



Integrating Montessori Principles in Mental Health Education

Yunhong Hao¹Linda Addie Sarpong, PhD²
School of Business Administration (SBA), Zhejiang Gongshang University.

Abstract :

This research paper will seek to address the ensuing principal research question: "What has been the role of early childhood education for the mentally ill child?" The Montessori principles which can be found in the proposed research lies in the fact that relative research undertaken on the role of mentally ill children's education still continue to be in its infancy stage. There are a number of academic publications which have focused on the identification of key areas in need of further study between students' social, emotional well-being, mental health and their school success as well as academic achievement. This research aims to investigate to what extent Maria Montessori's argument could be significant for today's educational policies for the mentally ill. Montessori studied her mentally disabled patients, listening and carefully noting their response to her attempts to implement Séguin's educational methods, as well as their progress in becoming increasingly independent and verbal. The study will target this void by enunciating, refining and encompassing some of the recent hypothetical viewpoints of Montessori education and mental care.

Index Terms : Montessori; Education; Health; Children.

1. Introduction

Montessori (pronounced MON-tuh-SORE-ee) is a comprehensive educational approach from birth to adulthood based on the observation of children's needs in a variety of cultures all around the world. Beginning her work almost a century ago, Dr. Maria Montessori developed this educational approach based on her understanding of children's natural learning tendencies as they unfold in "prepared environments" for multi-age groups (0-3, 3-6, 6-9, 9-12, and 12-14).

The Montessori environment contains specially designed, manipulative "materials for development" that invite children to engage in learning activities of their own individual choice. Under the guidance of a trained teacher, children in a Montessori classroom learn by making discoveries with the materials, cultivating concentration, motivation, self-discipline, and a love of learning.

2. Relevance

The below questions are structured in order to extend theories explored by Maria Montessori in 1896 to 1901 in her research into "phrenasthenic" children (children experiencing some form of mental retardation, illness, or disability). The analytical focus of this study is the role of Montessori in contributing to mental health education. Nevertheless, these factors are worth analyzing in further detail in relation to modern education where they appear to be largely absent.

3. Methodology

As the focus of the study will be based on integrating Montessori principles in mental health education a number of specific questions will guide my research. In addition, the preceding works and its voids, together with different literature works suggest the following issues will prove relevant in my investigation.

- What does a comparative study between early childhood education and Montessori education reveal about the role of government policy towards mentally ill children?

- What are the explicit features of Montessori principles and what the factors that influence it are, and can its integration in mental health play a comparable role in persuading government in to supporting it.

4. Main Body

History of Montessori - Maria Montessori was born in Chiaravalle, Italy in 1870, and she became the first woman to receive a degree in medicine from the University of Rome, Italy in 1896. As a physician, Dr. Montessori was in touch with young children, and she became profoundly interested in their development. Through years of careful and exhaustive scrutiny of children across races and cultures, Dr. Montessori saw that children construct their own personalities through the choices they make while interacting with their environment. She closely observed the manner in which children learn, through watching them work with the developmental materials she created over time.

Montessori noticed that children who are permitted and not restricted in a setting suitable to their needs, they blossom. Subsequent to a time of extreme attentiveness, working with materials that entirely hold their attention, kids appear to be rejuvenated and satisfied. Through continuous concentrated effort of their own choice, kids mature in inner control and quiet. She called this development "normalization" and cited it as "the most important single result of our whole work" (The Absorbent Mind, 1949).

4.1. Montessori Classroom

In the classroom, the Montessori-skilled instructor prepares an environment facilitates children to discover information from the world. Montessori makes available materials and a chance for independent work of children's own choice and speed. The instructor is the connection between the children and the prepared setting, observes every child and presents suitable supplies with precision. The teacher's position is comprehensive: a material maker, interior designer, parent educator, and community advocate. Montessori is just for preschool children.

Montessori is based on the principle of free choice of purposeful activity. If the child is being destructive or is using materials in an aimless way, the teacher will intervene and gently re-direct the child either to more appropriate materials or to a more appropriate use of the material. Although the teacher is careful to make clear the specific purpose of each material and to present activities in a clear, step-by-step order, the child is free to choose from a vast array of activities and to discover new possibilities. The fact is that the freedom of the prepared environment encourages creative approaches to problem-solving. And while teacher-directed fantasy is discouraged, fantasy play initiated by the child is viewed as healthy and purposeful. In addition, art and music activities are integral parts of the Montessori classroom.

