Proceedings

A.P.P.A.C.

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20th International Conference of the Association of Psychology and Psychiatry for Adults and Children

APPAC 2015

(18-22 May 2015, Athens, Greece)

Editors
Prof. T. Sidiropoulou - Prof. J. Kouros

FiLOdiritto editore
dal 2008

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ISBN 978-88-95922-77-5

First Edition November 2016

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filodirittoeditore.com
inFOROmatica srl, Via Castiglione, 81, 40124 Bologna (Italy)
inforomatica.it
tel. 051 9843125 - Fax 051 9843529 - commerciale@filodiritto.com

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Foreword

Introduction to the Conference Proceedings

During the last years, the International Congresses of the A.P.P.A.C. became established annual meeting points, where participants have the opportunity to get in touch with the latest knowledge and exchange ideas with worldwide distinguished experts from different scientific areas, in a true multidisciplinary approach. The 20th International Conference, has tried to work further towards this direction, bringing participants closer to the progress on scientific research concerning clinical psychiatry, psychopathology, psychology, new diagnostic and treatment methods, genetics, and neurosciences. In our Conference, we once more emphasized the human dimension, linking science with society. To this end, there were some sessions with the participation of social workers, nurses, social anthropologists, educators etc.

A prime motivation for this year's Conference was to inspire a dialogue considering the Neuropsychiatric and Psychological updates exploring their profound implications for all efforts to achieve social change.

The conference topics were mainly coming from the field of Phychiatrics, Educational Psychology, Applied Psychology, Psychological Counselling, New Approaches in Psychology, Learning Theories, Effective Policies and Teaching Practices, Challenges in contemporary education, School Counselling and Educational Psychology et al.

We thank the presenters for their willingness to participate and to share their ideas through inspiring talks. These Proceedings provide the permanent record of what was presented. They indicate the state of development at the time of writing of different aspects of this important topic and we believe that will be valuable to all Professionals and students in the above field.

A common theme in the conference was that the basic structure and dynamics of society is now changing and we must provide ourselves the appropriate tools and abilities in order to respond to drastic transitions. The speakers presented applied theories, research and approaches, describing a variety of ways in which the above would be pursued.

We are very much aware that responding to change is a collective enterprise. The central role of self-agency in science will be acknowledged. The deeper levels of social structure will be rediscovered and reinterpreted in the light of a more profound understanding of humanity. We always see our conference as an opportunity to responding and preparing for this challenge.

Prof. T. Sidiropoulou

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Family support & substance abuse during puberty

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A518R9008

Abstract

A high percentage of research suggests that support by the family, friends and society is related with limited occurrence of psychological symptoms. The results of studies, conducted with samples of adults, lead to the conclusion that societal support is negatively correlated with substance abuse. Also, concerning young people, parental support, which gives emphasis on emotional and material aspects is a protecting factor. The benefits of emotional support develop in two forms, either by increasing the protector factors, or by reducing the risk factors. In this investigation, three case-studies are presented and analyzed. Subjects selected were of the same sex (male) and of the same age-group (17 years, 18 years and 22 years old). Results indicated that the interaction between the family affect directly the ways self-destructive behavior as it could be avoided, held or prevented. Luck of boundaries and ambiguous roles create high levels of entropy in any family system. This increased entropy is represented by self-destructed behavior; one of them is substance abuse.

Family support and maladaptive behavior

It is believed that, when young people are rejected or underestimated in the context of important relationships, it's very possible to feel quite stressed or angry, in result to embrace more often deviant than traditional values. Moreover adolescents' feeling that they don't have the support and trust of their parents might contribute to the development of a negative attitude towards other social interactions. Thus it's possible to provoke others or to respond with aggressiveness to situations, that would be considered by common sense as emotionally neutral.

Another factor that is related with maladaptive behavior is negative life events. A negative event could be parental unemployment, loss of close relationships, the impose of discipline in the school and conflict with parents.

Psychopathological approach of intoxication

Today we accept that any cognitive structure could lead to addictive behaviors. In general population of addicted adolescents, the percentage of psychiatric diagnoses varies. depending on the research method. In particular, in a study conducted by the Yale University School of Medicine, the higher incidence diagnoses were major depressive disorder, alcoholism and antisocial personality disorder. This order of higher incidence continues with major depressive disorder and stress. On the other hand the diagnosis of schizophrenia and mania in low

percentage.

Intrapersonal factors

Many studies suggest that university students have smaller tendency towards substance abuse than students that after school withdraw from education. Important intrapersonal factors are:

- Absence of religiosity
- Low self-control
- Low self-esteem
- Absence of meaning of life
- Passivity
- Pessimism
- Melancholia

In particular the three last factors are related to the use of marijuana.

As we reach the systemic therapeutic context many times we hear therapists saying that we have a family therapy without family or individual therapy with the whole family. This paradox reflects and explains the introduction of new information and the change that they bring to the system. In particular, there are cases where the family context keeps on being on therapeutic procedure and while the person itself quits or refuses to involve in therapy and the symptoms of the addicted person may be reduced or even disappear. We should make a note here that may occur in cases where substance abuse is mild.

The symptomatology of addiction expresses the entropy of a certain system where the symptom is symbolic and has concrete utility for the function of this system. Also, self destructive behavior through substance abuse is strongly related with strong or loose structure of the family.

Moreover, it's very significant in which extent has accepted and labeled the identified patient. It's not rare that the relatives of the identified patient. Deny the nature of the problem not different of that the identified patient expresses when engaging in self-destructive actions. This denial, which is defense mechanism is a relief for the relatives, especially for the parents because they're excluded from the problem. The self-destructive person which is addicted tries to create a false reality through which he doesn't copy with the problem but denies it.

The project included 20 cases. We selected 3 as representatives.

Patient A

We have the incidence of patient A, who is a 17 year boy (origin from a high socioeconomic status), who begun his self destructive behavior, when under the influence of hallucinogens pills he jumped out of an inside balcony. Due to this, he stayed for two months in coma and after repeated attempts he remained with a post-traumatic epilepsy and a facial deformity. He went on with the substance abuse risking his life due to the complications of the epilepsy. The boy's father had grown up with military discipline, since his father has an officer. For that reason, as a parent he was very strict and creates suffocation. After six months of therapy of each family member in separate groups, it became clear that the self-destructive behavior

of the boy begun two years ago, when the father's life was in danger and the mother was in despair.

The father figure carries an important role for the development of a young's boys personality, because it symbolizes the authority figure and the addiction. Substance abuse is a way of protest towards the father figure.

Moreover, from the taxonomy persons with such a symptomatology appear to have high levels of psychopathetic.

Unfortunately, when the father reached a turning point in his therapy, he was about to change crucial things , he stopped therapy and so did the rest of the family gradually.

Patient B

The second case is 18 year old boy (origin from low sociocultural level), who was engaged in self-destructive behavior two years before appearing for therapy and has reached up to the point of spending a great amount of money; also, when he came for therapy he had some psychotic elements and fused thoughts. His father has severe financial problems and he attempted by some means to commit suicide, when his father bankrupt. He finished junior high and then started working in his father's business. This father was a person with severe lack of boundaries and that was reflected in the financial management of the family business. When he begun therapy sessions the father insisted that he paid the session in double. Later, the boy insisted that his mother should also follow a group therapy and things became better. He had no more any signs of dissociation. His mother stayed for 11/2 year in therapy and when she refused to continue due to economical reasons, he begun again his self-destructive behavior, which was a real provoke to his parents. When the father bankrupt, he felt so confused that he run with his motorcycle into a moving vehicle. Fortunately, he didn't have a severe injury but he stayed in bed for a long time which symbolically showed that he couldn't cope with catastrophe. This person with no doubt has allow level of differentiation and for that reason it is very difficult to distinguish himself from the rest of the family and he can't function in every-day life.

Patient C

The third case is a 22 year-old boy who came for therapy to detoxicate while feeling very guilty he was embarrassing his family; his self-destructive behavior was very complicated. He systematically used marijuana, pills and cocaine, but he had tried approximately every kind of drug. He also had a severe hidden dissociation. He attacked both his parents, he did a sexual proposal to his mother and then exhibit a delirium with intensive auditory and visual delusions.

He tried to commit suicide by consuming a small quantity of neuroleptic pills, while at the same period he was calling his father to help him. He started therapy simultaneously with his parents in separate groups with family sessions and intake of severe neuroleptics in small quantities. Gradually, he reduced substance abuse, but he replaced the symptom with alcoholism. His mother is intense personality, dynamic and intrusive. When the dynamic of the family changed and the mother stopped being the dominant figure the father managed to create a relationship with his son, and the family system became more flexible. After three years of therapy, the patient has controlled most of his self-destructive behavior and has set basis for his life.

Conclusion

We selected these three cases because they show clearly that the interaction between the family affect directly the ways self-destructive behavior could be avoided, held or prevented. Luck of boundaries and ambiguous roles create high levels of entropy in any family system. This increased entropy is represented by self-destructed behavior; one of them is substance abuse.

