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**Psycho-Pedagogical Characteristics of  
Children with Intellectual Disabilities**

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**Abstract:** Special psycho-pedagogy is the science of the knowledge of psychic development (psychology (special education) in order to realize the therapeutic education (special pedagogy) adapted to the presence and manifestation of a form of disability. The special psycho-pedagogy of students with mental disabilities studies the problem multiple of the in-depth knowledge, training and therapeutic education of these students, in the perspective of their gradual recovery and social integration, usually in the usual contexts of their own community. The complexity and interdisciplinarity of special psycho-pedagogy are underlined, for example, in the following definition: "Special psycho-pedagogy is a synthesis science, which uses the complex information provided by medicine (pediatrics, infant neurology, ophthalmology, audiology, orthopedics, hygiene, etc.), psychology (all its branches), pedagogy, sociology, legal sciences, in the dynamic study of the personality of all forms of disability through deficiency and maladaptation." (Gheorghe, 2000).

**Keywords:** psychic development; special psycho-pedagogy; sociology

*Having a mental disorder isn't easy and it's even  
harder when people assume you "can't just over it"*

## 1. Introduction

"Special psychopedagogy or defectology, is a science that deals with persons with disabilities, the study of psychic particularities, their education and education, their psychic evolution and development, the corrective remedial modalities, to capitalize on the existing human potential and to train their personality, with a view to social and professional integration as appropriate. "(Verza, 1995, p. 3).

Special psycho-pedagogy is the science of the knowledge of psychic development (psychology (special education) in order to realize the therapeutic education (special pedagogy) adapted to the presence and manifestation of a form of disability.

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The psycho-pedagogy of the mentally handicapped must be constituted as a scientific discipline, in order to be able to offer the appropriate tools of knowledge, a specific methodology and an educational operative. In order to reach this objective, it is necessary:

1. A general conception of mental impairment;
2. A national-logical system related to this conception;
3. A theory and methodology of education and learning of this category of subjects. (Păunescu, 1976).

### 1.1. Conceptual Delimitations

According to Verza (1995, p. 5) “the deficiency refers to the physical or organic condition that determines a critical state in the psychological plane, and the disability without excluding such destructions accentuates the consequences, difficulties of adaptation to the environment and also considers the critical states. arising from poor education, environmental conditions that favor normal evolution, functional disturbances or their destruction, maladaptations, inappropriate or inadequate habits, behaviors, delays, delays or temporary deprivation of a function, etc. “

The concept of disability”, shows A. Brădilă and C. Rusu (1999, p. 95) recently in the specialty literature and has undergone a rather complex semantic evolution.

The term handicap has often been used with a media nuance, being interpreted as the effect of a disease or even substituting for a disease.

Disability is a disadvantage resulting from a disability or disability which prevents the individual from fulfilling a normal role in relation to:

- age;
- social factors;
- cultural factors (after Brădilă & Rusu, 1999, p. 96)

The handicap, an expression of the relations of the deficient subject with the socio-physical environment, “is therefore not imputable only to the individual but also to the society insofar as it implies or limits the access of some of its members to the social systems.” (Partenie, 2003, p. 20).

*The handicapped* (handicapped person), shows A. Brădilă and C. Rusu (1999, p. 96) is a person who has a delay or developmental disorder that can create adaptive problems in relation to the socio-physical environment.

*The term deficiency* (after Brădilă & Rusu, 1999, p. 67) refers to any significant loss, any disorder of psychological, physiological, or anatomical structure or function resulting from: a disease; an accident; an evolutionary disorder.

The American Association for Mental Delay (Deficiency) (1992, p. 148) defines mental delay (deficiency) as follows: “mental deficiency refers to substantial limitations in present functioning. It is characterized by significant below average intellectual functioning with correlations with mean limitations two or more of the following adaptive abilities: communication, self-care, life, home, social skills, community use, self-care, personal health and safety, theoretical knowledge, leisure and work. Mental retardation occurs before the age of 18 years.”

## **2. Mental Deficiency**

### **2.1. Etiology**

“The etiology of mental disability consists of those states of mental disability and / or disability, which determine the decrease of the intellectual and adaptive efficiency of the individual concerned below the minimum requirements of the given social context.” (Gheoghe, 2000, p. 27).

In all forms of disability, as well as the mental one, the determination of causes is a difficult step, due, on the one hand, to the difficulties resulting from the fact that one or more causes can cause the disability.

According to Verza (1995) the most common causes would be:

- lesions and dysfunctions of the Central Nervous System that determine forms of disability called, by some authors, as exogenous, pathological, disharmonic, etc;
- hereditary factors, materialized in chromosomal aberrations that lead to so-called endogenous forms;
- the too early or bad age of the parents and the decrease of the reproductive power;
- generative and metabolic disorders that influence the normal development of brain systems;
- Infectious diseases in early ontogenesis lead to stagnationfunctional in nerve circuits or impedes cranio-cerebral development; - physical traumas from the skull, with negative effects on Central Nervous System;
- stressors and exaggerated fatigue of pregnancy;

The mentally handicapped is also called the handicap following the mental deficiency (Păunescu, 1997, p. 79), an expression we use also when we want to highlight the interdependence between the two phenomena, as well as the fact that the respective terms, the mental handicap and the mental handicap, are not synonyms.

