

Life Skills versus the Skill of Living: The Circle of Internalization Method for the Enhancement of the "Skill of Living"

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Abstract

The traditional model explaining the high percentages of social isolation among persons with disabilities is based on the assumption that most people with disabilities have mental, physical, emotional, or cognitive deficiencies. This deficiency has an effect on their behaviour, including poor social performance, lack of skills, and social incompetence. The implication for education and training is to teach them the skills that enable them to improve their functioning. Contrary to this model, an alternative way of looking at the issue of social incompetence is proposed here. The new model emphasizes the part played by the environment such as social rejection, lack of accessibility, and the overwhelming effect this has on the social incompetence of children and adults with disabilities. The implication for education is that rather than "fixing" the individual, we should empower him/her to change the environment. The Circle of Internationalization method of instruction is based on the concept of quality of life. It suggests five specific teaching steps. The basic unit of instruction is the group, the idea being that only through group experiences students can internalize new values, reframe their self concept, make decisions based on new personal priorities and, as a consequence, be motivated to learn new competencies. The aim of the program is the development of autonomy and self-determination.

Let us start with a story. It is a story written by Nigel Hunt in his book: 'The World of Nigel Hunt, the Diary of a Mongoloid Youth' (1967). Nigel was born in 1950 in England. As a teenager he got a gift from his father, a typewriter on which he typed his diary. The following is one story from his diary, entitled 'Lost in London - and in Innsbruck':

'One day I turned my wireless on, and guess what I heard! Yes! The announcer said there was to be a rehearsal of the Trooping of the Colour.

After I heard about this I got up and dressed, took nine pence from my money-box and walked stealthily out of the room. I walked up the Avenue to Rayners Lane Station.

At the information office I asked for one single to St James's Park. Then I asked a portress on the platform to ring my Mum and tell her not to worry because I had gone to St. James's Park. Then I asked myself and said I had better get out at Victoria. (As Nigel probably guessed, we phoned St James's Park station to try and stop him.)

I sauntered to the Royal Mews and asked where Buckingham Palace is and the man said, "just keep to the left and you will come to it". I asked a man to take me across the road; then down the Mall to Horse Guards' and I borrowed a programme off a Coldstream Guardsman. I asked a policeman when the band will be along and he said, "ten and a half minutes". So I stood and waited for at least one and a half minutes. I heard a terrific throb and my ears were lifted and with a biff bang the band came along, and when they turned the corner up came their oompahs and the miserable trombones and blowed me in the middle of nowhere.' (Here Nigel goes on to describe the crowd and the parade and his way back home).

'After a while I went to St. James's Park over the little suspension bridge into Westminster to ring my parents. I went under the subway to the station where I phoned my father to tell him I had no money to come home with. With that remark my father couldn't get through to me, the operator said to my father, "You can reverse the charges and can talk to him as long as you like".

After a while my father phoned Scotland Yard to come and pick me up and a policeman came for me. I was at the police station drinking orange when my father found me. He said "fancy you going to town so early", so he found me. Then came lunchtime. I had to wait till I got home. When I got home I had lunch and I enjoyed it very much. My father was cross because he had missed a day's shopping' (pp. 53-56).

The story, one of many that Nigel tells in his book, gives a clear and vivid picture of Nigel as a person. We see a young man who initiated an adventure which he knew his parents will object to, if they would know of it. At the same time he shows a sense of responsibility and care for them and for their feelings, making sure they will know his whereabouts. Nigel takes calculated risks - and this, in order to fulfil his self initiated objective.

He does not hesitate to approach strangers in a spontaneous way and has no problems communicating with them. He is 'connected' to the people around him, whether they are family, friends or strangers. This social ease and the inner confidence he has of people has a dual or circular effect. It provides him with a supportive social environment and at the same time, people's friendly and matter of fact response, foster in him a sense of security and ease at fulfilling his desires. Nigel shows in his story that he is open to new experiences that enrich his spiritual life. Experiences that he himself initiates, not sitting idly waiting for others to entertain him.