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Psychic disturbance and social life: from stigmatization to empowerment

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A518R9007

Abstract

The issue of stigmatization and empowerment of persons suffering of psychic disturbance came, recently, in the forefront of the attention paid by institutional and concerned persons milieus. The processes of stigmatization and empowerment are examined from the point of view of their history and conceptual status. Forms and factors of stigmatization give evidence of a new ethical and political concern for mental patients care. Empowerment of persons suffering of psychic disturbance appears as a predominant goal in the formulation of psychiatric politics. Nevertheless, less interest bears on the social response to the changes allowed to the disturbed persons status. The study of social representation of madness shows that madness remains linked to danger preventing their social acceptance and empowering. The recent progress in the study of stigmatization allows a new approach of the processes affecting the living experience of persons suffering of psychic disturbance and offers a way to help their empowerment.

Keywords: Psychic disturbance, stigmatization, empowerment, social representations

Introduction

The transformation of health policies and the WHO official recommendations for the establishment of "health democracy" have put back in the forfront the issues of stigmatization of people with mental disturbances and their empowerment that directly engage the society's relation to madness[1]. After having retained the attention following the de-institutionalization of policies inspired by Basaglia or the contributions of the anti psychiatry movement and Michel Foucault, these issues had fallen into oblivion. Meanwhile, users care system organizations of user family and friends have worked to achieve recognition and new forms of mutual assistance with the scope of social defence and therapeutic value. These transformations in the attention to persons with mental disturbance show the close connection between the process of stigmatization and empowerment, which will be examined on the basis of a series of reflections and researches in social psychology (Jodelet, 1989, 2015). Other subjects that ill also be addressed are the expected contributions from the social sciences to allow a better fit among these social currents that obey to different logics.

[1] Cf entire text of this 20th APPA International Conference open lecture in A.V. Rigas, D. Zigouris (eds) *Psychosociological and neuropsychological interventions on persons and groups*. Athens: Luten Dardonos.

Stigmatization, its forms and factors

Various factors intervene, positively or negatively, in the renewed attention that is being given to the issue of the fight against the stigmatization of mental disorders and of those who suffer of it. Among the positive arguments in favour of this struggle are the new directions of health policy that is echoed by the way to consider the relation to mental disturbances and these disturbances themselves. Victimization of mental patients, and the social and institutional treatment they face have become subject to ethical considerations. In the words of philosopher Hans Gadamer: "The concept of mental illness and mental disorder has become an issue of social and political order, in recent decades, and especially since Foucault" (1998, 177). According to this author, a normative social consciousness has had, in many countries, an impact on the definition of what are mental illness and policies of de-institutionalization. Such an Bas du formulaire awareness meets today an ethical trend of reflection that highlights the issue of "care" and its social and political stakes. As for the negative reasons, they include difficulties encountered in the management of patients (Giordana, 2010), due to the social burden of mental disorders, assessed according to different criteria: impact on the frequency of psychiatric disorders on public health, economic cost linked to disturbances in the labour field, psychological and social cost associated with collateral effects arising for the family circle from the accompaniment of illness, financial cost of psychiatric institutions in terms of operation and personnel. This situation contributes to the dysfunction of the psychiatric system causing a risk of burnout of health professionals. Another cause of failure lies in "the balkanization of psychiatry" that breaks up psychiatry into various specializations, schools of thought and activity without dialogue between them, at the risk of harming the implementation of "good practices". Adding to these dysfunctions are the difficulties exhibited by persons with mental illness who hesitate to seek the aid offered or tend to defer access to it. This underutilization of services is attributed to misinformation in terms of mental health, inadequate identification of patient needs, fear of consulting, when it is not due to a pejorative vision of professionals. This reluctance also refers to the negative impact of social attitudes towards mental illness that hinders seeking care for fear of being categorized negatively, despite the effectiveness of treatments.

In the analyses devoted to the care of mental disorders and stigma, society's responsibility is a recurring theme, underlying or explicit. So appears a new public health problem directly dependent on the way society deals with mental disorders whose deleterious consequences make it a major imperative for the fight against stigmatization together with the empowerment of persons bearing the brunt of it.

Empowerment, its values and conditions

The concept of empowerment is rooted in community studies with a clearly political connotation that is found in the definition adopted by international agencies or activists in the associations of users of the mental health system. According to Daumerie "Empowerment refers to the level of choice, decision, influence and control that users of mental health services can have on the events of their lives. The key to empowerment is in the transformation of force relationships and power relationships between individuals, groups, services and governments" (2011, p. 9). Some groups use equivalencies to the term of empowerment that also show a political dimension through expression like "power to act" or "capacity to act", "autonomy" or "emancipation".

Moreover, the concept has a dynamic dimension in that it involves a transformation of

relationships with and by people with a vulnerable status or victims of oppression and injustice. It refers to the stages through which an individual or a community conquers power and the ability to exercise it. In the health field, that power corresponds with the recognition of experiential knowledge, skills and know-how acquired by patients and that can be transmitted to their peer. This gives, thus, the emphasis on an educational perspective promoting the autonomy of users in managing their affection and their relationship with personal or professional environment (Jodelet, 2013; Jouet, Las Vergnas, Noël-Hureaux, 2014).

It is possible to identify the multifaceted, scalable indicators, factors, conditions and practices of empowerment that produce changes in institutional or community settings that offer people with mental illness the possibility to express their potential and assert their rights in the same way as any other citizen. The changes are planned at three levels: the conditions for granting aid, the postures of health professionals, the commitment of the users and those around them. Furthermore global indicators were identified by the European Commission for empowerment in mental health: 1) Regarding human rights: voting rights of users of mental health services; labour legislation preventing discrimination in employment. 2) Regarding the participation in decision-making: involvement of users and their families first in policy and legislation on mental health; second, in the functioning of mental health services. 3) Regarding the quality of care and its evaluation: insurance for users and their families' access to adequate and appropriate care; monitoring and evaluation of services; participation in team training services. 4) As regards access to information and resources: access to medical records, to information and education about the services and treatments; provision of legal assistance in case of existence of legal measures and public funds to user organizations. These provisions have led to the definition of "good practices".

So far official recommendations have mostly been internal to the care systems and the relationships between their actors, with a decrease of the problems that accompanied early reflections on the social fate of the mentally ill, that is, on how society treats them. Indeed, several measures affecting their living, work and entertainment environment, engage a societal response. Because, from the moment when the doors of asylum open, when the different ways of organizing life and activities based on autonomy and empowerment, are woven in the social fabric and imply free movement in the public space, when health policies call for inclusion in the working structures, it is the reaction of society that is at stake. Therefore, the issues raised by the social response to deinstitutionalization, resulted in increased attention to the social representations of madness and mental disabilities, on which several works were focused upon decades ago (Paicheler et Morvan, 1990). This question is now of particular relevance and acuity, considering the obstacles encountered by the implementation of scientific and policy recommendations for the care of people with mental disturbance, thus encouraging people to find in the representations conveyed in society and exploited by political and media discourse, a reason of the course that threatens the social fate of the mentally ill.

Relation to madness and social representations

An international study (Roelandt and Caria, 2007) conducted under the auspices of the Collaborating Centre for WHO in Lille (France) underscores the importance of representations by the presence of certain invariant evaluations of mental disorders, alongside connotations linked to cultural or social peculiarities. These invariants concern anomic behaviour and dangerous attitudes attributed to qualified cases of insanity or mental illness that are stored by more than 90% of respondents in the categories "abnormal" and "dangerous". These results are supported by numerous international and longitudinal studies. A secondary analysis by Angermayer (2010) on the results of surveys, for over thirty years, shows that a

marked improvement in knowledge about mental disorders (particularly in terms of symptom recognition and knowledge of use therapeutic) is associated with a significant increase of dangerousness of those so affected. These allegations of dangerousness are contradicted by objective data showing, for all countries, that 1) in people with mental disorders the frequency of dangerous actions is lower than in the general population; 2) in social inclusion experiences in community spaces supported through adequate training, there is no feeling of danger in those who are in close contact with the users. The phenomenon of fear that arouses the mentally ill person requires an examination of the beliefs underpinning the report to madness, as I has been shown in my research on a rural community where the patients of a psychiatric institution roam free (Jodelet op.cit). It is at this point that a re-examination on the assumptions of the theory of social representations may contribute to the fight against stigma, illuminating some of the issues it raises. The first concerns the relationship between knowledge, scientific information and building representations that cannot be treated within the limits of this document. The second question, more specific, deals with the evolution of concerns for mental health and the fight against stigma, passing from the examination of representations of madness to those of the social subjects who bear the stigma.

The change of perspective on stigmatization

Since the masterful and seminal analysis Goffmann in "Stigma" (1963), the stigma has not been at the center of specific researches due to scientific reasons as indicated various critical reviews (Jodelet, 2011). They highlight the diversity of perspectives adopted to define stigma and the multiplicity of objects on which it was invoked, be they the marks resulting of the stigma and the processes that underlie this phenomenon. It is only since the 2000s that have emerged proposals for its conceptualization that articulate several dimensions: symbolic (appointment, labelling, assigning categorical traits); practices (disqualification, segregation, social exclusion and distance); dimensions relating to life situations and interactions or arising from identity distinction between "them" and "us". In the area of mental health, this conceptual framing can be the basis as well the examination of the construction or the justification of the stigma as the fight against stigmatization.

