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# “Careers of young delinquents” i.e. the phenomenon of excluding pre-school children who are at risk of social maladjustment during the early stages of education

*A common feature connecting these people is that  
that the rest of society does not see a good reason for their existence  
and can imagine that it would be much better;  
if they were not around.*  
Zygmunt Bauman

**Abstract:** The article presents research on the process of social exclusion from the first stage of the education of children at risk of social maladjustment. The author presents strategies and tactics used by teachers of preschool education to eliminate the exclusion of children who cause educational problems. The author analyzes the data in accordance with the methodology of grounded theory in the context of game theory. **Keywords:** Social exclusion, game theory, social maladjustment.

## Introduction

The research project (carried out by me), concerning games in social exclusion and social exclusion strategy, has taken me back to nursery school reality. I de-

cided to encompass children with the research in the context of their social and educational functioning at the foremost – preschool education stage. In the course of tests I met children that pre-schools literally try to get rid of, through the **tactics of elimination**<sup>1</sup> and **strategies of exclusion**. These strategies are used by both the pre-school teachers and other staff, followed by peers in their group and finally by parents and even members of the local community living in the vicinity of kindergartens. These strategies will be described in the article under separate sections within the narrative.

The research studies, whose results are presented here, had within their remit studies of single individuals in the context of the family (based on observations of how children and their systemic functioning against a background of family and in their relationships with parents and peers, interviews and discussions with parents, spontaneous and directed play with children), interviews with teachers of preschool education, observation of nursery school education teacher methods and forms of work with children and an analysis of the content of comments about the child, prepared in the course of the evaluation by teachers of preschool education. In addition, the analysis concerned the laws and regulations of the Ministry of Education, which form the legislative framework targeted at the children described by me, activities.

The results of my research were rounded off by my participation in a panel of experts, which included: Marek Michalak – Polish Ombudsman for Children, Anna Korfel-Jasińska – Director of the Department of Education for the City of Krakow, and Teresa Kucińska – Board of Education inspector in Cracow. The panel concerned the rights of children to an early education as a factor minimizing the risk of social exclusion.<sup>2</sup>

## **Initiating games in social exclusion at an early stage of education namely: where have do “juvenile delinquent careers” have their origin?**

**Participation and social exclusion** are the two ends of the same space that characterizes the operation of the individual in society. Exclusion mechanisms associated with the formation of normative and identity expectations, and the maintenance of their legality/legitimacy, are described by Erving Goffman.<sup>3</sup> He shows

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<sup>1</sup> The term is used by E. Goffman to describe a situation in which a social group excludes an individual due to the stigma assigned to them. E. Goffman, *Piętno. Rozważania o zranionej tożsamości*, GWP, Gdansk 2005.

<sup>2</sup> An expert panel was held on 25 November 2013 at the Institute of Education at the Jagiellonian University.

<sup>3</sup> E. Goffman, op. cit.

how stigma determines the operation of exclusion mechanisms in contacts with ordinary people. These are veiled behaviours and interaction patterns<sup>4</sup>, often having the semblance of a game. Whether a consciously adopted strategy or not, they usually tend to operate exclusively, drawing a boundary between the normal and the marked. In the words of E. Goffman: between the normals and the deviants.

In the study, I attempt to look at social interactions from the perspective of looking at human relationships in the convention of games. **Game theory** is a logical analysis of the situation of conflict and cooperation. It is a theory of decision-making in specific interactive conditions in which the consequences of actions taken by individual participants, called the players, depend on the actions of the remaining participants. Basic terms are game player, strategy, rules of the game, payout.<sup>5</sup>