In up-to-date professional language we would say that he shows 'self determination' and 'goal directed' behavior (Sands & Wehmeyer, 1996). Indeed, Nigel shows all the component elements of self-determination and self-regulated behavior:

- Choice making
 - Decision making
 - Problem solving
 - Goal setting and attainment
 - Self-observation, evaluation, and reinforcement
 - Internal locus of control
 - Positive attributions of efficacy and outcome expectancy
 - Self-awareness
 - Self-knowledge
- (Ibid, p. 27)

The story of Nigel Hunt raises the two issues that will be our main concern in the conceptual part of this paper: first of all, the connection between having a disability, the existence and, mostly, in-existence, of social skills, and the high percentages of loneliness among children and adults with disabilities (Allen & Sigafoos, 2000); and, secondly, the question of what comes first, social skills and social functioning, or personality variables such as motivation, self initiative, autonomy? Does the development of social skills lead automatically to autonomy, or should we first and foremost focus on enhancing motivation and regard skills only as means to an end and not an end in themselves.

Social skills

Among theoreticians, researchers and practitioners there seems to be a tacit agreement that disability has a direct link with social skills deficits and with loneliness resulting from their disabilities. The traditional model explaining the high percentages of social isolation and loneliness among persons with disabilities has a rather logical validity. The argument is that since most people with disabilities have mental, emotional or cognitive deficiencies, this has an effect on their behavior, among other things, it affects poor social performance, lack of skills and social incompetence. This further enhances their social rejection, which, in turn, has further debilitating effects on their social functioning. Thus, social isolation and loneliness stem directly from their innate deficiencies.

Contrary to this model, an alternative way of looking at the link 'disability – loneliness' will be proposed here. The new model emphasizes the part played by the environment, social and physical and the overwhelming effect it has on the social incompetence of children and adults with disabilities, and as a consequence on their social isolation and the higher incidences of loneliness among them.

Charts numbers 1 and 2 represent the two models, the traditional, disability-related model and the proposed, environment-related model of the connection between disability, social incompetence and loneliness. We will consider first the logic underlying the traditional model:

Chart 1:

Traditional model of the direct link between disability, social incompetence and loneliness among children and adults with disabilities.

A Direct Outcome of Having a disability

Visual impairment, blindness, mental retardation, being hard of hearing, deafness, cerebral palsy, polio, learning disabilities, attention deficits

Are Deficiencies in Social Behavior

competencies and social skills

That Lead to Loneliness

emotional loneliness and a tendency for seclusion

That Strengthens Social Isolation

And the evolvement of difficulties more and above than those directly effected by the disability

What Is The Solution? -

Teaching Social Skills

A focus on programs for the development of social skills and competencies with the aim to correct and improve the mental, emotional, behavioral and physical functioning of the individual, impart knowledge and teach norms with the aim to achieve social adjustment

There seem to be an inherent logic to this model. Two examples, taken from two different disabilities, can be given in order to demonstrate the traditional model: one is taken from research concerning children who are blind, the other, children who have learning disabilities. Kekelis (1992) who conducted extensive research on the social inclusion of children who are blind and visually impaired, maintains that visual information is essential not only for the acquisition of concepts and knowledge but also for a host of different social skills. Indeed, research shows that children who are blind or who have visual impairments have poorer social competencies than their peers who are not thus impaired (Sacks, 1992; Warren, 1984). As a consequence children who are blind show a tendency to be solitary and they keep away from social activities. As a matter of fact, without sight, the information received from the environment is different from that otherwise perceived. For a person who is blind, or whose sight is impaired, data perceived by the other senses, is often incomplete, fragmentary, not always coherent since he lacks the general context. When it comes to interpersonal relations, for example, he/she lacks the highly meaningful information we get from nonverbal behaviors when communicating with others which impart their intentions, mood etc. Furthermore, the person who is blind, child or adult, do not

always look directly at the person they converse with and may not correspond their verbal behavior with culturally known gestures thus making their intentions unclear or even misunderstood by the listener. The lack of nonverbal behavior, either seen by the persons who is blind or exhibited by them, is only one example of the difficulties encountered by them in their social relations. For this reason, it is easy to reach the conclusion that children who are blind have a tendency to be isolates, to show immature interpersonal relationships based on dependency, lack of reciprocity, fears and anxiety. A vicious circle comes into being, because of innate deficiencies the child is isolated and the more he/she is alone, the less he/she has the chance to learn normative social behavior, the more socially incompetent they become. Indeed, statistics show that they have fewer friends than other children (Hoben & Lindstrom, 1980; Kekelis & Sacks, 1992). Similar findings and similar arguments concerning loneliness and the link between disabilities and social isolation we find concerning children who have learning disabilities.