As for the decline in the interest in stigmatized people who were the focus of Goffman, its shortcomings are highlighted in the approaches that have been centred, until now, on the positions of the dominant groups, the majority, holders and defenders of social norms, producers of stigmatization, which have failed to consider the position of its targets. Currently, research focuses on the effects that the phenomenon of stigma can have on its victims, in terms of thinking, feelings, behaviour and health as well as the response they bring forth.

Conclusion

According to these recent challenges, it appears that social science research may provide fruitful analytical tools to deal with the fate that society reserves for mental disturbances and those who suffer of them and meet institutional injunctions and militant mobilisations in favour of empowerment of people with mental disturbance. Today, the latter also claim the power to be themselves the agents of the affirmation of their rights: "We cannot be 'emancipated' by others, we can be 'emancipated' only by ourselves", said a representative of patients, at a conference on empowerment. With the integration of these voices in their approach, the social science research can arm those suffering from stigma in the fight for their empowerment.

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Mathematics and learning disabilities

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A518C0070

Abstract

The understanding and use of mathematics has implications for an individual on every social or personal level (Bos & Vaughn, 1998; Mercer & Mercer, 1998). Especially, the teaching of mathematics to students with special educational needs and specific learning disabilities is a laborious and several sometimes inefficient process. More specifically, research suggests that students with learning disabilities have significant difficulty acquiring and retaining math skills (Miller & Mercer, 1997). In mathematics disorder, the mathematical ability measured by weighted assays is significantly lower than expected, given the chronological age of the individual, of intelligence and education corresponding to his / her age. "This disorder significantly impairs the school performance or activities of daily living that require mathematical capacity" (Pehlivanidis, Spyropoulou, Galanopoulos, Papachristou, & Papadimitriou, 2012).

The purpose of this paper is to: 1) present an overview of the most representative studies which deal with the two important issues in the field of special education and mathematical literacy, diagnosis and intervention and 2) present the first results of a pilot case study as far as the observation of student's error patterns in fraction are concerned.

Keywords: mathematics, learning disabilities, pilot case study, fraction, special education

Introduction

Traditionally the views of people with learning disabilities (henceforth LD) have been ignored and it is now acknowledged that without increased involvement there will be a significant gap in research in the field (Ware, 2004, as cited in Jackson, Cavenagh, & Clibbens, 2014).

Nevertheless, over the last three or four decades there have been many changes affecting the lives of people with intellectual and learning disabilities. Changes in social attitudes (Seltzer & Litchfield, 1984), leading to increasing acceptance in the general community, have made for potentially richer lives for all people with intellectual and learning disabilities.

The terminologies that have been used to refer to 'people with learning disabilities' have changed over the years, and capture a wide population of people. Broadly consistent with the International Classification of Disease (ICD-10) (World Health Organization (WHO) 1994), a person with a learning disability has an IQ of 70 or below and has impairments in coping with daily living, including difficulties with communication, social skills or self-care. Many different terminologies are used to define 'learning disabilities', such as intellectual disabilities and learning difficulties. A person who is described to have a 'learning disability', for the purpose of this research, is an individual who fits within the ICD-10 criteria of intellectual

disability, as opposed to a person who has a specific learning disability, such as dyslexia, or another specific learning associated difficulty. These individuals, whilst having a difficulty in a particular area of learning, would otherwise have an average or above IQ, and generally be functioning at an average level.

People with LD have often been excluded from participating in research for various reasons, including difficulties with their communication. Research is now beginning to involve people with disabilities, as either participants or researchers and methodologies such as 'participatory research' and 'emancipatory research' are commonly being employed.

A benefit of this is to give a voice to a group of people who have historically been marginalized and to shed light on it. Recent years have witnessed changes to research to increase inclusivity and accessibility for people with learning disabilities (Jackson et al., 2014).

Thus, the diagnosis of LD does not only mean selecting and administering certain psychometric tests or scales to determine their existence or not in some people, especially in children, nor outlining their specific disabilities in using and understanding the written word. It is, in essence, more a dynamic process rather than a simple description of existing relationship of the child with the written word. It includes a set of strategies aimed at both the child with learning disabilities itself as a «learner» and the directly involved parties in the school, the family and its social surroundings. All these parts constitute the learning state (learning situation), systemic or not. The objectives of such a process, on a larger scale, is (or should be) the following (Bryant, Bryant & Hammill, 2000):

a) To observe and describe the learning style (clearning style) of the child and the level at which it attaches or may be perform at school (school level of performance).

b) To provide appropriate recommendations and action plans to special education administrators and teachers for the denaturation of the diagnostic data in individualized counseling that includes carefully structured strategies with potential changes.

c) To change or reformulate the curriculum and the school climate in level of perceptions, attitudes and practices.

d) To inform parents about the (specific) learning disabilities of their child in writing and to concretize their active role in decision-making.

e) To ensure appropriate conditions and conditions for the unhindered professional and social rehabilitation of children with learning disabilities in the future.

In regard to the child with learning disabilities, a planned and systematic diagnosis occurs in statutory diagnostic centers and appropriate diagnostic entities in the country at the request of the school principal, in consultation with the involved teachers. But such a process cannot be started, without ensuring the necessary consent of the child's parents with the (potential) learning difficulty. At this point it should be noted that some parents reacting psychologically or motivated by the surrounding social reality usually strongly resist in similar situations and they do not easily. Effective management of related matters by the school requires usually the use of flexible information strategies on the part of those responsible (ie the director and teachers involved).

Mathematics and Learners with learning disabilities

Mathematics literacy can be defined as the ability to apply skills and concepts, reason through, communicate about, and solve mathematical problems (Hiebert, 1999). Teaching mathematics involves the pedagogical strategies, curricular materials, and assessments that permit all students master the skills and concepts relevant to the development of mathematical

literacy. "From the earliest grades and throughout their school experiences, children should be able to understand the importance of success in solving problems, figuring things out, and making sense of mathematics. In fact, raising expectations for mathematical reasoning, communicating, making connections, using representations and problem solving has led to higher standards of performance in mathematics. This requires that students acquire and retain a broad range of mathematical skills and concepts and processes to learn the mathematics curriculum" (Anstrom, 2006, p. 2).

Thus, the definition of mathematics literacy easily can reveal the learning disadvantage students with LD are facing because of the difficulties they tend to experience in acquiring and retaining knowledge (Miller and Mercer, 1997). Approximately 5-9% of the school-age population may be identified with mathematics disability (Gross-Tsur, Manor & Shalev, 1996). Mathematical learning disabilities have gained increased attention over the last decade from both researchers and practitioners (Bryant et al., 2000). Students with learning disabilities frequently affront difficulty with mathematics computation and problem solving (Miller & Mercer, 1997). Nowadays, the mathematical level of students with learning disabilities is generally with standardized written tests. To be more specific, amongst the latest years significant attempts have been made for an ICT assessment of difficulties in mathematics (Peltenburg, van den Heuvel-Panhuizen & Robitzsch, 2010). For more than two decades, math disabilities have been defined as a type of learning disability, as evidenced by the inclusion of mathematics in the two most influential definitions of learning disabilities (Hallahan, Kauffman, & Lloyd, 1996; Hammill, 1990; Hammill & Bryant, 1998; Mercer, Jordan, Alstrop, & Mercer, 1996).

In addition, due to the fact that difficulties in mathematics affect also children with or without special needs, research efforts aimed at documenting the prevalence of mathematical disabilities (Badian, 1983; McLeod & Armstrong, 1982) have confirmed that a group of students with LD exhibit math weaknesses that warrant instructional attention.

Geary (1990), Ginsburg, Posner, and Russell (1981), Jordan, Levine and Huttenlocher (1995), Rourke (1993), and others have attempted to conceptualize the cognitive and neuropsychological aspects of mathematics LD (i.e., dyscalculia) and to show how these aspects affect an individual's abilities to perform mathematical tasks.

According to other researchers there is an evidence of specific behavioral characteristics in the areas of arithmetic and word problem solving. For instance, math difficulties may be appeared in problems with (a) math fact automaticity (Garnett & Fleischner, 1983; Jordan et al., 1995); (b) arithmetic strategies (Geary, 1990; Goldman, Pellegrino, & Mertz, 1988); (c) interpretation of word problem sentence construction (Englert, Culatta, & Horn, 1987); and (d) word problem solving skills (Montague & Applegate, 1993).

Analyzing Mathematical Learning Disabilities: Error patterns

The main purpose of this article is to present the first results of the pilot case study through which the researcher tried to identify the source of the qualitatively different error patterns documented in students with Mathematical Learning Disabilities (henceforth MLDs). The analysis focuses on the student's problem-solving processes and explanations, both while he answered math fact problems and when these basic arithmetic problems were embedded within more complex mathematical problems (e.g., fraction operations). This study addresses the following research questions:

- How does the student solve multiplication and fraction problems, and what does this

reveal about his patterns of errors?