4.2. Children's Mental Health in Montessori Classroom

Mental health is a concept that refers to a human individual's emotional and psychological well-being. Merriam-Webster defines mental health as "A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life." According to the World Health Organization (WHO), there is no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined. In general, most experts agree that "mental health" and "mental illness" are not opposites.

Montessori used the methods of Itard and Seguin, training children in physical activities. With these principles at hand recent study shows activity directors of people with dementia work on creating familiar surroundings for their patients. The environment becomes nurturing and akin to a cocoon that can protect the individual from too much or the wrong kind of stimulus. As confidence and ability grows, he or she can push along the cocoon sides to create more room. Thus the dementia resident's world gets bigger and safer to operate in. The idea is that a person could retain more function if activities are relational to everyday needs. For example, an activity in which a row of zippers are closed could help foster keeping the ability to dress one's self. Maria always emphasized that adult's too much intervention does not help children to learn (Bunnag, Daungvan 2000). The methods used in Montessori schools are highly effective with both learning-disabled and gifted learners; the reason for their effectiveness, however, is that the learning environments have been designed to ensure success for all children. While appropriate changes have been made to the original Montessori curriculum (including the introduction of computers and modifications to the Practical Life exercises to keep them culturally relevant), the basic pedagogy has not changed much since Dr. Montessori's lifetime. Contemporary research and evaluation, however, seem to be confirming Montessori's insights.

Taiwan experimented on the success of a combination of methods to guide patients with dementia to learn good eating habits. The intervention included a technique called spaced retrieval - a sort of memory training that requires a person to recollect a piece of information at growing time intervals - and Montessori-based activities, in the course of which prepared activities related to daily life are in succession and continually practiced. Twenty-five participants received spaced retrieval combined with Montessori-based activities with a total of 24 fixed group sessions. Thirty-eight participants received the same intervention with sessions that were adjusted according to each participant's learning

response. Twenty-seven control participants just received routine care. Tests for depression, body mass index, and nutrition were conducted before and after the sessions, as well as at one, three, and six months later. The tests revealed that nutrition improved and body mass index increased over time for individuals receiving either type of intervention with spaced retrieval and Montessori-based activities. Also, depression scores were reduced in parallel with nutrition improvement in participants who received interventions adjusted according to each participant's learning response. "It has been shown that spaced retrieval or Montessori-based activities can improve eating ability. In our research, besides improving eating ability, improved nutrition, increased body mass index, and a moderating effect on depressive symptoms are produced by spaced retrieval combined with Montessori-based activities," said Dr. Lin. "We expect that this combined intervention can produce greater effects than spaced retrieval or Montessori-based activities can alone." Finally, mental health promotion is not a standalone 'thing' or a one off event. For mental health promotion to be effective, all actions in these settings should be seen as opportunities to promote mental health with health and wellbeing responsibilities. There is a clear benefit from educators and other professionals working together to develop programs and approaches to promote mental health.

4.3. Montessori and Normalization

In Montessori education, the term "normalization" has a specialized meaning. "Normal" does not refer to what is considered to be "typical" or "average" or even "usual." "Normalization" does not refer to a process of being forced to conform. Instead, Maria Montessori used the terms "normal" and "normalization" to describe a unique process she observed in child development. She went on to write. Only "normalised" children, aided by their environment, show in their subsequent development those wonderful powers that we describe: spontaneous discipline, continuous and happy work, social sentiments of help and sympathy for others. An interesting piece of work, freely chosen, which has the virtue of inducing concentration rather than fatigue, adds to the child's energies and mental capacities, and leads him to self-mastery. One is tempted to say that the children are performing spiritual exercises, having found the path of self-perfectionment and of ascent to the inner heights of the soul. (Maria Montessori, *The Absorbent Mind*, 1949) E.M. Standing (Maria Montessori: *Her Life and Work*, 1957) lists these as the characteristics of normalization: love of order, love of work, spontaneous concentration, attachment to reality, love of silence and of working alone, sublimation of the possessive instinct, power to act from real choice, obedience, independence and initiative, spontaneous self-discipline, and joy. Montessori believed that these are the truly "normal" characteristics of childhood, which emerge when children's developmental needs are met. Normalization is the process whereby a child moves from being undisciplined to self-disciplined, from disordered to ordered, from distracted to focused, through work in the environment. The process occurs through repeated work with materials that captivate the child's attention. For some children this inner change may take place quite suddenly, leading to deep concentration. In the Montessori preschool, academic competency is a means to an end, and the manipulative are viewed as "materials for development." The Montessori preschool classroom is a "living room" for children. Children choose their work from among the self-correcting materials displayed on open shelves, and they work in specific work areas. Over a period of time, the children develop into a "normalized community," working with high concentration and few interruptions