The argument goes like that: the source of learning disability is a deficiency in cognitive processes and the same characteristics that affect their academic difficulties, hinder their social competence as well. Students with learning disabilities demonstrate a host of mistakes in comprehending social events such as: incorrect interpretation of the meaning of social events, difficulties in focusing attention on essential clues for understanding social situations, difficulties in problem solving and at times, reaching incorrect conclusions regarding events, as well as erroneous analysis of social information and difficulties in understanding others' perspectives (Kavale & Forness, 1996; Margalit, 1994; Reiff & Gerber, 1990; Vaughn, 1985).

Thus children who have learning disabilities are described, often by their own teachers, as frustrated kids, lacking in motivation, unstable, rebellious, anxious, depressed and aggressive. Now, children who are depressed tend to avoid social contacts and children who are aggressive tend to have others avoid them. Thus many children with learning disabilities have no friends and have no chance to learn normative behaviors. They become social isolates and lonely unable to make close friends (Parkhurst & Asher, 1992; Margalit & Raviv, 1988; Asher & Wheeler, 1985). Research concerning the social status of children with learning disabilities in integrated classes consistently show that their status is lower than that of their non disabled peers and they feel rejected by them (Stone & La Greca, 1990; Coben & Zigmond, 1986).

The traditional model does not ignore the negative effects of social rejection, social hostility or indifference on the social isolation of many children and adults with disabilities. But in most cases we do not find that the research or the report give the same weight to the harmful effects of the social milieu as they give to individual deficits as the major source for loneliness. For this reason, according to the traditional model, most educational and treatment programs which try to cope with the issue of loneliness and lack of social skills among persons with disability, focus on the remediation of the disability, with the aim of adjusting them to the accepted social norms and teaching them to behave according to generally accepted social expectations. The emphasis is on the acquisition of social skills and competencies by students so that they will be as similar as possible to normal society and be well adjusted.

As an alternative to this model, a new one is proposed that emphasizes the role played

Chart 2:

Proposed new model of the effect of the environment on the link between disability, social incompetence and loneliness among children and adults with disabilities.

A Direct Outcome of Having a disability

Visual impairment, blindness, mental retardation, being hard of hearing, deafness, cerebral palsy, polio, learning disabilities, attention deficits

Is the Encounter of a Hostile and/or Restrictive Environment

Stigmatic - Lacking in social and physical accessibility

Resulting in the Creation of a Glass Wall

Between the individual with a disability and others

Affecting Negatively the Social Competencies of the Individual

Resulting in social incompetencies and deviance

Leading to Loneliness

and social isolation

Which Further Enhances Social Deficiencies

and social difficulties more and above those created by the disability

What Is The Solution? -

The Promotion of Autonomy

A focus on programs for the enhancement of personality characteristics that enables the individual to lead a life of quality - the 'skill of living' according to individually chosen style of life and style of meaningful interpersonal relationships, empowering the individual so that he/she can affect changes in the environment making it more accessible, socially and physically.

by the environment, both social and physical in creating social isolation and loneliness among persons with disabilities. Chart number 2 represents the proposed new model.

The conceptual assumptions underlying the new model are:

1) **The impact of the environment.** Special attention should be given to the role played by the environment, cultural, social, physical - on the social development of persons with disabilities. There should be serious acknowledgement of the part played by environmental barriers that hinder, arrest and distort the natural and spontaneous development of the individual with a disability. Only too often the close milieu in which persons with disabilities grow muffles the spontaneous expression of needs for interpersonal relationships and friendships that are based on mutuality and on a sense

of a personal challenge. The lack of balance that is evident in the social interactions between persons with disabilities, their desires and wishes and the response they get from others creates frustration, helplessness, dependency, deficiencies in social skills, passivity. Sure, a first grade child that cannot read while all his peers can, is frustrated, however, the meaning attached to this experience is cultural and an understanding teacher knows how to transform a failure into a challenge. In most cases the child faces not only the need to cope with his objective difficulties, but also with the additional burden of social ridicule.