- In what ways can remediation address these kinds of math fact errors?

Methodology

The research methodology includes an analysis of the theoretical methodological framework of the research and the description of the methodological design.

The choice of methodological tools and research practice cannot be a consequential one of the specific design beforehand. Their option is based on the questions asked, while for their part the questions depend on the overall research framework and the research topic.

Thus, the methodological approach taken in this pilot case study is the qualitative research. The qualitative social research and qualitative methodologies in general form one of the two major methodological examples and research tools in the social sciences. Their aim is to investigate qualities and more specifically social qualities. In other words, their purpose is to uncover relationships or correlations between social subjects and social groups, describe, analyze and understand social processes and formulate or reformulate assumptions and theoretical positions on social affairs (Tatsis, 1986). It is worth noting that qualitative research simultaneously dictates investigations smaller and the theory is not prior to the interview, but arising as a result.

In qualitative research, the problems must be explored to ensure deep understanding (Creswell, 2013). The main objective, therefore, is to investigate and analyze the structure and function of social phenomena and social relations (causes, correlations, effects). For this reason, the qualitative research is the most appropriate methodological approach for people with LD (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005). When you need to study the behaviors, ways of teaching and learning (Hewitt, Hinkle & Miccio, 2005), the difficulties, mental disabilities of people with disabilities to contribute to the special instructors (de la Iglesia, Buceta, & Campos, 2005), qualitative research is considered more flexible (Brantlinger et al. 2005 · Creswell, 2013). In qualitative research, in fact, the intention is to obtain information allowing the community of special education to learn about the phenomenon and also to give voice to people who otherwise might not be heard (Creswell, 2013).

Sample Description

The case study student, “Pantelis,” is a participant in a pilot 8 month longitudinal (age: 14 years, grade: second of middle school). The researcher studied achievement test scores, classroom observations, interviews, and weekly videotaped tutoring sessions in order to ensure that the case study student, “Pantelis,” meets the qualifications for having a mathematical learning disability. Pantelis’ achievement test scores from the first semester indicate that he demonstrates persistent low math achievement (his math achievement was rated “below basic” or “far below basic”). Observations of indicate that he also exhibits attentional and behavioral problems. Pantelis is a Caucasian, native Greek speaker from a middle class background, eliminating confounding linguistic and socio-economic factors. Despite weekly tutoring sessions, Pantelis continues to have persistent difficulties in nearly all domains of mathematics. A lack of confounding factors generally correlated with low math achievement (Hanich, Jordan, Kaplan, & Dick, 2001), suggests that his low math achievement test score is indicative of a MLD.

Procedures: Tutoring sessions and Number facts intervention

These data were drawn from the data collected during 4 week video-taped tutoring sessions with Pantelis, where the researcher provided one-on-one math instruction on fraction operations. The researcher decided to provide tutoring sessions without a pre-established protocol; in that way, he gave the opportunity to Pantelis to work through challenging problems, adopting an individualized day by day tutoring program.

For the purpose of this paper, nine tutoring sessions were included in the analysis focused on fraction reduction in which a number facts intervention was implemented. The fraction reduction was not chosen by hazard, but because it is an authentic problem solving context in which math facts are used as part of the solution process and not as the sole focus (Lewis, 2010). Based on the diagnostic analysis it was hypothesized that the math fact errors Pantelis experienced when reducing fractions were partially due to the cognitive strain of his atypical multiplication fact strategy. The researcher designed a simple intervention strategy in which Pantelis was asked to either rewrite the fraction as a multiplication problem or write down the amount by which he was dividing both the numerator and denominator. The goal of the intervention was to help Pantelis reduce the cognitive load of the task by writing down the factor of reduction. Three tutoring sessions were analyzed with respect to the remediation intervention. The intervention was implemented during the fourth session.

Results

Errors in Fraction Reduction

One of his common errors was reducing the fraction 8/12 to 2/6 or 4/3. In both instances the numerator of the reduced fraction disrupted Pantelis' ability to attend to the appropriate multiples list. The process of reducing the numerator seemed to cue a new list corresponding, not to the factor of reduction, but to the numerator of the reduced fraction. According to the researcher, this error type was the result of cognitive strain stemming from his atypical multiples list strategy.

Remediation Approach

To address the math fact-based errors that occurred during his fraction reduction, the researcher designed a remediation approach which attempted to permit Pantelis improve his accuracy by decreasing the cognitive strain of his multiples list strategy. The intervention required Pantelis either to rewrite the fraction as a multiplication problem or write down the amount by which he was dividing both the numerator and denominator (see Figure 1 for example artifacts from the tutoring sessions). By cognitively offloading the factor of reduction, the researcher expected that Pantelis could use his multiples list strategy more effectively in this context.

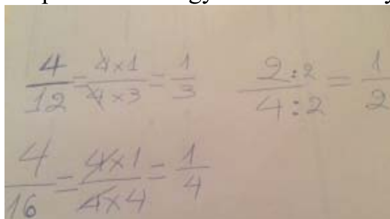

Figure 1 for example artifacts from the tutoring sessions

Discussion

This pilot case study is the first step in order to shed light on why students with MLDs make qualitatively different errors on math fact problems. Pantelis' errors when solving multiplication and fraction fact problems were consistent with those found in students with MLDs (Mazzocco, Devlin & McKenney, 2008). Through his solution process and explanations, the researcher observed that he relied upon an atypical multiples list strategy. This strategy provides a plausible origin for his pattern of errors. Although the intervention implemented in this study was not sophisticated, it served as an existence proof—once the origin of the errors was understood, it was possible to help the student more effectively employ his atypical strategy (Lewis, 2010). This is a pilot case study of one student and consequently a) the findings cannot be generalized to all students with MLDs and b) the researcher analyzed only the case of solving multiplication and fraction fact problems. It is possible that Pantelis' atypical strategy is unique, and does not explain why other students with MLDs make qualitatively different errors.

To conclude, the researcher asuumes that atypical strategies may be the origin of seemingly disparate error patterns. Future research is warranted to investigate other atypical strategies and how prevalent these strategies may be in students with MLDs. Understanding the origin of these qualitative differences may ultimately provide the key to differentiating low achievement from MLDs.

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Children's Education in Hospital

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A518C0086

Abstract

Introduction: The education of children with serious health problems and who are hospitalized, differs from that of healthy children in school. Diversification exist and in teachers. Therefore, being part of an inclusive circle made up of health professionals, psychologists and other caregivers, as well as from parents of child patients, they all work in groups in order to improve children's health and fostering socio-psychological skills.

Purpose: The purpose is to present the hospital school, recording the institutional framework, the process of learning, the characteristics of those involved and the difficulties-facilities available

Methodology: Carried literature review, based on studies of articles, scientific journals and conference proceedings.

Results: The hospital institutionalized education provides children-patients to continue their learning (methodology, teaching, learning), and psychosocial development. Of course, outside the support to transnational projects and technology, which in Greece is still at an early stage.

Conclusions: Through the presentation is expected to raise awareness and awakening of stakeholders, which could act as a springboard for an in-depth approach to nursing education in our country

Keywords: Hospital, Child, Laws, Education, Teaching

Introduction

Education is a multifactorial and diverse organization that is constantly growing and is affected by daily happenings. One of the forms to the education is also the form of clinical education, which is developed in this work. The definition of hospital education, according to Patsalis (2013) is: «The provided pre-school and school education (primary and secondary) of operating educational institutions in various hospitals of the country, children-students who are in them for treatment».

Chronology

It is clear that a child, who is hospitalized, is away from the school environment, interrupted school career and mental health may deteriorate. So to meet the school's needs, it was suggested

in 1987 by the Psychological Pediatric to the Minister of National Education and Religious Affairs the function of curriculum in hospital. The Ministry then immediately responded to this call to meet the needs of children - patients, suggesting the operation of this program, having as a basis the fact that all children have the right to continue their education while they are sick and hospitalized.

Legal Protection

The need for such a program dictated by the Convention on the Rights of the Child in Greece (N.2101/92), which states that children have the right to a continuous learning, even if they are in hospital. Also by the International Convention on the Rights of the Child. In addition to Article 7 of the EACH-Charter (European Association for Children in Hospital - is an organization that unfortunately Greece is not a member) and the HOPE-Charter (Hospital Organisation of Pedagogues in Europe – sadly Greece is not a member).

Hospital Schools in Greece

Initially the definition of hospital given school, where according to him the hospital school is "The school works in a hospital, especially children's hospital, providing primary and secondary teaching children, helping them to regain their academic progress during hospitalization or rehabilitation. Responsibility for the function is the local school system. Funded by the state and follow the curriculum of public schools"(Wikipedia). Hospital schools in Greece are (based on the health district):

1st Health district
• Hospital for Children in Athens Children «Aghia Sophia»
• Hospital for Children in «P. & D. Kyriakou»
• GH in Athens «G. Gennimatas»
3rd Health Region of Macedonia
• GH «Papanikolaou» (Special High School)
• GH «Papageorgiou»
4th Health Region of Macedonia-Thrace
• GH «Ippokrateio»
• GH AHEPA
• GH G. Gennimatas
7th Health Region of Crete
• Hospital of Heraklion

All hospital schools belong to special education, except hospital schools "Aglaia Kyriakou" and "Aghia Sophia", which according to presidential decrees belong to General Education.