In the analysis of applied games, the first players for exclusion in the first stages of education are adults: preschool education teachers and other specialists and children. Each player looks for allies in their actions. In the case of teachers, the allies they attract are the assisting personnel, management, and – in the case of private kindergartens – their owners. Those invited to play are specialists: psychological-pedagogical employees, psychologists, educators, therapists, neurologists, and child psychiatrists. Sometimes they manage to win over parents to their side, although here the matter seems to be a complicated because the parents have a conflict of loyalty and often, in the game of child’s exclusion, play a dual role, changing alliance depending on the situation and after weighing up the pluses and minuses. The most valuable gain from parents’ alliance with a teacher is that the teacher ceases to use of a strategy “tit for tat” in interactions with their child. The next player in the analysis is the child. It normally makes parents the allies of its own actions, and sometimes manages have one representative from the group of “specialists” on its side. In the advanced stage of parents seeking help and support this is most usually a well disposed therapist. The **game of social exclusion** is initiated by adults, and their actions are a zero-sum games (i.e. those in which one participant’s gain is equal to the other’s loss) and unjust (i.e., those in which one party’s chances are higher, and the anticipated rewards differ in value between the game’s participants). The game participants analyzed by me have a choice of several **interactive strategies**, implemented by players at different levels. The child is the first player in the exclusion game that is a weak play-

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<sup>4</sup> In my discussion and analysis of the data I refer to the concept of symbolic interactionism.

<sup>5</sup> Ph.D. Straffin, *Teoria gier*, Wydawnictwo Naukowe Scholar, Warsaw 2004; T. Tyszka, *Konflikty i strategie. Niektóre zastosowania teorii gier*, WNT, Warsaw 1978. Game theory was formulated in 1944 by John von Neumann and Oskar Morgenstern for the needs of the social economy at the time, but its rapid development took place after World War II. It was designed to enable a simplified description of complex economic, political and, in time, of social phenomena. Game theory can be used to analyze behavior where at least two entities interact. It is used to analyze interactions wherever there are situations of conflict or cooperation.

er and, as a result, most likely to fail due to their inequality. In the game, profit for a teacher usually means a loss for the child. Also, the chances of winning are lower for the child. In many cases, the collateral which a teacher has gained determines the exclusion of a child from school. The child does not understand the world that excludes it. It mainly uses **defensive strategies** (selfish choices), based on impulsive actions, a visible result of which is aggressive behavior. The child displays aggressive behavior in order to regain control of the situation and, perhaps above all, to protect themselves. The result of the game is important from the point of view of the socialization process, because participation in it is based on what the target symbolises, i.e. the **negotiation of identity**. In a losing situation, a child with the stigma of being “different” is eliminated to the margins and is branded with the identity of a deviant. Any later participation in social games (with teachers, educational institutions, etc.) will only serve to reinforce the status (maintaining the identity of a “difficult” child by teachers as well as self-marginalisation, a process used by the child to maintain the identity of “not giving in”).<sup>6</sup> An attempt to neutralize the deviant status will only take place in a peer group (one usually socially marked as negative and deviant), while attempts to “fix” their poor socialization will be taken on by resocialising institutions.

As far as the second of the major players in the game of social exclusion, the teacher, the most widely used interactive strategies are: confrontation and responding in kind (“tit for tat”), while self-interest tactics are less widely used. The confrontation usually occurs when a child is compared with other children in the group to determine similarities and differences, most usually to the detriment of the child. Most particular is the fact that the teachers in my study used this strategy to realize their own script and to affirm themselves of their convictions regarding the child. Thus the child itself contributed to the stigmatising process that branded it with the status of deviant. Often such situations acted on the basis of self-fulfilling prophecy and the teacher’s reward was a sense of satisfaction and confidence in their infallibility, communicated to the world through narratives such as: “I told you so.” The use of the “tit for tat” strategy regarding the child and their parents, or mimicking the opponent, was most common in two situations: The first was when the teacher’s conventional and successful, with most children in the group, educational methods and forms of reward/punishment had failed; then the teacher used expressions like “you’ll see, next time I won’t listen to you when you want something.” Such narratives usually ended with only these declarations of intent, but the reward for the player was a sense of power and of regaining control of the situation. The second situation in which teachers used the