2) **Nature versus nurture.** Social development is much like intelligence, as soon as the child is born, there is interplay between his inborn capacities and temperament and environmental forces to the extent that it is impossible to divide between the two. Thus, whatever we see later in life as the persons capacities, either intellectual or social, is symptomatic of this interplay between nature and nurture.

3) **The Ecological model.** The ecological theory, expounded by Bronfenbrenner (1989) seems to be the most suitable framework for describing and analyzing social development among persons with disabilities. The emphasis on concurrent and mutual influences between the close milieu of the person and his/her inborn traits, and the emphasis on the direct and indirect effects of the larger social context in which one lives. The microsystem, in which there are direct relationships between the person and others is affected by the mesosystem, which is the larger neighborhood, the exosystem - the larger community and finally, the macrosystem which is the general culture of society.

4) **Empowerment.** In order to change the situation of social isolation and loneliness, it is not enough to change social attitudes and physical barriers, it is just as important to enhance people with disabilities' ability to fight and to want to change the barriers and pull down the glass wall that exists between themselves and others. All education and treatment programs should see empowerment as one of their most important outcomes.

5) **Humanistic philosophy.** The theoretical basis of educational and treatment programs in the area of social development has a philosophical basis, it is respect for every person whoever he/she is, a regard for the innate value of each human being and the acceptance of variability among human beings.

6) **Enhancing Autonomy - a holistic approach.** In order to enhance autonomy, empowerment, self fulfilment - or the 'skill of living' so that one can lead a life of quality, education and treatment should change their focus from traditional methods to new ones. The wide spread use of simplified behaviorist principles, have developed generations of passive students. Writing on self-determination Mithaug (1996) lists a number of pitfalls in present day practice in special education: "First, there is the obstacle of getting teachers to respond to student needs and interests in fundamentally different ways than many are accustomed to doing. The assumptions that students deficits should drive all instructional activity often prevents teachers from focusing on what students want to pursue and, as a consequence, promotes learned helplessness as students learn to depend on teachers to solve their problems. ... Second, there is the equally difficult problem of getting students to accept greater responsibility for their education and for their actions with respect to that education. Shifting responsibility

can be perceived as threatening when students have grown accustomed to teachers' identifying what the problem is, deciding how to solve it, and then instructing them on what to do to follow through. The third and perhaps most difficult obstacle have to do with what must be taught in order for students to become self-determined. The difficulty here is that the perceptions, knowledge and abilities comprising the process of self-determination are not easily deconstructed or task analyzed, taught separately, and then reconstructed into the functional process of self-determination - problem solving to meet personal goals" (p.150). Indeed, most interpersonal relationships and social behavior are too complex to enable their simple analysis into lists of competencies and underlying cognitive strategies. Social experiences are holistic experiences, more and above the sum total of their parts. Turnbull et al. (1996) agree with Mithaug and complain too that "the field of special education has been characterized as taking a 'fix-it' approach to disability" emphasizing the remediation of deficits that exist within the individual. "The 'fix-it' approach is reflected in the area of self-determination by approaches that exclusively enumerate a list of important skills that individuals with disabilities must master in order to be considered self-determining. Typically, once the list is developed, efforts are directed at systematically teaching these skills to achieve self-determination. This conceptualization of self-determination assumes that individual skills alone are enough for an individual to achieve autonomy in meeting environmental challenges and expectations" (p. 237).

It seems then that if we take a holistic view, the answer to our second question regarding what comes first, skills or motivation, is clear. The focus of social education is the enhancement of motivation built on the existing abilities of the person, not his disabilities.