Characteristics of a school hospital in Greece

Regarding the administration and structure of this particular school is reported to have the administrative structure of a mainstream school. It is organized into sections liability, corresponding to clinical hospital and the realization of courses takes place in chambers

individually or in specially designed rooms in groups.

The school's program is individualized. However there is also a flexibility program, tailored to the needs of children. The objectives of the course are achievable and there is emphasis on psychological and social support for children. It can also be a distance learning (home teaching) and can be done using Information and Communication Technologies (eg interactive whiteboards) and supervisory materials. According to Schmitt (1999), the content of teaching is based on the psychosocial stabilization of children.

In hospital school there are children who are hospitalized for more than 4 days or suffering from chronic diseases. Children are referred by the heads of clinics in the hospital school. At the end they are given education certificates to children - patients who attended the hospital school program.

Effectiveness of education in hospital

The effectiveness of education in hospital is that children - patients can feel that they belong somewhere, that entertained, to feel optimism, to escape from the hospital environment and to be equipped with knowledge. However, they face some difficulties, such as physical, psychological- emotional difficulties, anxiety about the course of their health and learning deficiencies (due to possible long-term absence from school).

Parents do not stay uninvolved in hospital training. Some treat it keeping a positive attitude, because the disposal their child improves and it improves and their own, and some having negative view for this, because the belief that hospital training can cause fatigue and impair the health their children. The main difficulty however is the restriction of professional assurance, because of their constant presence in the hospital.

The hospital side it should provide psychological support to the stakeholders (children-parents-teachers-caregivers) for the work done.

Features of the teacher in the hospital school

The teacher is the one who plays the most important role in the hospital school. It has also specific features:

1. Specific and general training
2. Teaching-pedagogical competence
3. Carefully selected
4. Responsible chambers
5.Collaborates with the superior authority of the clinic, nurses, doctors, psychologists, parents & school
6. He has a strong immune system
7. He has extended knowledge of the course all grades
8. He works having personal or educational-professional motives
9. No experiencing burnout
10. He has mood, persistence, sensitivity, appetite and has been in his mind to be a link with school going child and information about the progress, confidence face and main friend of the child-patient.

Consequently, and in accordance with the above, it becomes clear that it is important to have clinical education because according to Bergmann (1980) serves as treatment. Furthermore, connects the child with the world outside the hospital provides psychological assistance to child, reduces the stress of the child and the fear, make the child hope and optimistic, gives incentives to continue to make the child feel accepted and to experience the love and also take courses through this ourselves!.

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Workforce and Quality in Early Childhood Education and Care Institutions in Greece

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Abstract

Preschool professionals' knowledge, skills, competencies and working conditions are essential elements of quality in Early Childhood Education and Care institutions. Based on the assumptions that the quality in ECEC institutions depends on the existence of well-educated, experienced and competent workforce, and that improving quality depends on improving both the education and working conditions of the workforce, this paper examines the level of workforce quality in Greece. More specifically, it analyzes a) the initial education and continuing professional development of preschool professionals, and b) data on working conditions. By exploring the above elements we hope to contribute to the creation of a shared agenda and a shared understanding of quality in early childhood education and care.

Keywords: Quality, preschool workforce, early education and care

Encouraging quality in Early Childhood Education and Care

Workforce is a key factor in determining the quality of any educational organisation. It is generally agreed that quality in ECEC institutions is strongly linked to the existence of a well-trained, experienced and competent workforce, and that improving quality is contingent on improving both their education and working conditions.

The concept of quality has caused much debate among academics and professionals in education and early childhood education. Peter Moss has noted that "... Quality in early childhood services is a constructed concept, subjective in nature and based on values, beliefs and interests, rather than an objective and universal reality" (Moss, 1994: 4). Quality is not a permanent concept; it develops continuously in accordance with circumstances. The main orientation of quality should be the fundamental rights of children. Epstein underlines the importance of preschool professionals in ensuring high-quality services: "High-quality early childhood services depend, in part, on well-trained personnel using coherent and developmentally based educational approaches" (Epstein, 1999: 102).

According to the European Childcare Network approach (EC, 1996), quality is a relative concept, based on values and beliefs. Defining quality is a process that is fundamental in

its own right, as it can provide opportunities to share, discuss and understand values, ideas, knowledge and experience. The process should be participatory and democratic, involving different groups, including children, parents and families and education professionals, whose needs, perspectives and values may differ. Finally, defining quality should be seen as a dynamic ongoing process, involving regular review and never reaching a final, 'objective' statement. Many European countries currently share common perspectives on both *system* and *pedagogical quality*. *System quality* includes adequate public regulation and financing, proper environmental and care conditions, governance quality, workforce quality, and training of staff working with diversity. *Pedagogical quality* includes enhancing the quality and variety of pedagogical processes by means of pedagogical research. The relational environment is critical for young children; reasonable child : staff ratios, parent involvement, greater attention to transitions, particularly for children at risk, are extremely important aspects. (EC, 2014).

ECEC workforce plays a key role in ensuring healthy child development and learning. Areas for reform include qualifications, initial education, professional development and working conditions. Higher qualifications are found to be strongly associated with better child outcomes and working conditions can improve the quality of ECEC services (OECD, 2011). Specific knowledge, skills and competencies are expected of ECEC practitioners. There is a general consensus, supported by research, that well-educated, well-trained professionals are the key factor in providing high-quality ECEC with the most favourable cognitive and social outcomes for children. Research shows that the behaviour of those who work in ECEC matters and that this is related to their education and training. The qualifications, education and training of ECEC workforce are, therefore, an important policy issue (OECD, 2006).

UNICEF (2008) highlights appropriate training and working conditions for all staff as an important element of quality. It is noted that only high-quality care offers long-term benefits for society in the form of increased productivity and revenue and higher returns from investments in education. The importance of well-trained staff is also emphasized; 80% of childcare workers should be adequately trained and at least 50% should hold a bachelor's degree. It is worth noting that disadvantages become established during the first years of life and it is at this stage, if at all, that a self-perpetuating downward spiral can be stopped.

The European Commission Childcare Network's targets (EC, 1996) specify that all qualified staff employed in services should be paid at not less than a nationally or locally agreed wage rate, which for staff who are fully trained should be comparable to that of teachers; a minimum of 60% of staff working directly with children in collective services should have a grant-eligible basic training of at least three years at a post-18 level which incorporates both the theory and practice of pedagogy and child development. All training should be modular. All staff in services working with children (both collective and family day care) should have the right to continuous in-service training, and 20% of staff employed in collective services should be male. With respect to staff : child ratios, the European Commission Childcare Network aims for

- 1 adult: 4 places for children under 12 months
- 1 adult: 6 places for children aged 12-23 months
- 1 adult: 8 places for children aged 24-35 months
- 1 adult: 15 places for children aged 36-71 months (EC, 1996).

The Competence Requirements in Early Childhood Education and Care (CoRe) report on the skills required for Early Childhood Education and Care (ECEC) specifies that workforce quality is determined by a multitude of factors, including competent individuals and organizational systems. Key factors include good working conditions, which minimize the likelihood of workforce leakage, continuing pedagogical support leading to documentation and critical reflection on practices, and co-constructing pedagogy by means of a direct dialogue between theory and practice. The CoRe report arrives at the key finding that competence in the context of ECEC should be perceived more as an attribute of the entire early childhood system, rather than as a set of skills and knowledge of a single pedagogue. Further, a competent system is one that develops relationships of reciprocity, supports individuals in fulfilling their potential for developing responsible practices, addresses and satisfies children's and families' needs in the rapidly changing social contexts (Urban et all., 2011).

The relationship between preschool practitioners' training and performance is a complex one. In addition to their certified knowledge and competences, it is crucial that preschool professionals be able to create a high-quality pedagogical environment which stimulates participation in creative activities, adequately support children with special needs, create a positive environment in the day care centre or kindergarten, collaborate with colleagues and parents and participate in the administration process. Above all, however, preschool professionals should be able to develop positive interactions with children.

Workforce and quality in ECEC institutions in Greece

Early Childhood Education and Care system

Early childhood education and care services in Greece are provided by a split system made up of distinct structures, namely *day care centres* and *kindergarten*. Both these institutions are required to establish their rules of operation in compliance with related legislation as well as regulations specified in ministerial decisions, i.e. central-level steering documents.

Day care centres fall under the responsibility of the Ministry of Interior and Administrative Reconstruction and the Ministry of Health and Social Security. Their objectives are outlined as follows: to provide care in a safe environment, to help children develop physically, mentally, emotionally and socially and to contribute to compensating for differences resulting from the cultural, economic and educational level of parents. Day care centres are also responsible for communicating with parents, as well as sensitizing them to issues of contemporary pedagogy and psychology. They are also responsible for facilitating preschool children's transition from the family to the school environment, providing them with food and care, and implementing hygiene and security standards[1].