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<sup>6</sup> This process is analyzed and described in detail by A. Gulczyńska in her book *Chłopaki z dzielnic*. *Studium społeczno-pedagogiczne z perspektywy interakcyjnej*, Wydawnictwo Uniwersytetu Łódzkiego, Łódź 2013. The author focuses on the students of primary and secondary schools who go to educational facilities already branded as being “different”, worse.

strategy of exclusion (usually in interaction with parents), was when the teacher learned that a parent is looking for allies among the nursery school directorate or other experts. Then the teachers then appealed to their formal competences, supported by graduation diplomas or also sought allies among the school directors and among other teachers. They raised their social standing at the expense of the status of the child's parents.

Nursery school teachers use certain **excluding narratives** that are characterized by a kind of repeatability, hence, they can be placed in certain **categories of exclusion strategy**. And thus, the first one is based on the following narratives: "we do it for the good of the child, let the professionals take care of him," "he (the child) is not suitable for normal kindergarten, he's disturbed so for his own sake please find him another nursery", this is not a child that belongs here. It would best to take him to a specialist. We're not saying this because we dislike him, we only want what is best." In almost all of the statements the category of "good child" appears. Therefore, I call this the **"eliminate the child for their own good"** strategy, in which the action is based on a quest to get rid of the child using "white gloves" for the sake of his alleged good.

The second is based on narratives such as: "Please do something with the child, because we do not have the facilities (personnel, equipment, specialists, etc.)." I call this strategy the **"political" rationalization strategy**.

The result of the application of these strategies is that it creates a vicious circle of exclusion by those educational and support services that the child and his parents are seeking help from. These include nursery schools, primary schools (years/classes 0-3), and psychological and pedagogical clinics. Each institution has its own reasons for excluding a child. The most commonly excluded children are those who "create problems for their teachers", are "rude" and "badly brought up". In reality, these are children who have serious problems in understanding the surrounding social reality and hence have a limited ability in adapting to society. In all their behaviors, a secondary characteristic, emerging as a reaction to rejection and limited ability to adapt, is aggression. In fact aggression (as a tactic of the child) is usually the basic reason used by teachers in situations aimed at getting rid of a child from their preschool: "He cannot be part of the group of children because he is aggressive towards me [the teacher – author's note] and to other children and even to the ladies who help, it would be best if you withdrew the child from this nursery school because it is a threat to the others".

However, the real reasons for the exclusion of children with problems of adjustment to the early stages of education, and assistance and support are: teachers mistakenly identifying the child's difficulty in adjusting to the environmental conditions with problems stemming from upbringing and their being "naughty"; lack of support for the parents from management and staff concerning initial diagnosis and referral to specialists, i.e. a lack of knowledge concerning preventative social

measures and early intervention; lack of support and help from psychological and pedagogical clinics. I will deal with this problem in the next part of the study.

## The problem of social maladjustment in the context of the game of social exclusion of preschool children

When the parents of preschool children increasingly receive messages from staff of the facility that “there’s something is wrong with the child,” they begin to seek help from professionals. At the same time, still unaware, they embark on a bumpy road that is often exemplified by a total lack of understanding, lack of professional support, and any real help. This is a journey on which, together with the child, they are dispatched to various specialists and therapists and during which the child changes kindergarten<sup>7</sup> two or even three times.

During my study, it turned out that the interpretation of concepts such as **social maladjustment** and **risk of maladjustment**, by psychological and pedagogical employees and other specialists (pediatric neurologists, child psychiatrists, nursery school pedagogues, nursery school psychologists) is often arbitrary and questionable. Very often, these concepts are correlated with demoralization<sup>8</sup>, behavioral problems, Attention Deficit Hyperactivity Disorder ADHD<sup>9</sup> or even with psychopathy.