Social education

The term "social education" has a host of different names. One of the most popular is "Life Skills" or the teaching of Activities of Daily Living - ADL. The concept of life skills relates mostly to acquired abilities. Even competencies such as collaboration are first of all analyzed into a list of separate behaviors, and only secondarily are seen as a general outcome of the education or treatment programs. However, if we regard social education as a general term which denotes the ability to cope with the natural and social demands of one's environment, then it should include not only skills, but also capacities, motivations, knowledge, and personality attributes. For this reason the concept of "life skills" seems to be too narrow. Other names proposed are for example, social competence, self-efficacy, social adaptation, social adjustment. We would rather use the term: social education to express the wider view of social behavior that includes all the factors that enhance the capacity of the individual to lead a life of quality.

In the literature it is common to talk about the three dimensions of social behavior, the cognitive, the emotional and the behavioral. However there is one additional factor that cuts across the three dimensions, the cognitive, the emotional and the behavioural. It is the factor of values, or the personal 'life philosophy' of the person. This factor 'paints' the cognitive dimension as well as the behavioral and the emotional dimension in a unique manner making up what we call the individual's life style.

Social behavior includes three interrelated content categories:

1. Performance skills;
2. Societal norms;
3. Value judgements. (Reiter & Bryen, 1991).

The category of social skills relates to questions such as 'how' and 'what' we do. This category includes all those technical capacities necessary for social adjustment. The modern area is especially distinctive for its technical sophistication. At home we handle a large variety of technical equipment, from the simplest home utensils like a knife and a fork, to electric equipment like washing machines, and up to the use of computers. Life out of home is also highly demanding technically, for example the use of public transportation, operating lifts, cars, public telephones, cinemas, restaurants and coffee places, they all call for some level of technical know how. The person with a disability in modern society is highly challenged in this level of technical skills and is much more sophisticated than any person who lived in the Middle Ages, for example. May be, it is for this reason that many programs in social education focus most of their efforts and attention on teaching skills. The tacit assumption is that a technically skilled person will automatically be independent, and able to be fully integrated in the community.

This, however, was soon discovered to be an over simplification. Along with technical know how, we must also teach the normative side of social skills answering questions such as: the 'when' and 'where'. On this level the person is called to consider if and when it is appropriate to use a certain skill. Social norms are embedded in one's culture and milieu. For example, if one wants to communicate with a friend, does one write a letter, use a telephone, and write an e-mail? When do we apply each method of communication? Here, social education programs focus on teaching mores, different styles of behavior in different places, the difference between behavior at home and behavior in public places, what suits friends and what strangers. The knowledge of the intricate bureaucratic maze of modern institutions is also part of essential social education. This, as well as some knowledge of the law, especially when it concerns the welfare and the rights of the individual person and his family, and so on. Another area of social norms relates to the field of work, employment, occupation and the labor market. As the policy of integration in the community is applied to ever larger numbers of individuals with disabilities, children and adults, there is greater need for programs that teach social norms.

However, norms are not enough. In order to achieve meaningful inclusion of persons with disabilities, i.e., mutual interpersonal relationships between people with and without disabilities, we need nowadays to devise programs in social education that address also the issue of values. This third level of sociability is the most difficult one to teach. The focus here is on long term education. What, then, is the special importance of values to social integration and social inclusion, why are skills and norms not enough?

Apparently modern democratic societies are highly dependent on a small but significant number of basic social values. It is because modern society is heterogeneous, including ever larger numbers of different cultural groups, each with its own set of belief system (Schalock & Kelly, 1999), different styles of family life

and different social norms, that it is imperative that some general values will be shared by all. Values such as respect for the other, his life style, his ideas and beliefs, along with freedom of expression and equality of opportunities.

Respect for different styles of life means that the individual person can choose how he/she wants to lead their lives. In order to do so, the first step is self awareness of beliefs, wishes, inclinations, abilities and disabilities and awareness of the similarities and differences between self and others. Indeed, self awareness is expressed in everyday life. Modern man is faced with a constant challenge to choose between varieties of alternatives. Choices are made based on the individual's set of values which are the guidelines according to which decisions are made, from the simple one of 'which coffee to buy'? Will it be the most expensive, or the cheapest, or irrespective of price, the kind that I like, or the kind that my mother likes, or the one that has the most appealing container, etc.? to the more sophisticated choices, for example 'which party to vote for' in political elections.