From age four children can attend kindergarten. Kindergartens, which fall under the jurisdiction of the Ministry of Education, Research and Religious Affairs, provide a centrally defined educational curriculum. Attendance is compulsory for children between 5 and 6 years whilst for younger ages attendance is possible only when extra places exist. Attendance in the public kindergarten is free of charge and children living in remote parts of the kindergarten's catchment area have their commuting subsidized.

[1] Ministerial Decision 16065, National Gazette 497/22.4.2002, article 2. Ministry of Interior and Ministry of Health and Social Security

Education qualifications of pedagogues and preschool teachers

Child-care pedagogues working in *day-care centres* receive their initial education and training in higher technological institutes, which stand at level 5 of the International Standard Classification of Education (ISCED-5). *Kindergarten* teachers are university graduates from related university departments, which also stand at ISCED level 5. A considerable number of them, however, are employed in day care centres. In the course of their studies, both pedagogues and preschool teachers have been sensitized to the distinct needs of children from socio-economically disadvantaged backgrounds, as well as to special needs issues. Issues related to present day multicultural societies and the multicultural environment typical in many Greek schools are addressed; children's rights and issues of citizenship and differentiated pedagogy are raised in their studies. Preschool assistant pedagogues from secondary education (ISCED-4) also work in day care centres.

The job description for the preschool assistant pedagogue states that s/he is a specially trained person who is responsible for catering for all areas of child development through a wide range of free and guided activities, supports children's mental and physical health, development, and socialization, and provides education, entertainment and care in accordance with the principles of child Pedagogy. The course modules they attend during their studies are: Introduction to Educational Sciences, Psychology, Paediatric First Aid, Music, Baby Nursing, Children's Literature, Foreign Language, Play Therapy, Visual Arts – Theatre, Education and Technology Workshop, Behavioral Disorders, Sociology of Education, Communication and Interpersonal Relationships. The duration of studies is four semesters, three of which focus on theory. The last semester is dedicated to practical training in day care centres.

According to the job description for the preschool pedagogue, s/he is a specially educated person who cares for and educates preschool children and supports their families, designs and implements appropriate activities taking into account the developmental and cultural uniqueness of children, and works in complex and constantly changing environments. The course modules attended by preschool pedagogues during their studies are: Developmental Psychology, Developmental Psychopathology, Paediatrics, Drama Play, Music and Movement, Computers, Infant Treatment, Children and Play, Principles of Education Act, Day Treatment and Care, Current Trends in Early Childhood Education. The duration of studies is eight semesters: seven semesters of theory and practice, and one semester of practical training in day care centres.

The job description for the kindergarten teacher describes a specially educated person who understands the complexity of educational phenomena, particularly their social, psychological and pedagogic determinants, and possesses scientific knowledge that enables him/her to work effectively in addressing contemporary social and educational needs. Furthermore, s/he creates a safe, pleasant and stimulating learning environment, implements the curriculum, plans and develops appropriate activities for children, collaborates with parents, teachers and municipal bodies, understands and supports multiculturalism. During their studies, kindergarten teachers study the following modules: Pedagogy, Psychology, Sociology, Research Methodology, Science Education, Art Education, Language, Literature, History, Practical Training in Education and Research, Foreign Language, Interdisciplinary Weeklong Workshops. The course consists of eight semesters of theory and kindergarten practice.

Continuing Professional Development and Support

Kindergarten teachers can receive further training in the form of in-service training programs. In this context, workshops and seminars are often provided by school counselors. The seminars address larger or smaller groups of teachers and focus on issues that have been proposed by the teachers themselves. Attendance is compulsory and teachers are granted a leave of absence from school so that they can attend. In addition, school counselors organize training sessions that are not obligatory. It is unfortunate that pedagogues from day care centres cannot benefit from this type of in-service educational support, as the educational dimension is not formally acknowledged as part of their work.

Teachers collaborate with colleagues, parents and school counselors on curriculum implementation issues. They also encourage cooperative action with parents on different issues of common interest. The active collaboration between pre-primary and primary school teachers is extremely important in establishing bridges between the two schools so as to ensure a smooth transition for the children from the pre-primary school environment to that of the primary school. The kindergarten school counselor[2] supervises, mentors and supports teachers in their daily teaching needs with regard to curriculum implementation. S/he participates in teachers' evaluation with the aim of improving the quality of the educational work. More specifically s/he:

- Manages the educational policy and supports the implementation of educational innovations.
- Schedules, monitors and coordinates the educational work, encouraging and guiding teachers.
- Undertakes training initiatives for teachers. Supports in-service training.
- Participates in the evaluation of teachers.
- Compiles official reports on teachers.

Working conditions in ECEC

A variety of other professionals work at day care centres, including welfare workers, paediatricians, psychologists, cooks, cleaners and drivers, whereas kindergarten workforce only consists of teachers and cleaners. Evidently, this difference is caused by the split ECEC system adopted by Greece and the allocation of ECEC functions to three, rather than one, ministries. We believe that such great disparities do not exist in integrated systems. With regard to adult : child ratio for adults directly working with children - pedagogues and teachers -, existing disparities are closely linked to child age, with more adults per children for younger children than for older ones (see Table 1).

[2] Ministerial Decision 1340/16.10.2002, Ministry of Education, Definition of the special duties of Heads of Regional Services of primary and secondary education

Table 1. Adult: child ratio

Day care centres	Kindergarten
Age 6 months – 2.5 years: 12 infants/2 Preschool pedagogues + 1 Assistant preschool pedagogue	Age 4 and 5 - 6 years: 25children / 1 teacher
Age 2.5 years – 4 and 5 years: 25 children / 1 Preschool pedagogue + 1 Assistant preschool pedagogue	Teaching time: 5 hours/day, 25 h/week Other duties: 5 h/week

Source: developed by the authors

In Greece, as in most countries, the profession of preschool pedagogues is typically female-dominated. Although more men have entered the profession over the last decades, their number remains very small in percentage terms. The statistics[3] reveal that male kindergarten teachers account for 1.4% of kindergarten teaching staff, whereas a far greater number of men teach in pedagogy courses at Universities (AEI) and Technological Institutes (TEI). Evidently, the younger the age of students, the higher the number of female teachers is (see Table 2).

Table 2. Workforce gender

	male	Female	Total
AEI Professors	102 (42%),	140 (58%)	242 (100%)
TEI Professors	18 (25%)	53 (75%)	71 (100%)
Kindergarten teachers	178 (1,4%)	13.123 (98,6%)	13.301 (100%)

Source: developed by the authors

Workforce evaluation and quality

Over the last 35 years, a considerable amount of legislation on the evaluation of educational work has been introduced. However, little progress has been made, and the evaluation framework is currently being reviewed by the government.

Despite this, there are certain stringent regulations for the operation of ECEC services that must be observed by all. In order to obtain authorization to start operating, a *day care centre* must undergo Service Evaluation, whereby the competent authorities examine whether the official centrally defined standards are met[4]. The evaluation process for the workforce of day care centres is based on the common framework for the evaluation of public servants in general[5].

[3] Hellenic Statistical Authority

[4] Ministerial Decision, National Gazette, 1519/4.12.2002, Ministry of Health and Social Security: Preconditions for the foundation and the operation of day-care centres for integrated care.

[5] Law 2683/9.2.99

Kindergarten school counselors, as already mentioned, are formally responsible for continuing education, mentoring, evaluation and supporting. For a *kindergarten* to start operating, authorization is granted on the basis of criteria concerning its infrastructure, that is, its compliance with official regulations for school buildings[6].

The Hellenic Statistical Authority collects data on the infrastructure, the number of employees and beneficiaries, funding etc. of ECEC services, which, to a certain extent, are taken into account in central and local level educational planning.

Conclusions

This study examined quality in ECEC institutions in relation to ECEC workforce. Quality is a dynamic concept, highly responsive to ever-changing conditions, which signifies meeting children's needs on the basis of concrete epistemological criteria for their care and education.

With regard to their initial education, preschool pedagogues and kindergarten teachers in Greece stand at a significantly high level (ISCED 4, 5 and 6). Continuing professional development is satisfactory, with only a slight difference between day care centre and kindergarten workforce, as no standard training programs exist for the former. As well as this, an institution for guiding, supporting, training and evaluating –similar to the preschool counselor for kindergartens- does not exist for day care centres. Regarding working conditions, data analysis on Greece reveals the existence of a substantial difference between day care centres and kindergartens. In both cases, the adult:child ratio is rather low. This means that there are more children per pedagogue or teacher than defined by the European Childcare Network. Day care workforce includes a greater variety of professionals compared to that of kindergarden, a problem that could be overcome by replacing the existing split system with an integrated preschool education system. Finally, men are under-represented in the kindergarten workforce. The authors hope that this study will contribute to the creation of a shared agenda and understanding of quality in early childhood education and care.