Interviews I had with employees of psychological and pedagogical clinics (4 clinics in different parts of Poland were examined) showed that employees are not used to providing help and support to parents and children who are having trouble adjusting to nursery school. Their justification for this is usually that the child’s behavior is probably a problem of upbringing – without a diagnosis of a child situation – which they authoritatively interpret as due to the parents’ lack of parenting skills, the preschool teachers’ lack of caring and teaching skills or put the blame on the child, labeling them as “spoiled” or “just plain naughty.” However, as is particularly apparent from my research, these are the children,

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<sup>7</sup> A preschool-record holder I came across in my study had to change preschool 4 times, eventually ending up at a school in the reception class, in which participation is mandatory.

<sup>8</sup> This term appears in the Act on Proceedings in Juvenile Matters of 26 October 1982. (as amended) and applies to children who are at least 13 years of age, which is why calling a three or four year-old “demoralized minors” is a serious abuse of a child resulting from a lack of knowledge and lack of any professionalism in the personnel.

<sup>9</sup> There is a “diagnostic fashion” among preschool teachers and specialists working with this age group (preschool educators, psychologists and even child psychiatrists and neurologists) that each child, who differs in any way from the standards in behavior or expectations, be labeled a child with ADHD. It happens that such opinions are expressed about the child in writing (education reviews), without any proceedings, and without knowledge of the diagnostic criteria for this syndrome and the specificity of diagnosis (it is worth realising the fact that this syndrome is diagnosed in children who have reached school readiness, so it cannot be diagnosed in 3–4-year-old).

stigmatized as “naughty”, “difficult”, “representing educational difficulties”, etc., that have serious problems with adjusting to the requirements of life in society. They have a problem assimilating and processing social information, and responding adequately with appropriate behavior.

There is no formally sanctioned definition (or recommended one e.g. by the Ministry of Education) of social maladjustment. With the Ordinance of the Ministry of 2 August 2013 on the conditions for organizing training, education, and care for children and youth with disabilities and of socially maladjusted children in nurseries, schools and in public or integration facilities (OJ 2013, pos. 957), in § 1 categories of children with disabilities are clearly listed<sup>10</sup>, and these criteria are the basis for issuing opinions and judgments, which allows children access to appropriate special methods of work organization. However, there is not a word concerning maladjustment risk criteria and social maladjustment itself. This sometimes results in bizarre situations where, for example, social maladjustment is confused with demoralization (according to the Act on Proceedings in Juvenile Matters of October 26, 1986, with amendments, demoralization applies to children from 13 years of age). In studying the content of psychological-pedagogical clinic documents, I discovered that it is often a justification for not taking action against children who have difficulty in adjusting at the nursery school stage. In a case I examined of a 5-year-old boy, who changed nursery school 3 times, there are five different diagnoses (such as ADHD syndrome and Asperger’s Syndrome – which in themselves are self exclusive). The full documentation contains: nursery school teacher’s report, medical reports (from a neurologist and a child psychiatrist), the results of medical and psychological tests clearly stating that the child’s adjustment disorders are a result of internal conditions (electroencephalogram abnormalities, impaired functioning at the level of biological standby-sleep phases, frequent illnesses with high fever, deficits in sensory integration and in the central nervous system, hypersensitivity, low concentrations of sensory and hyperactivity) and external conditions (Touch aversion, lack of cooperation in a group, the lack of ability to initiate and sustain relationships with peers, destroying toys, aggressive reaction, initiating play with violent content, etc.). Psychological and pedagogical staff did not wish to rule on the need for “special education” or to judge “the legal requirement for a year of individual pre-school preparation.” As a result, the child was doomed to isolation from peers and excluded from the aid system. After broadening the research to other cases, in order to increase the research sample, it was found that such situations are the institutional norm. The main reason for excluding these children seems to be the reluctance of adults to

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<sup>10</sup> There we read: “The Regulation sets out the conditions for the organization of training, education and care of children and young people: the deaf, hard of hearing, blind, limited vision, physical disability, including aphasia, with mental retardation, autism, including Asperger’s Syndrome and multiple disabilities“.

deal with problem children as well as the helplessness of specialists right from the start of the proceedings that involve planning a course of diagnosis and planning and taking a methodical approach (supportive, prophylactic and therapeutic with accent on the encouraging normal mechanisms of socialization) with the children.