People with disabilities, like all other members of modern democratic societies, are also faced with the challenge of making choices, and once the choice is made, planning how to achieve it, execute a plan of action and finally judge the outcome in terms of goals achieved in full, in part or not at all. People in modern societies think of themselves not only as independent human beings, but more and above as autonomous, free to choose their way of life and free to judge their life experiences according to a set of values which they have elaborated for themselves and which underlay their choices and actions. People with disabilities are not different. They want to know not only how to be technically competent, and not only behave according to accepted norms, but also want to feel that they are persons of worth, people who were personally involved in developing the set of values according to which they conduct their lives and according to which they explain their choices, decisions and actions.

Furthermore, the importance of tackling this third level of social education is not only its contribution to the self fulfilment of the person, but it is also necessary in order to break the glass wall erected between persons, with and without, disabilities, in order to break the barriers towards inclusion. Social education programs should focus on the empowerment of people with disabilities based on their personal autonomy. Empowerment has two edges, one is the active fight towards equality of opportunities. The other is the wish to contribute to the community, the ability to give to others, the motivation to be constructive. Social education programs that see as their goal the empowerment of persons, whether children or adults, with disabilities, should provide an environment that is conducive of self expression and enabling the expression of ones potentials and personal resources. In addition, the 'teaching' can only take place within a group activity. While skills can be taught individually, norms and values by definition are based on social interactions and thus can only be acquired and developed within a group.

The internalization circle model

This model was designed based on the above arguments. Its origins were laid in a special project organized by AHVA, a self help organization of the physically disabled persons of Haifa and the North (Goldman, 1999). The aim of the project was to prepare young persons with physical disabilities to leave their homes and live in

apartments in the community. It was based on group activities with the aim to enhance the autonomy of participants. Myself, as the academician who conducted the action research for the project, and based on the analysis of the findings, I formalized the group activities into a set of steps called the "circle of internalization". This method was later further elaborated to become the central feature of the national curriculum guidelines for special education (Reiter, 2000; Reiter & Goldman, 1999).

The internalization circle model suggests several **teaching steps** based on **group work** as follows:

1. **An opening - the presentation of a subject.** The teacher opens with a presentation of a subject matter, be it a social experience, an academic subject or a skill to be taught. The choice of the subject is based on two sources: one is the students' world and students' needs, the other is the formal teaching program. Students are encouraged to respond referring to their past experiences, and raise subjective and concrete associations with the subject matter. At this stage they express an initial and usually diffuse, level of self awareness.
2. **Discussion - a lesson.** Following the first presentation of the subject matter, a conceptual analysis is done and a clarification of the personal experiences of participants, moving from the private to the general. Abstractions and generalizations are taught and the understanding of concepts as well as the skills and social norms involved.
3. **Repeat with modifications - a reanalysis of the subject presented.** A repetition is then done of the initial experiences expressed in the first session by the students. Going back to the private experience, participants are encouraged to bring up again their personal reactions and associations, getting involved in self-examination, giving feedback to others, making requests, wishes and suggestions. Based on the concepts learned students are encouraged to consider modifications of the way they understand the issue under discussion, or the way they handle the new skill they learned or enrich their academic knowledge. Changes are suggested by them, while the teacher encourages self-insight, social awareness and a consideration of cultural and normative dimensions. The changes suggested are then actually tried out in practice (by role playing, simulation, a school performance, an outing, etc.) repeating the experience, and trying out the new insights.
4. **Repeated discussion and analysis of outcomes of the new learning.** The group gets together again for discussion and tries to draw conclusions from the repetition of the experience, enhancing insight into self and others. At this stage the focus is on the development of an autonomous conception of life and on developing a cohesive set of priorities: 'What is more important, what less?' based on personal and social awareness.
5. **Outcomes.** Finally the teacher evaluates the process outcomes according to the extent that the students show that they apply personal and autonomous criteria of judgement in the evaluation of their life experiences and are able to make personal choices among alternatives.