However, there are other situations, in relation to the preferences of each author, where they are used as synonyms for the mentally impaired, other terms such as: mental retardation or delay, mental retardation, oligophrenia.

Verza E. uses the term disability of intellect, by which it highlights the primary (original) disorder, that is, the intellectual deficit, characteristic of the mental deficiency.

Păunescu uses the term intellectual disability in a narrower sense, that is, with reference only to “mental impairment of functionality” (Păunescu, 1997, p. 92), but not to “structural mental deficiency”.

The etiology of mental deficiency is extremely varied, the pathogen being a mosaic of factors that determine the appearance of mental deficiency” (Păunescu, 1997, p. 153).

A thorough classification of the etiological factors of the mental deficiency - both ahereditary factors (non-specific, specific possible), as well as acquired factors (prenatal, perinatal, postnatal and psychogenic), we find in the chapter published by M. Chiva and Y. Rutschmann in the well-known work coordinated by R. Zazzo “Mental weaknesses” (translated) in Romanian, in 1979, after the French original from 1969).

Mental impairment occurs as a result of several causes that have acted either inthe same moment of ontogenetic development, either at different stages of development.

Depending on the time of their action, the causes may be:

- a. genetic;
- b. acting during the prenatal period;
- c. causes that act during birth;
- d. from the postnatal period.

*a. Genetic causes can be:*

- non-specific genetics (Gherguț, 2005) (polygenic, cannot be clinically individualized): endogenous, aclinical, subcultural, familial cases.

There are 40% cases where mental impairment occurs in children with a mentally deficient parent and 60% in children with both parents with mental disabilities.

- specific genetics - clinically individualized syndromes, chromosomal aberrations.

*b. The causes of the prenatal period (Gh. Radu, 2000):*

- infectious factors: rubella, infectious influenza, viral hepatitis;

- bacterial factors: congenital syphilis;

- toxic factors: poisoning with chemicals, food, irradiation, strong fear, non-acceptance of pregnancy, incompatibility of Rh;

- mother’s trauma during birth;

- endocrine disorders of the mother (diabetes).

*c. In the perinatal period they can produce mental deficiencies (Roșca, 1967):*

- obstetric trauma, which in turn can be classified into: mechanical trauma (due to the application of different medical instruments during birth) and hopoxia (from birth that can be caused by excessive prolongation of birth, compression of the umbilical cord, rupture of placenta, fetus too large.)

- prematurity of the newborn, fetus weighing less than 2500 grams.

- postmaturity of the newborn, leads to mental retardation and psychomotor, behavioral disorders.

*d. During the postnatal period, the following categories of factors can act (Druțu, 1995):*

- infectious diseases, inflammatory brain diseases (meningoencephalitis);
- food requirements;
- circulatory disorders at the cerebral level;
- psychosocial factors: economic conditions of the family, affective relationships in the family.

## 2.2. Defining Mental Impairment

Ioan Druțu (1995, p. 14) shows that mental deficiency represents “a mental impairment and an intellectual functioning significantly lower than the average, which is manifested by a stagnation, slowdown or lack of acquisition in development, determined by etiological-biological and / or the environment - which acts from the moment of conception until the end of maturation and which have consequences on the adaptive behavior.”

Gheorghe states that: “intellectual deficiency represents a global insufficiency aimed at the whole personality, structure, organization, intellectual development, affective, psychomotor, behavioral-adaptive, hereditary or gained from organic or functional injuries of the central nervous system, which manifests from the first years of life, in different degrees of gravity in relation to the average level of the population, with direct consequences regarding the social-professional adaptation, the degree of competence, personal and social autonomy.” (1999). Also Radu Gheorghe returns with the following statement: “The mental deficiency refers to the phenomenon the organic injury and / or the functional impairment of the central nervous system, with negative consequences on the mental maturation process, of the development under different aspects in the individual concerned.” (Gheorghe, 2000, pp. 1718).

## 2.3. Classification of mental deficiency

Verza (1999, p. 27) shows that others can be found in the literature intellectual disability classifications and especially values awarded Q.I. different, but he has adopted a classification that has a greater circulation, being used worldwide by many authors and specialized organizations in the field. It includes:

1. *Boundary or liminal intellect* with a Q.I. estimated between 85 and 90 and which marks the border between normality and disability.
2. *Mental weakness* (mild intellectual disability or linearity) between 50 and 85 Q.I., which corresponds to a normal development in chronological age between 7 and 12 years.
3. *Severe intellectual disability* (imbecility) with Q.I. between 20 and 50 and which corresponds to a normal development in chronological age from 3 to 7 years.
4. *Disability of deep intellect* (idiocy) is confined to the situated mental age under 20

The most serious form of mental deficiency is profound mental deficiency. The person who has this deficiency always needs supervision, control and help being unable to deal alone. The average life span is about 19-20 years. Among the features we can specify:

- deep retardation;
- very poor operating capacity in the sensor-motor field;

- poorly developed intellectual functions;
- acute crises of crying;
- self-mutilation, apathy.

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