In the subject literature, there is chaos due to the multiplicity of interpretations of the terms “social maladjustment” and “abnormal behavior”, and this has a knock on effect on the state of practice. The issue of behavioral disorders, emotional disorders and their diagnosis has been included in the psychiatric classifications of DSM-V and ICD-10. First, the concept of “abnormal behavior” means “persistent and repetitive pattern, characterized by antisocial behavior and rebelliousness. Hence, the title of disorder, i.e. abnormal behaviour, can include any adverse deviation from the normal development of a child’s body and psyche and the definition can be used to encompass all kinds of childhood difficulties [...]. Behavioral disorders are much more than mere childish malice or rebellion. They are relatively robust and socially disapproved compulsions. An important symptom of behavioural disorders’ is their repetitive and persistent pattern of behavior, in which the basic rights of others are ignored, and where important, age appropriate, social norms and rules are broken.<sup>11</sup> The ICD-10 definition is that “a behavioural disorder is characterized by repeated and established patterns of antisocial, aggressive or rebellious behaviour. In its extreme form, this sort of behavior seriously exceeds social expectations and age related norms and thus represents something more than just childhood tantrums or youthful rebelliousness. Isolated antisocial or criminal activity does not in itself constitute grounds for diagnosis, which implies the persistence of an abnormal behavior pattern”.<sup>12</sup> From the perspective of DSM and ICD diagnostic criteria, however, the definition of behavioral disorders differs from that used in the colloquial sense. In both classifications, those behaviors which interest me are grouped as **“Behavioral and emotional disorders that usually begin in childhood and adolescence”** and are marked with the codes F 90-F 98. Among these are hyperkinetic disorders (F 90), abnormal behavior (F 91) as well as mixed behavioural and emotional disorders (F 92), emotional disorders usually beginning in childhood (F 93), impaired social functioning usually beginning in childhood or adolescence (F 94) and other behavioural and emotional disorders usually beginning in childhood and adolescence (F 98). In these classifications everything has its place and order seems to prevail. Each disorder has diagnostic criteria, which allow for a relatively precise diagnosis of a specific disorder. Why then, and from where, does chaos sneak in? After all, the term “abnormal behaviour” is used with great precision in psychiatric literature.

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<sup>11</sup> M.B. Pecyna, *Rodzinne uwarunkowania zachowania dziecka w świetle psychologii klinicznej*, WSiP, Warsaw 1998, pp. 195–196.

<sup>12</sup> J. Różańska-Kowal, *Motywacja zachowań prospołecznych i antyspołecznych nieletnich*, Oficyna Wydawnicza “Impuls”, Cracow 2010, p. 52.

Bronisław Urban writes that **emotional disturbances** do not necessarily manifest themselves in behavioural and social maladjustment, whereas social maladjustment usually starts from various forms of emotional disorder and includes violation of norms.<sup>13</sup> "Most emotional disorders, however, inevitably lead to behavioral disorders and social maladjustment."<sup>14</sup> Researchers point to the complexity of these phenomena because of their specific condition and form. "The nature of behavioral disorders and emotional disorders makes it difficult to determine the criteria that would permit a definition to be arrived at which would satisfy both theorists and practitioners."<sup>15</sup>

Children characterized by behavioral disorders differ from their peers by functional difficulties in the cognitive, behavioral, educational, and sometimes also moral sphere. Behavioral disorders can lead to social maladjustment. It therefore appears to be a logical fact that children who exhibit symptoms of conduct disorder, or (and) emotional disorders, are **at risk of social maladjustment**.

In Poland, we have an established history in the field of research and theory regarding social maladjustment. One such example is the Kraków School of Rehabilitation, where its researchers in the persons of John Konopnicki and Bronisław Urban, have precisely defined the problems of social maladjustment, and whose definition has great practical potential (diagnostic, therapeutic and methodological) in pedagogical practice.