The aim of the application of the circle of internalization is to enable participants to foster their personal autonomy in order to show motivation and express enthusiasm in what they do and take an active participation in the community. The goal of the program is that they will show the capacity to solve problems, set up personal objectives and goal, plan their steps towards fulfilling their objectives, crystallize their self identity and experience meaningful interpersonal relationships. The teaching of independence skills is secondary and is regarded only as means to the end of enhanced personal autonomy. The program aims at enhancing the quality of life of persons with disabilities, the personal characteristics that will enable them to communicate effectively and respectfully with people around them.

Our basic contention is that a group based program for students with disabilities will lead to a reduction in loneliness and encourage them to be actively involved in breaking down the glass wall that so often results in social isolation (Reiter, 2001).

It is advisable that the group will be heterogeneous; however, participants should share a common goal. Each member contributes from his own resources and capabilities and gets support from the group and assistance in areas in which he/she feels less able. Age is an important common denominator, group members share similar developmental issues.

Conclusion

The circle of internalization is an educational method, applied within the most natural basic group of students, the school classroom. The most suitable person to conduct the program is the grade teacher. However, it is important to take into account that a classroom is not necessarily a cohesive group. Furthermore, in most special education classrooms work is conducted on the basis of individual program plans and therefore students do not learn to relate to each other in a meaningful way. Thus, when implementing the circle of internalization it is important to remember that the first task the teacher has is to build up a group. Shaw (1981) suggests that groups undergo three phases during their development. First there is a period of orientation in which members learn what is expected of them and the general plan of their activities; next they learn new styles of interpersonal relationships and resolve conflicts about authority; then comes the 'productive period'. This last phase evinces success in group tasks and personal outcomes such as enhancement of self-awareness, new initiatives, assumption of new responsibilities, new interests, and so on.

The teacher working according to the circle of internalization plays different roles, at times she is a leader, at other times, an instructor, and at still other times, an observer. However, at all times and performing any role, she has to provide a personal example - one cannot teach respect for others without actually demonstrating it even in the formal relations between teacher and student; one cannot teach democratic ways of decision making within a group without demonstrating open mindedness to different ideas and wishes; one cannot educate towards the creation of friendships without being confidential.

The activities within the group can best be described in the negative:

- There are no punishments, no prices, no threats, no warnings, no gifts and rewards, no taking away of privileges, locking doors, sending away;

- There is no “do it for my sake” between teacher and student or teacher and the group and/or “do it because it is expected of you” by the school, by society, by parents, etc.; and
- No teaching and learning that is purely an ‘academic exercise’, everything taught has to be authentic, functional and relevant to students’ needs.

In summary, then, the circle of internalization is a step-by-step group based process which ultimately leads to a viable curriculum that emphasizes the provision of self-determination.

References

- Allen, L. J., & Sigafoos, J. (2000). Friendship and loneliness among Australian children with special education needs. *The Journal of International Special Needs Education*, 3, 12-20.
- Asher, S. R., & Wheeler, V. A. (1985). Children's loneliness: A comparison of rejected and neglected peer status. *Journal of Counseling and Clinical Psychology*, 53, 500-505.
- Bronfenbrenner, U. (1989). Ecological systems theory. *Annals of Child Development*, 6, 187-249.
- Coben, S. S., & Zigmond, N. (1986). The social interaction of leaning disabled students from self containing to mainstream elementary school setting. *Journal of Learning Disabilities*, 19, 614-163.
- Goldman, T. (2000). AHVA: A self-help organization for the improvement of quality of life of people with disabilities. In K. D. Keith & R. L. Schalock (Eds.), *Cross-cultural perspectives on quality of life* (pp. 45-58). Washington: AAMR.
- Hoben, M., & Lindstrom, V. (1980). Evidence of isolation in the mainstream. *Journal of Visual Impairment and Blindness*, 74, 289-292.
- Hunt, N. (1967). *The world of Nigel Hunt*. Bucks: Darwen Finlayson Ltd.
- Kavale, K. A., & Forness, S. R. (1996). Social skill deficits and learning disabilities: A meta-analysis. *Journal of Learning Disabilities*, 29, 226-273.
- Kekelis, L. S. (1992). Peer interactions in childhood: The impact of visual impairment. In S. Z. Sacks, L. S. Kekelis, & R. J. Gaylord-Ross (Eds.), *The development of social skills by blind and visually impaired students* (pp. 13-35). New York: American Foundation for the Blind.
- Kekelis, L. S., & Sacks, S. Z. (1992). The effects of visual impairment on children's social interactions in regular education programs. In S. Z. Sacks, L. S. Kekelis, & R. J. Gaylord-Ross (Eds.), *The development of social skills by blind and visually impaired students* (pp. 59-82). New York: American Foundation for the Blind.
- Margalit, M. (1994). *Loneliness among children with special needs: Theory, research, coping and intervention*. New York: Springer-Verlag.
- Margalit, M., & Raviv, A. (1988). Social competence of learning disabled children: Cognitive and emotional aspects. *The Exceptional Child*, 35, 1-11.
- Mithaug, D. E. (1996). The optimal prospects principle: A theoretical basis for rethinking instructional practices for self-determination. In D. J. Sands & M. L. Wehmeyer (Eds.), *Self-determination across the life span* (pp. 147-165). Baltimore: Paul. H. Brookes.
- Parkhurst, J. T., & Asher, S. R. (1992). Peer rejection in middle school: Subgroup