4.4 . Montessori's Five Distinct

The school environment unifies the psycho-social, physical, and academic functioning of the child. Its important task is to provide students with an early and general foundation that includes a positive attitude toward school, inner security and a sense of order, pride in the physical environment, abiding curiosity, a habit of concentration, habits of initiative and persistence, the ability to make decisions, self-discipline, and a sense of responsibility to other members of the class, school, and community. This foundation will enable them to acquire more specialized knowledge and skills throughout their school career.

- Practical Life enhances the development of task organization and cognitive order through care of self, care of the environment, exercises of grace and courtesy, and coordination of physical movement.
- The Sensorial Area enables the child to order, classify, and describe sensory impressions in relation to length, width, temperature, mass, color, pitch, etc.
- Mathematics makes use of manipulative materials to enable the child to internalize concepts of number, symbol, sequence, operations, and memorization of basic facts. Language arts include oral language development, written expression, reading, and the study of grammar, creative dramatics, and children's literature.
- Basic skills in writing and reading are developed through the use of sandpaper letters, alphabet cut-outs, and various presentations allowing children to link sounds and letter symbols effortlessly and to express their thoughts through writing.
- Cultural activities expose the child to basics in geography, history, and life sciences. Music, art, and movement education are part of the integrated cultural curriculum.

4.5. Montessori and Mental Disorders

Up until a century ago, mental illnesses were diagnosed and treated by medical doctors. It wasn't until about 1948 when the specialty of neuropsychiatry was divided into two fields: neurology (which dealt with physical diseases of the brain) and psychiatry (which focused on emotional and behavioral problems). Soon afterward, psychotherapy delivered by non-medical professionals began to be considered a valid way to treat mental disorders as not every mental health problem is masking a primary medical condition. Children can still enroll in a Montessori school even with an anxiety disorder diagnosis. As a matter of fact, a child will likely benefit more from the personalized nature of a Montessori school than the education offered at traditional schools. Even though a psychologist should oversee the child's disorder, the child's Montessori instructors can play an important role in minimizing the symptoms.

4.5.1. Anxiety Disorder

The term "anxiety disorder" actually refers to a group of independently-recognized mental disorders linked by a common symptom: anxiety that is irrational and excessive for the circumstances. To rise to the level of an anxiety disorder, a patient's symptoms must negatively interfere with day-to-day activities for a prolonged period of time. School is challenging enough for children; for children suffering from generalized anxiety disorder, school can be even more overwhelming. Often, this disorder's symptoms appear without any apparent trigger. If the child's Montessori instructors are aware of this diagnosis, they can help the child overcome self-esteem issues and gain confidence in daily activities that can benefit other areas of the child's life.

4.5.2. Dyslexia in Children

Dyslexia is a recent word but not a new concept. For centuries, people have described children who are bright and developmentally normal in every way but can't learn to read. An older term for dyslexia was "word blindness" which is a pretty good way to sum it up. The World Federation of Neurology defines dyslexia as "a disorder manifested by difficulty in learning to read despite conventional instruction, adequate intelligence and sociocultural opportunity." In other words, if a child has every opportunity to learn to read, and is smart enough to learn to read, and can't, they are probably dyslexic.