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Speech, language and primitive mental states

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A518C0126

Abstract

This text will be concerned with theoretical and clinical implications of spoken language within the context of the therapeutic (transference) situatation. Structural and dynamical characteristics of spoken *logos* (its semiotic, semantic and prosodic functions) will be analysed within the framework of the modern critical psychoanalysis. In the hermeneutical background of this analysis will be the (technical and theoretical) problem of dealing with the *primitive mental states*. This states are *unmentalized*, *unsimbolized* and *cognitively unreachable*.

Keywords: Speech, language, primitive mental states

It was Freud's deep insight in the symbolical nature of human subjectivity that made psychoanalysis possible. Being human implied *being symbolically mediated*. Being symbolically mediated made it possible for human subject to be analyzed, to be psychoanalytically processed, treated. Explored and cured [1,2,3].

Initially while dealing with the *conversive (*in those days being named and recognized as *hysterical)* pathology Freud become rather early (even during his collaboration with Breuerer) conscious of fundamentally *semiotic dimension of human body-schema*[4]. Structures of language (progressively being internalized via subject's exposure to the speech of the Other) structures subject's sense of himself in the isomorphic way. That is the way that human development is going on.

From the early (pregenital) phases and structures towards the Oedipal situation subject is constantly exposed to the (linguistically framed) *organizing structures of the Other*.

All possible logic of interpretation within the framework of the neurotic pathology was developed from this basic insight that structure of language (and speech) and structures of human psyche are (dialectically) correlated. As it is well known, Freud didn't have any serious theory of psychoses. All of his (more or less convincing) attempts to understand psychosis and psychotic phenomena were deeply rooted in his theory of neuroses.

Freud's theory of neuroses functions like some kind of epistemic (and heuristic) *horizon*. Being uncritically attached to it makes actual psychoanalysis incapable to deal with the primitive mental organizations and psychoses.

***

There is nothing like the process of *mentalization* within the framework of classical psychoanalysis.Human subject is *embodied-speaking-being.* Being embodied implies

ontological necessity of the organic substratum. Being speaking being implies dialectical *Aufhebung* of the same organic substratum.

In the realm of meaning there is the primacy of the laws that are different from the laws which are crucial for understanding of the dynamics of various physiological functions.

Even our physiological functions (seen from the perspective of our thinking and feeling being) are symbolically mediated. All possible feelings and thinking about our inner states and related intentions are necessarily mediated. They are mediated within the realm of *phantasmatic* and *symbolic*.

There is a strict parallelism between phenomenological expansion of psyche and subjects' capacity to *mentalize*. Mentalization is developmental process. It happens always somewhere between *subject-that-is-inprocess of becoming* and the Other?

***

In the Kleinian school there is a basic discursive proposition: primitive ways of mental functioning have transcendental status. Somewhere deeply in the core of the human nature there is a structural basis for the development of the mechanisms such as early splitting and projective identification [5,6].

Two possible modalities of experiencing the relationship with the object are functions of its (developmentally and clinically) speaking *partiality* and *totality*.

The well-known positions (*schizoparanoid* and *depressive*) could be seen as the fundamental outcome of this structural and *dynamical transcendentality within the human being*.

The *splitting mechanism* (together with affective and phantasmatic dimensions) could be seen as *a form of rudimentary cognition*. Thanks to splitting subject is capable of introducing in his early life some kind of necessary *classification*. *Splitting* functions as an agency of this classification Jevremovic.

Phantasmatically represented partial pulsions could be seen as a kind of *separate vectors*. These vectors could be processed and classified in two opposite categories: as *good* and as *bad.* Further, the good can be accepted and the bad can be evacuated somewhere in the outer space. In the space of the object. Acceptance implies prolonged internality of this partiality which is phantasmatically represented; evacuation means a kind of (topological paradox) *extension of the interior towards exterior*. In this case, as it is well known, *this interior* becomes *contained* and *that exterior* becomes *container*.

***

There is no possibility for this kind of evacuation of inner towards outer *if menatlization was malfunctional*.

Malfunction of the process of *mentalization* in its excessive mode could seriously disturb structural coherence of the subject who is dynamically configured within the field of continuous interchange between *alpha function* and *beta elements*. For Kleinein school most primitive stratum of the psyche, the *beta elements do not have any kind of transcendental status*. They are not inborn. If *alpha function* means the function of the further (phantasmatic and cognitive) elaboration of the *beta elements*, and if these elements are not (archetypally) inborn, there must be something more primitive.

***

Beneath the realm of (phanatasmaticaly mediated) psychotic mechanisms and also beneath

the realm of symbolic mediation, these (primitive) states are out of range of any possible psychological (psychotic or neurotic) mechanisms.

They cannot be *repressed,* they cannot be split off and (via mechanism of projective identification) evacuated somewhere in the outer world.The only way of dealing with this primitive states (possibly highly charged with tension)is excessive discharge of unbearable tension via (unmediated) implosion towards patients' mere soma. In this case possible outcome is *lesion of the organ* [7].

When there is no phantasmatic or symbolic mediation, patients' body is exposed to these (destructive and implosive) discharges of tension. This is the way psychosomatic symptom occur [7].

Considering structure and dynamism of the human subject under the pressure, we can distinguish three realms of its (simultaneous) functioning:

1. Alpha function
2. Beta elements
3. Gamma states

Our experiences in treating primitive mental organizations and states make it of the great importance (for the very idea of psychotherapy) to expand our theory and to make some (rather significant) modifications in our technical procedures. Any serious (diagnostic and prognostic) consideration of the question of stability of some (borderline, even narcissistic) configuration implies necessity of considering relation between *mentalized* and *unmentalized* within the realm of subjectivity.

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Well known imperative of human development is embodied in the dialectics of process of the *progressive symbolic articulation of initially mentalized phantasmatic experience*. Symbolic order is always actually mediated by various vectors of human speech that comes *from the topos of the Other*.

The topos of the Other is the topos of a*ctual subjective interrelatedness with the Other.* The *Other* is never *One*, but *many*. Spoken language is always the *language of the many*. This *many* is always some kind of (speaking) *community*.

Initial internalization of these basic (formal-in-becoming) rules of any spoken language becomes possible thanks to its important *pre-semiotic features*.The most rudimentary *mode of speech-language functioning* is organized within the *framework of the rhythmic and prosodic*. Mastering this enables subject to situate himself somewhere between his inner world and outer space of inter-human relationship.

Our therapeutic work with patients, especially with borderline and narcissistic, affirm us in belief that these (*pre-semantic* and *non-semantic*) features of spoken language (mainly *prosody* and *rhythm*) could be seen as possibly important diagnostic and therapeutic indicator.

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Exploring Father Involvement in Early Childhood

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A518C0143

Abstract

All children should have the right to be members of nurturing families and environments in which their personal, social and emotional needs are being met. During the last decades, it has been stressed out the importance of the father's role in young children's healthy development. Nowadays fathers are more involved in the upbringing of their children and provide positive impact on children's wellbeing. Fathers' status, education, profession, as well as relationship to their children's mother seem to play a determinant role in the quality of their relationship and involvement with their children. The present study explores the views, ideas, behaviours and attitudes of Greek fathers on their role in children's care and development. A sample of 100 fathers of young children aged 2-8 years old was examined by means of a questionnaire. The outcomes of the study confirm that today's fathers are more involved in their children's upbringing and influence their development. At the same time, it is evident from the answers of our sample that fathers believe their role in children's development is more indirect in relation to the one of the mother.

Keywords: Fathers, Greek, involvement, child care, child development, early childhood

Introduction

During the years, the concepts of motherhood and fatherhood have undergone several alterations. Nowadays the role of the father is multidimensional. He combines the role of the family's protector, mentor, husband and father that takes part in the raising of the child [1].
Most research has focused on the mother's role in children's raising. It has been relatively recently that child development scientists and psychologists started to address the effect of the father's role in the social, emotional and cognitive development of the child [2].
It is gradually becoming evident that contemporary fathers participate actively in the life of their children; they are present and actively involved in their children's care from their early years till their adulthood. As a result, children whose fathers are involved in their upbringing become more emotionally efficient than those whose fathers are 'absent' [3].
By means of a literature review investigation, our study looks into the father's role in the emotional development of the child, from infancy to early adulthood. At the same time, the research part of our study explores the views, attitudes and practices of contemporary Greek fathers on their involvement in children's lives.
In this paper, the methodology followed will be presented, as well as research data and

outcomes.

Methodology

The present research study is based on both primary and secondary data. Initially, data were collected through studying the bibliography of scientific books, articles and texts. This literature review investigation contributed to the fuller understanding of the research problem and the comprehension and evaluation of the data collected.

The methodology followed was a quantitative one and the research was conducted by means of a questionnaire.

Questionnaires record information, trends, views, attitudes and knowledge of the respondents [4]. According to Javeau [5] characteristics of questionnaire making comprise of:

- Completeness
- Clarity
- Cohesion
- Proper structure
- Control questions
- Briefness
- Attractive appearance and efficient layout
- Clear guidelines
- Ability to be encoded

The questionnaire used consisted of 36 structured questions that included a variety of question types (choosing from a list of options, placing reasons in rank order, etc.) in order to keep the respondents interested in the survey [6]. Provision had been made so as to avoid ambiguity, imprecision and assumption, as well as leading, presuming and sensitive questions [7]. Moreover, the number of questions and size of questionnaire was formed in a way that it would be time-saving and easy for the respondents to fill it in.