The term social maladjustment was introduced to Poland in 1959 by Maria Grzegorzewska. Drawing on the work of the World Association of Child and Youth Care, she understood the concept of socially maladjusted child as, "the assembly of all minors requiring special educational methods, medico-psychological and medical; all those that require teachers to resort to special methods: all those for whom you have to do something different than for the rest."<sup>16</sup> The author extended the term to encompass all children and did not exclude those whose defects involve behavioural deviations from generally accepted norms and laws.<sup>17</sup> However, she did list the most characteristic symptoms of social maladjustment: negative social tendencies, unsympathetic attitudes towards others, property and norms, an inability to integrate, the desire to let off steam in a socially destructive manner, no brakes of self-criticism, lacking a sense of responsibility for their actions, blaming their environment, reluctance to study and work, and an inability to overcome difficult situations.<sup>18</sup> The author does not specify the age of the children concerned.

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<sup>13</sup> B. Urban, *Zaburzenia w zachowaniu i przestępczość młodzieży*, Wydawnictwo UJ, Cracow 2000.

<sup>14</sup> *Ibidem*, p. 141.

<sup>15</sup> P. Huget, *Kompetencje społeczne dzieci z zaburzeniami w zachowaniu*, [in:] *Spoleczne konteksty zaburzeń w zachowaniu*, Urban B. (ed.), Wydawnictwo UJ, Cracow 2001, s. 54.

<sup>16</sup> M. Grzegorzewska, *Pedagogika specjalna*, Wyższa Szkoła Pedagogiki Specjalnej im. M. Grzegorzewskiej w Warszawie, Warsaw 1964, p. 317–318.

<sup>17</sup> K. Pospiszyl, E. Żabczyńska, *Psychologia dziecka niedostosowanego społecznie*, PWN, Warsaw 1985.

<sup>18</sup> M. Grzegorzewska, *op. cit.*, p. 33.

In the 1960s and 70s the problem of social maladjustment, as well as behavioural disorders, became the subject of intensive empirical research based in Cracow.<sup>19</sup> Jan Konopnicki is considered to be a pioneer in this area, as he introduced the term social maladjustment into the sphere of rehabilitation pedagogy. He presented research results on environmental conditioning and on the processes involved in the development of social maladjustment. In his work, the term **social maladjustment** is shown as distinct with respect to behavioural disorders. The author strongly suggests that abnormal behaviour is an initial phase in maladjustment, whilst at the same time the two phenomena have common components (emotional disturbance), and are identical in this respect.<sup>20</sup>

According to Konopnicki, social maladjustment has an internal aspect – psychological (synonymous with emotional and control disorders) and an external aspect – sociological, reflected in the violation of social norms – moral, behavioural, and legal.<sup>21</sup> Guided by the results of a study conducted by a team under D.H. Stott, J. Konopnicki adopted a number of symptoms concerning socially maladjusted children. He stated that: 1. The child does not act in its best interests, and as a result the motivation for its actions is unrealistic and is evidence of deep-seated frustration; 2. The child through its actions creates a lot of trouble, which it could have avoided and which it is not able to deal with; 3. The reactions of such a child are complex, i.e. they cannot be predicted and are generally disproportionate to the stimuli that triggered them. This means the child is rarely assessed fairly by less experienced and less perceptive teachers; 4. A characteristic feature of such a child is their lack of success, which is a primary driving force; 5. A lack of success is accompanied by distress, which eventually leads to the child feeling miserable.<sup>22</sup> Here too, the age of child is not defined in any way and all of the above symptoms are a characteristic of those children who were included in the study. An important factor, as the quoted author points out, is the **suffering of the child** who is having difficulty in adapting to the social exclusion process I've described, and it is a factor that is clearly overlooked at present. In the strategy of "eliminating the child for its own good" which I have highlighted, the term "welfare of the child" is bandied about in the pursuit of personal interests, the most important thing being to get rid of the problem.<sup>23</sup>