The modern classroom with its tightly controlled and scheduled syllabus is not a good environment for dyslexic children. However the Montessori classroom isn't like that. The Montessori Method should suit a dyslexic child better, allowing child and teacher to spend time on their basic literacy regardless of the rest of the class's ability level. As the Montessori Method also does away with traditional grading of students there should be fewer issues about confidence and self-worth.

In fact, Montessori and dyslexia should be perfect together. Another way that Montessori and dyslexia go together is the teaching materials used. Montessori has always used a multi-sensory approach to teaching involving wooden letters to handle and sandpaper letters that children trace out with their fingers for a strong tactile feedback. Lots of the Montessori teaching uses physical objects for teaching basic number skills. Since Dyslexics generally struggle to hear the different sounds that make up our language and this plays a significant part in a dyslexic child's problems with reading and spelling. Dyslexic children usually do better in a Montessori setting.

4.5.3. Down Syndrome

In every cell in the human body there is a nucleus, where genetic material is stored in genes. Genes carry the codes responsible for all of our inherited traits and are grouped along rod-like structures called chromosomes. Typically, the nucleus of each cell contains 23 pairs of chromosomes, half of which are inherited from each parent. Down syndrome occurs when an individual has a full or partial extra copy of chromosome 21. This additional genetic material alters the course of development and causes the characteristics associated with Down syndrome. A few of the common physical traits of Down syndrome are low muscle tone, small stature, an upward slant to the eyes, and a single deep crease across the center of the palm - although each person with Down syndrome is a unique individual and may possess these characteristics to different degrees, or not at all. Children with Down's syndrome enjoy the activities in the Montessori classroom, which helps them improve their learning; a child with any type of special need can learn using the Montessori Method. Montessori basically means hands-on type of learning, which would be really good for your child. Lots of services, such as occupational and speech therapy, can be conducted easily during hands-on types of activities in the classroom. Lots of children benefit from using simple materials, such as blocks and dolls, rather than commercial type materials like games and computers. Most quality programs use at least part of the Montessori Method in their planning.

4.5.4. Asperger Syndrome

Asperger syndrome (AS) is an autism spectrum disorder (ASD), one of a distinct group of complex neurodevelopment disorders characterized by social impairment, communication difficulties, and restrictive, repetitive, and stereotyped patterns of behavior. Two core features of autism are: a) social and communication deficits and b) fixated interests and repetitive behaviors. The social communication deficits in highly functioning persons with Asperger syndrome include lack of the normal back and forth conversation; lack of typical eye contact, body language, and facial expression; and trouble maintaining relationships. With effective treatment, children with AS can learn to overcome their disabilities, but they may still find social situations and personal relationships challenging. Many adults with Asperger syndrome work successfully in mainstream jobs, although they may continue to need encouragement and moral support to maintain an independent life. Children with special needs, such as learning differences or physical disabilities, often thrive in a Montessori setting. Montessori teaching materials engage all the senses, important for students with distinct learning styles. Students learn by doing and are free to move about, an advantage for those who require a high level of physical activity. And each child has the latitude to learn at his own pace, without pressure to meet formal standards by a predetermined time. Depending on a student's needs, the school might refer him for additional resources such as speech and language therapy, occupational therapy, 1:1 aide, and/or counselling. Nonetheless, some students may need greater accessibility or more support services than a given school can provide. In each situation, the individual's needs and the school's resources should be carefully assessed to ensure a successful match.

5. Results

Dr. Maria Montessori was working with special needs children when she first developed her educational philosophy. It is hard to determine exactly what disabilities these children actually had, since their diagnosis of "defective" no longer exists today, but by reviewing her observations and results most modern day psychologists and educators believe that the children would today be called "severely learning disabled", having diagnoses such as Asperger's, dyslexia, and processing problems. After a year or so of being taught with her methods, these children were scoring as well or better than their "non defective" peers. These results made Dr. Montessori wonder what kind of results her method would bring if applied to "normal" children. The first Montessori School, opened in the San Lorenzo District of Rome in Rome in 1906 with the goal of finding out. The results were overwhelming, bringing in observers from all over the world who, after observing her students, chose to be trained in her theory and methods so that they could return to their countries and open Montessori schools there. Montessori can literally be therapy for children with behavioral or emotional issues.