In the first part of the questionnaire general information was requested, such as age, education level, marital status, number of children and occupation.

In the second part, the content of the questions was intended to investigate the frequency and quality of time the respondent-fathers involve themselves in their child's care and nurturing, as well as in their education or other out-of-school activities and entertainment.

In the third part of the questionnaire, questions were intended to identify the views and beliefs that the questioned fathers had on the father-mother role in relation to children's development. Furthermore, their beliefs and views on the role of the two sexes in family and professional life were investigated. In this section of the questionnaire, closed type questions were used of a Likert type five-point scale.

The sample was administered to a number of 100 males, fathers of children between the ages of 2-8 years. The study was conducted during November-December 2013 in pre-school centres of a city in Central Greece.

Results

The aim of this paper was the investigation of the role that fathers have in the development

of their children, as well as the listing of the views and attitudes of Greek fathers on their involvement in their children's lives.

The majority of our sample (40%) was between 35-44 years of age, whereas another 37% was between the ages of 25-34 years. Most of our respondents were married (91%), a small percentage (7%) was divorced and an even smaller percentage was single (1%) and widower (1%).

At a percentage of 82, our sample had 1-2 children, another 16% had 3-4 children and 2% had 5 and more children.

The academic background of the respondents was tertiary education at 74%, whereas 4% had a postgraduate degree.

Thirty seven percent (37%) worked 21-40 hours/week, 33% worked 41-50 hours/week, 23% worked more than 50 hours/week and only 7% worked less than 20 hours/week.

As regards on how much the fathers of our sample involve themselves in their children's care, more than 40% responded that they spend at least 2 hours per day with their children but a significant 15% doesn't spend time at all on their children's care on a daily basis.

Moreover, it is positive that the majority of fathers responds to the children's needs for entertainment and play on a daily basis at a 53%. Again, with an average percentage of 53%, our respondent fathers get also involved in their children's daily needs, by supporting them emotionally, conversing with them daily about several issues and also spending time playing and having fun with them regularly.

Moreover, from the survey outcomes it occurred that a 63% of the fathers believe that their behaviour affects the emotional development of their children and thus, try to find ways in order to devote more time to them as well as improve their behaviour for their child's benefit. On the other hand, there is a rather high 46% of the respondents which believes that it is the mother that is the one who is responsible and more able to deal with the children's daily activities and that she is the one who can set the limits and teach manners to children.

There is a 46% of our sample that strongly believes that the mother does a better job than the father in fulfilling the everyday needs of a child such as feeding it, helping it with the homework, playing with it, etc., whereas 11% strongly disagrees with this statement.

It is interesting though from our research outcomes that half of the fathers of our sample (50%) believe that the father's opinion on decisions concerning the child has more gravity than the mother's. There is a 22% that has a neutral opinion on this matter and a 16% of the respondents that strongly disagrees.

Nearly half of the respondents (48%) strongly agree that their behaviour influences children's emotional development, 25% agrees, 6% is neutral, 12% disagrees and 9% strongly disagrees.

Finally, as regards the views of our sample concerning whether the behaviour of the fathers towards the mothers during pregnancy influences the future emotional development of the child, 19% strongly disagrees, 37% disagrees, 10% is neutral, 19% agrees and 15% strongly agrees.

Having provided a summary of the most representative outcomes of the survey it is worth reporting that one other notable outcome of the survey is that the respondent fathers work long hours and therefore have little time at their disposal for spending with their children. However, it becomes evident both from the literature review and the research outcomes that it is the quality of time spent that matters and not so much the quantity. In other words, the amount of time a father devotes to his child's raising and nurturing is not as important as the quality of the relationship that develops between the father and the child.

Needless to mention though that the lack of involvement of the father in his child's daily life, which it might be even followed by scolding, punishments and overall bad behavior, has as a result the growth of negative notions and feelings towards the father. This kind of behaviour has also a negative effect in the child's emotional development.

Conclusions

The emotional education of children is very important as it helps them to understand their emotions (happiness, sadness, rage, etc.) and manage them efficiently. It also helps them become more outgoing with their friends and also more popular among them. These children are more curious and adventurous, have higher school marks, steady and long living relationships and friendships, being more flexible and adaptable.

It should be noted at this point that a child has inputs even from the time it is in the womb and gradually creates a blurry but quite representative image of the world in which it is going to be born and raised. The embryo can feel safety, fear or lack of satisfaction and a basic factor defining all the senses described above is surely the father's presence and his relationship with the mother.

During birth and the early days of the child's life, the father possesses a secondary role in relation to the one of the mother's as he can't fulfill the basic immediate biological and emotional needs of the newborn. But his presence is noticeable by the baby and it can infuse several feelings that will stay with it throughout its lifetime.

The father is the source of safety for the child. He can become an emotional anchor for it, the one who the child is sure it can rely on when it feels that the rest of the world doesn't respond to its abilities and expectations.

As a toddler the child needs his father more than ever. The paternal archetype not only helps the child define its perception about itself but also for the role and place it possesses in the world around it. It also helps the young child to prepare the ground for cultivating its abilities and skills that will develop in the future.

When the father encourages the pioneering thinking and creativity of the child, the child learns to depend on itself and becomes more able to explore the impact of its own acts towards others. Moreover, the child learns to create healthy relationships with its close ones easier and more effectively.

Eventually, the father continues to have a strong impact on the child's cognitive, personal, social, and emotional development as much in the early years as through puberty, a time when the child acquires knowledge, forms experiences, develops and improves skills more intensively.

Concluding this paper, it becomes evident that the role of the father is significant and determinant in the life of the child. Both the literature review and our study demonstrate data that point to this direction. The sample used is definitely a small one, and it is obvious that the results of this survey cannot be generalised. Yet, through this study, some precious clues emerged on the views, ideas, behaviours and attitudes of Greek fathers on their role and involvement in children's lives.

Some contradicting responses that may seem to exist among our findings could be attributed to the demographical facts (e.g. geographical location of the sample) that might refer to a more traditional family structure. It is positive though that there is a progressive tendency of change towards a more contemporary, father-involved attitude to parent-child relationship.

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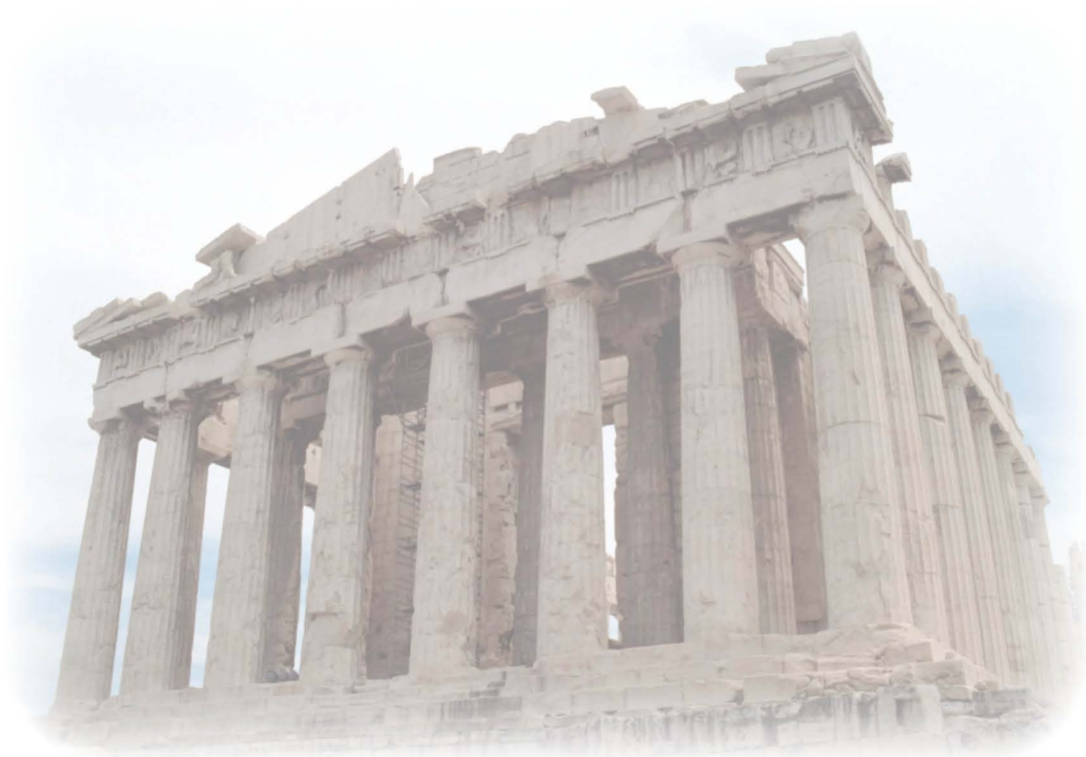

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