept children with all kinds of disabilities remains a task for the counselor. Talking with the teachers to help them understand the disable child’s strengths and to raise their awareness about disabilities is also a task of counselor. The counselor should help the school understand how to include children in different activities of the school for proper social integration [36, 37].

Children with disabilities need education and need to learn skills that enable them to get jobs. They will then be able to support themselves and contribute to their families and the society [38].

3.3 Counseling children with mental sub-normality occasioned by disabilities

Counseling disable children with mental sub-normality is often misunderstood and frequently less attended to in the counseling profession by counselors. These children need services just as much as other children. In addition, all counselors have a professional and ethical responsibility to facilitate conditions that promote full potential for all individuals, including exceptional groups [39]. As knowledge and experience are obtained for this population, counselor can serve children and their families more fully as intend by legal and professional guidelines. Most counselor, however, do have many of the skill needed to work with these children and their families, such as communication strategies, a background in human, and experience with an array of therapeutic analysis. Moreover, a proactive approach to the role of techniques, a focus on relationship-building, a desire to operationalize equal opportunities policies, an inclusive approach to initial assessment, flexibility and creative approach to counseling, continuing professional training and awareness raising can be important facts in

counseling processes. From a counseling perspective, these students, regardless of their specific handicap, present similar characteristics that preclude using traditional counseling methods. Inherently all of these student are believed to experience developmental delays that may impair one or more of their learning channels and may range from mild to severe. Individuals may exhibit inappropriate behavior relative to their chronological ages, often are socially isolated [40]. A poor self-concept is another quality found in this target population. Students may also lack adequate expressive language, are often disorganized in their thought processes, and usually have considerable difficulty with time management skills. Keeping these factors in mind, school counselors should be encouraged to do more in-depth research and preparation on specific disabilities, with strategies an interventions to assist the scope and direction of intervention that are effective when developing program and providing services to children with disabilities. A number of empirical studies have verified the positive effect of group counseling intervention [41]. Students have shown significant increase in academic persistence and achievement, school attendance, classroom behaviors, self-esteem, self-concept, and their attitudes towards school and others. This degree held for special population groups, including low-achievement students, disruptive student's, learning-disable student and gifted students. As school counselors prepare to provide counseling service, it is important not to generalize across sub-normality, putting children and adolescent with disabilities at risk. This children and adolescents vary just as individual in any other group. Intervention may need to be more hands-on in the approach to the problem resolution as well as culturally sensitive. External issues, which are problems outside the child, may need to be addressed because of the direct or indirect implication. In addition, it is critical that school counselors have knowledge of the laws and understand the right of children with sub- normality. All of these issues challenge counseling professionals to be creative [42]. Counselors attend to instructional practices, staff, student interactions, and other environmental interventions have a substantial impact on students' educational and personal development. The initial stage of counseling requires the manipulating of several components in the counseling environment.

Distraction in the environment should be kept to minimum or eliminated. Tasks should be structured and followed consistently. Multisensory approaches including auditory, visual, tactile, and kinesthetic, should be used by counselors while presenting activities to the students. All of the components are designed to keep student confusion and frustration to minimum and still allow the participants to function in a well -controlled environment using multisensory approach to promote understanding [43]. The ability to communicate concretely is vital for success with handicapped students. Verbal generalities should be avoided. Short, concise, explicit sentences should be employed.

These guidelines will enable student to understand specific concept and terminology used to by the counselor so that they will be able to concentrate on learning. Frequent and consistent repetitions are needed during the counseling session [44]. A review of previous meetings and their objectives should be told what to expert at each session. A summary of the activity should be presented stressing the important areas for student's clients to remember. Repetition allow students to absorb each session and understand the continuity of the presentations. There is widespread consensus concerning the desired nature and scope of school counseling for children with disabilities which includes interventions to increase awareness, acceptance, and appreciate of cultural diversities. In addition, counselors attend to school policies and procedures, instructional practices, staff student interactions, and other environmental factors that may impede development of the student because, school counseling interventions have a

substantial impact on student because, school counseling interventions have a substantial impact on students educational and personal development [45].

Moreover, individual and small-group counseling, classroom guidance, and consultation activities seem to contribute directly to student success in the classroom and beyond, and school counselor such the majority of their time performing intervention. It is in the spirit of empowering the school counselor should gain their credibility, assert their significance, and make their own unique place in the school counseling is postulated [46].

To become proactive, it is high time that counselors use a balanced approach to counseling and heed baker's (1992) admonition: counselor in the twenty-first century must be able to provide prevention service that meet and enhance developmental needs and treatment service when interventions are needed. Counselors will need to be flexible in reacting to differing client demands and be proactive in providing services that enhance person development and coping skills. This approach requires school counselors to shift from a primarily responsive service orientation to school counseling partnerships that are proactive and developmental. Proactive approach is an advocacy approach to promote and support student's interest. When a school is not responsible to the needs of students or there are some school practices that are detrimental to the interests of students, a counselor might have to make a difficult choice either to meet the need students or the demands of the institution [47].

Proactive counselor serve as strong advocates of students when they have to face such matters as "confidentiality, injustice to student, inappropriate curricula, incompetent teachers, and unresponsive administrators" (Aubrey, 1970, p. 6). In their advocacy role, school counselors can collaborate with teachers to maximize potential of their students through information about different learning styles, motivational strategies, and new pedagogical approaches. Student problems require enormous amount of time, networking with other is not a matter of luxury but a necessity [48]. A counselor can build a large support group by developing a systematic, long-term liaison with number of diverse groups within and outside the school. Within the school, student trained as peer counselors can effectively present topics such as self-esteem, peer pressure, time management, etc. to lower grade students. Similarly teachers trained by counselors could provide some group guidance activities in interpersonal skills, developing friendships, lifestyle decisions, developing self- discipline, and leadership skills. School counselors function at the forefront level in a manner that enhances teacher contribution in the proactive approach process.

CONCLUSION

Counselors should prepare themselves to for the greater tasks of mainstreaming disable children who have developed mental sub-normality due to stigmatization and other causes and be able to integrate them back into the functional society adopting any of the several strategies. As a first step, they must clarify their feelings and attitudes about working with disable children who are sub normal.

Attitudes such as Pity, low expectation, repulsion to physical abnormalities, misinformation, and other biases should be eliminated for effective counseling. Correct information and direct experience can facilitate accurate awareness and acceptance of this category of children into the society. In addition, counselors must obtain knowledge and training for working with this cadre of children with exceptional needs. They can obtain this knowledge and training by working with specific groups with exceptional needs through counseling workshops, consultation, supervision, current therapeutic literature, and community resources. With these strategies, disable children with mental sub-normality can be properly mainstream and re-integrated into the society.

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