- The materials and the environment: The Montessori classroom is filled with beautiful materials that engage all of the senses. The materials are hands-on, therapeutic, enticing, and include a built-in control of error. In most cases they teach only one skill (or salient point) at a time. They offer a wonderful chance for children with special needs to use their hands to explore and learn.
- Multi-age classrooms: In Montessori, children are put into multi-age classrooms, so they can learn from older children, and help the younger children in the classroom. If a child needs to repeat a grade, they can do so without being "held back" while watching their friends move to a new classroom.
- Following the child: Montessori children are encouraged to work at their own pace, without the burden of competition, test scores, and grades. They are also encouraged to follow their own interests when it comes to reading, writing, and research. This kind of freedom allows the special needs child to flourish.
- The philosophy of Montessori: In Montessori, there is an emphasis on peace, cooperation, and respect, making it much less likely that a child with special needs will be teased or ostracized. Instead, the other children usually make an effort to accept, befriend, and encourage a special needs child.

6. Conclusion

Mentally handicapped children can succeed right along-side normal children in a classroom. When all children reach the age of three, regardless of any previous diagnosis, they should be brought together into a pre-school program. No efforts should be made to separate the handicapped for as the children enter these programs, they will identify themselves as slow-learners or handicapped learners through their inability to deal with the assigned material at the expected pace. The children who have a problem with number concepts, for example, need not be labeled as retarded and kept with a retarded group. It should be recognized as a handicapped. Mentally handicapped children can succeed right along-side normal children in a classroom. When all children reach the age of three, regardless of any previous diagnosis, they should be brought together into a pre-school program. No efforts should be made to separate the handicapped for as the children enter these programs, they will identify themselves as slow-learners or handicapped learners through their inability to deal

with the assigned material at the expected pace. The children who have a problem with number concepts, for example, need not be labelled as retarded and kept with a retarded group. It should be recognized that the handicapped and non-handicapped benefit from interaction with each other, and no thought should be given to a completely separate physical setting unless medical requirements demand it. The children are grouped as their learning, training, or physical needs require and they are integrated whenever this is possible. When children reach school age, all should be included in school programs regardless of level of retardation.

7. Acknowledgements

I would like to express my sincere gratitude to my friend Azeem Mohammad who encourage and supported me though out my research with his patience and knowledge whilst allowing me the room to work in my own way. As well as anonymous referees for their insightful comments that will lead to a substantial improvement of the Research. Finally, I thank my parents for supporting me spiritually all my life and throughout all my studies in the University.

References

- [1] Birthdefects.org
- [2] Downsyndromedallas.org
- [3] en.wikipedia.org5
- [4] Greene, P.K. (2005). Dear Maria Montessori. Kappa Delta Pi Record, summer, 164-166.
- [5] Lillard, Paula Polk, Montessori: A Modern Approach. New York: Stockmen Books, 1972.
- [6] Medicalxpress.com
- [7] Montessori, M. (1967). The absorbent mind. New York: Dell Publishing Co., Inc.
- [8] montessori-namta.org
- [9] myomancy.com
- [10] Orton, S. T. (1937). Reading, writing and speech problems in children. New York. W. W. Norton and Co., Inc.
- [11] Paula Polk, Montessori: A Modern Approach. New York
- [12] Pickering, J. S. (1971). Early childhood center research project report. ESEA Title III.
- [13] Ryniker, D., & Shoho, A.R. (2001). Student perceptions of their elementary classrooms: Montessori vs. traditional environments. Montessori Life, winter (1), 45-48.
- [14] Schramm, Barbara J. Case Studies of Two Downes Syndrome Children Functioning in a Montessori Environment. Research Project. Apr 74
- [15] sunrise-montessori.com
- [16] hamiltonmontessorischool.com
- [17] Hunt, M. M. (1968). Revisiting Montessori: Early childhood education rediscovered.
- [18] Helping dementia patients remember to eat well improves physical and mental health
- [19] www.eurekalert.org
- [20] www.blog.montessoriforeveryone.com
- [21] www.childrensworkshopmontessori
- [22] www.ndss.org
- [23] www.montessori-namta.org
- [24] www.health.am