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<sup>19</sup> A comprehensive compendium of knowledge about the history of research on social maladjustment and behavioural disorders in Cracow can be found in the jubilee work, issued on the occasion of the centenary of the birth and the twenty-fifth anniversary of the death of Professor Jan Konopnicki, edited by B. Urban and W. Kubik, entitled: *Uwarunkowania i wzory marginalizacji społecznej współczesnej młodzieży*, Wyższa Szkoła Filozoficzno-Pedagogiczna "Ignatianum" and Uniwersytet Jagielloński – Instytut Pedagogiki, Wydawnictwo WAM, Cracow 2005.

<sup>20</sup> B. Urban, *Zaburzenia w zachowaniu i przestępczość młodzieży...*

<sup>21</sup> B. Urban, *Zaburzenia w zachowaniu i niedostosowanie społeczne w świetle współczesnych wyników badań*, [in:] Urban B., Stanik J.M. (eds.), *Resocjalizacja*, t. I, PWN, Warsaw 2007.

<sup>22</sup> B. Urban, J.M. Stanik (eds.), *Resocjalizacja*, t. I, PWN, Warsaw 2007, pp. 139–140.

<sup>23</sup> Several times I have had occasion to hear this concept from the mouths of educators used to describe children at this stage of school education. Children causing trouble, against whom eliminatory

Bronisław Urban believes that the last stage, also a consequence of behavioural disorders, is behavior that impinges upon the law and inclines towards punishable offenses and crime.<sup>24</sup> In this case we are talking about demoralisation. Why then, in the opinion of psychological -pedagogical clinics, do experts conducting diagnoses and preparing opinions and judgments equate the terms “social maladjustment” and “risk of maladjustment” with demoralization? Accepted symptoms of social maladjustment (likened by diagnosticians to demoralization) are, among others, considered to be: truancy, running away, drinking alcohol, vandalism, violence, theft, participation in degenerate groups. A preschool child does not yet play truant, does not steal, does not participate in deviant groups, does not drink alcohol, and does not use drugs. Hence the problems with proper functioning is caused by impulsiveness, the inability to initiate and maintain peer relationships, and the inability to understand messages from the outside world, for example, the commands of adults. This last situation is often made use of when problems in rearing a child occur and which do not respond to traditional methods. This is why the term often used, and used in conjunction with the concept of social maladjustment, is the concept of “**rearing problems**”. According to H. Izdebski these kinds of difficulties “arise as a result of problems caused by the child to their parents and teachers in the process of their psychophysical and social development”. This definition contains two important elements: a situation that requires the intervention of the teacher and the child’s course of development and the conditions in which this takes place.”<sup>25</sup> I would add one more, important, issue, namely blaming the child for the difficulties that arise. The actual educational problems can be expressed in the following groups: 1. Difficulties arising from poor rearing and the negative effects of the family environment; 2. Difficulties associated with failures at school; 3. Difficulties caused by errors in rearing, mostly in the family environment; 4. Difficulties arising from the improper functioning of the family; 5. Difficulties associated with the child’s mental and physical development, especially with a history of illness causing developmental deficits and micro-deficits, emotional disorders tending to hyperactivity or inhibition.<sup>26</sup>

Rearing problems are in some way therefore the consequences of educational methods that are incorrect and unsuited to the child. However, there operates, both on an international and national level of legal standards and methodologies, a concept of “**children with special educational needs.**”<sup>27</sup> Among these children,

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actions and negative tactics are undertaken, usually by first getting rid of them from class and later from school, are referred to as “school waste”. How close this is to Baumanowski’s deliberations about “human waste”, regarding whom society implements different “social recycling” processes, and when these fail, under the guise of “for the their own good”, throws them onto the “rubbish tip of human waste.”

<sup>24</sup> B. Urban, *Zaburzenia w zachowaniu i niedostosowanie społeczne...*

<sup>25</sup> M. Pecyna, op. cit., pp. 263–264.