- differences in behavior, loneliness and interpersonal concerns. *Developmental Psychology*, 28, 231-241.
- Reiff, H. B., & Gerber, P. J. (1990). Cognitive correlates of social perception in students with learning disabilities. *Journal of Learning Disabilities*, 23, 260-262.
- Reiter, S. (2000). Quality of life, a central theme of the new high-school curriculum guidelines for teachers of adolescents with developmental disabilities, a national project, Israel. *International Journal of Adolescent Medicine and Health*, 12, 19-32.
- Reiter, S. (2001). Autonomy and social skills: A group based program with adolescents with mental retardation for the enhancement of personal autonomy and social skills. *Journal of Research in Special Educational Needs*, 1, 1-14.
- Reiter, S., & Bryen, D. N. (1991). Promoting social competence: Implications of work with mentally retarded children and adults in residential settings. In J. Beker & Z. Eisikovits (Eds.), *Knowledge utilization in residential child and youth care practice* (pp. 99-122). Washington: Child Welfare League of America.
- Reiter, S., & Goldman, T. (1999). A program for the enhancement of autonomy in young adults with physical disabilities: The development of a realistic self concept, individual perception for quality of life and the development of independent living skill. *International Journal of Rehabilitation Research*, 22, 71-74.
- Sacks, S. Z. (1992). The social development of visually impaired children: A theoretical perspective. In S. Z. Sacks, L. S. Kekelis, & R. J. Graylord-Ross (Eds.), *The development of social skills by blind and visually impaired students* (pp. 3-12). New York: American Foundation for the Blind.
- Sands, D. J., & Wehmeyer, M. L. (Eds.) (1996). *Self-determination across the life span*. Baltimore: Paul. H. Brookes.
- Schalock, R. L., & Kelly, C. (1999). Sociocultural factors influencing social and vocational inclusion of persons with mental retardation: A cross-cultural study. In P. Retish & S. Reiter (Eds.), *Adults with disabilities: International perspectives in the community* (pp. 309-324). New Jersey: Lawrence Erlbaum Associates.
- Shaw, M. E. (1981). *Group dynamics: The psychology of small group behavior*. New York: McGraw-Hill.
- Stone, W. L., & LaGreca, A. M. (1990). The social status of children with learning disabilities over time: A within individual examination. *Journal of Learning Disabilities*, 27, 292-303.
- Turnbull, A. P., Blue-Banning, M. J., Anderson, E. L., Turnbull, H. R., Seaton, K. A., & Dinas, P. A. (1996). Enhancing self-determination through group action planning: A holistic emphasis. In D. J. Sands & M. L. Wehmeyer (Eds.), *Self-determination across the life span: Independence and choice for people with disabilities* (pp. 237-256). Baltimore: Paul. H. Brookes.
- Vaughn, S. (1985). Why teach social skills to leaning disabled students? *Journal of Learning Disabilities*, 18, 588-590.
- Warren, D. W. (1984). *Blindness and early childhood development*. New York: American Foundation for the Blind.