<sup>26</sup> Ibidem, p. 264.

<sup>27</sup> Monitoring Report, Helsinki Foundation for Human Rights, 2010.

there are also those that cause educational problems. However, it is a fact that this second concept shifts the burden of responsibility. This is because it puts the responsibility, for the process of organizing such methods and forms of work that will meet the needs of the child, on the adult (*de facto* special methods of care and education), freeing children from liability for obstruction. This to me seems significant in as much as it is related to the issue of a child's rights to education, which is definitely not a priority in Poland and, what is more, is not respected.<sup>28</sup> However, from the point of view of E. Goffman's concept of stigma, it at least partly removes responsibility from the child for the deviant status assigned to it.

## **“The careers of young delinquents” created through adult narratives**

When starting the game of social exclusion, adults at least should be aware of the consequences of participating in such a game. The loser – usually a child – excluded from the system of help, support and education, does not disappear from the face of the Earth. It must surely find a place for itself somewhere. We know the twists and turns of the lives of such people, and if not, it is easy to reconstruct them hypothetically, marking the fixed points in the career of a delinquent. The meanderings of the excluded child's life follow the path of successive exclusions. Thus, more and more often, they do indeed begin to exhibit behavior that is actually defined as demoralised. Conflicts with adults and peers increase, often involving force and physical violence, and then conflict with the law also follows. At 13 years of age the situation of such children often changes because at that age the student becomes subject to the Act on Proceedings in Juvenile Cases. Teachers, and sometimes parents, breathe a sigh of relief, because now the matter can be referred to the Family and Juvenile Court. Here a new stage begins in the life of a child, often followed by a “career” in socialising, educational, and therapeutic institutions, and finally, in many cases – reformatories.

One of the important conclusions resulting from the aforementioned deliberations is that we, as a society and also often as professionals, are responsible for creating criminals. Let the following narratives of nursery teachers serve to illustrate this conclusion, applied to the behaviour of children, or to the children themselves who have difficulties in adapting. These narratives, according to the methodology of grounded theory have been grouped in certain categories, and named accordingly:

- **Criminalizing narratives:** “He represents a threat to society” – a female teacher describing a 4-year-old; “He'll kill somebody some day and they'll stop treating him with kid gloves” – a female teacher's remarks about a 5-year-old;

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<sup>28</sup> Ibidem.

- **Narratives that relate to the services and specialists**, “the next time we’ll call the police, because we can’t deal with this ourselves” – a female teacher about a 5-year-old; “He’s a psychopath, he should be locked up” – a female teacher describing a 4,5-year-old;
- **Narratives of helplessness**: “let the parents take him, because we can’t cope with him, he threatens other children, let his parents deal with him” – a female teacher of a 4-year-old;
- **Psychoanalysing narratives**: “Let them put him away somewhere because he is sick, his parents should have gone with him to a psychiatrist long ago because this child is abnormal” – a female teacher of a 3.5-year-old.

These narratives can be regarded as elimination tactics or as exclusionary strategies used in games of social exclusion, initiated by adults in their interactions with children.

## Conclusion

The exclusion of a child with special educational needs is often done at the early stages of education. The process can be interpreted on a formal and symbolic level. The initiators of the exclusion process at the formal level are usually nursery school teachers. The process’ consequences become evident in the fact that the child’s peers start reacting similarly and also begin to exclude their child-friend who is behaving “differently”. On a symbolic level, a vicious cycle of social exclusion starts and the whole process is augmented by adults who use the exclusion game strategies I have described. In the next stage, other players are also excluded, and these are the parents of the child.

From the right diagnosis to the therapy action plan, finding effective solutions to these problems appears to be quite difficult and complicated. However, we must not forget that once a child is excluded then it is always excluded, and stigmatised, so that even if it creates an ex-delinquent identity for itself<sup>29</sup>), that identity will be marked by deviation and built on deviation.

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