

THE DEAF CHILD AT SCHOOL: INTEGRATION AND INCLUSION

IL BAMBINO SORDO A SCUOLA: INTEGRAZIONE ED INCLUSIONE

Anna Chiara Stellato

University of Naples "Parthenope"
anna.chiara.stellato@gmail.com

Alessandro Daniele

University of Naples "Parthenope"
aledan83@gmail.com

Domenico Tafuri

University of Naples "Parthenope"
domenico.tafuri@uniparthenope.it

Abstract

The purpose of this contribution is to highlight the need to create inclusive processes for deaf children in the pedagogical field, through the use of LIS (Italian Sign Language). Starting from the premise that deafness is a very complex concept not to be confused with the simple lack of hearing, the pedagogical and didactic issues are addressed in the perspective of the integration of the deaf child in school and social inclusion. The tool that allows the removal of communication barriers is the LIS because through this you can express any concrete and abstract concept; "does not kill the word" but constitutes a complementary linguistic modality as an educational support to speech therapy. To this purpose, an LIS workshop is presented for the deaf child's classmates and teachers. Being the class a real social community develop in it various dynamics that allow the deaf child to actively interact with other classmates and with teachers; classmates and teachers in turn improve their language skills by learning LIS themselves and using it as a true communication tool.

Lo scopo del presente contributo è quello di evidenziare la necessità di creare processi inclusivi per i bambini sordi nell'ambito pedagogico, attraverso l'uso della LIS (lingua dei Segni Italiana). Partendo dal presupposto che la sordità è un concetto molto complesso da non confondere con la semplice carenza di udito, si affronta la problematica pedagogica e didattica nella prospettiva dell'integrazione del bambino sordo a scuola e dell'inclusione sociale. Lo strumento che consente l'abbattimento delle barriere comunicative è la LIS perché attraverso questa si può esprimere qualsiasi concetto concreto e astratto; "non uccide la parola" ma costituisce una modalità linguistica di complemento quale supporto didattico alla terapia logopedica.

A tal fine si presenta un laboratorio di LIS per i compagni di classe del bambino sordo e per i docenti. Essendo la classe una vera comunità sociale, si sviluppano in essa varie dinamiche che consentono al bambino sordo di interagire attivamente con gli altri compagni e con i docenti; i compagni di classe e i docenti a loro volta migliorano le proprie competenze linguistiche apprendendo essi stessi la LIS utilizzandola come vero strumento di comunicazione.

Keywords Deafness, Inclusion, Integration, LIS (Italian Sign Language)

Parole chiave Sordità, Inclusione, Integrazione, LIS (Lingua dei Segni Italiana)

Introduction

The World Health Organization (WHO) has adopted various classification tools relating to the organic, mental and behavioral pathologies of populations, in order to improve the quality and diagnosis of these pathologies. The first classification was developed in 1970 under the name of International Classification of Diseases (ICD) to identify the cause of the diseases. Over time, the ICD, which resulted limited in its application, was expanded into ICIDH (International Classification of Impairments Disabilities and Handicaps) in consideration of the influence that the environmental context exerts on the state of health of populations. Therefore, the ICIDH has allowed a further and fundamental distinction between the concepts of impairment, handicap and disability. The handicap concerns the social disadvantage of the person with disabilities, characterized by a difference in level between the efficiency or the state of the subject and the efficiency expectations of both the subject and the group to which the subject belongs. The disadvantage manifests itself in the loss or inability to conform to the expectations of the context in which the subject lives. Disability corresponds to any limitation or loss, resulting from an impairment, of the ability to perform an activity in the manner or within the times considered normal for a human being. It can arise as a direct consequence of an impairment or as a reaction of the subject, especially from a psychological point of view, to a physical, sensory or other impairment. The presence of conceptual limits also in the ICIDH classification led the WHO to develop a further tool: International Classification of Functioning and Disability and Health (ICF) in 2001, now accepted by 191 countries. In the ICF, the approach to disability completely changes: the concept of handicap is no longer present, everything is brought back to the principle of functioning, or rather the individual's ability to act. The ICF provides a broad analysis of the health of individuals by correlating health and the environment, presenting a definition of disability as "a health condition in an unfavorable environment" (ICF, WHO 2001). It is not easy to accept the concept of the disabled person who in relation to his life condition also expresses a desire for autonomy and a need for help. Among disabled people there are those who want to feel equal to others, there are those, however, underline and claim the difference, to obtain, thanks to the legislation, assistance that facilitates access to work, allows special health treatments and offers protections for the disadvantageous conditions.

Deafness

Deafness is a very complex concept and is often confused with simple hearing loss. In reality, the etiological factors of deafness are numerous and diverse. Deafness could be defined as a hidden handicap as the resulting difficulties are not immediately and easily identifiable. From a purely medical point of view, deafness is defined on the basis of the following factors:

- the calculated amount of hearing loss in decibels (20-40 = mild, 40-70 = medium, 70-90 = severe, > 90 = profound);
- the quality of the hearing residue reception;
- the subject's ability to distinguish perceived sounds from other similar sounds;
- the age at which the subject lost hearing: before, during or after language learning (pre- / peri- / post-lingual deafness).

The identification and analysis of childhood deafness are important from a scientific and practical point of view for the development of the child's identity. Typically, childhood deafness is divided into: hereditary deafness and acquired deafness. Hereditary forms of deafness originate from a chromosomal set transmitted from the parents. Acquired deafness is distinguished according to the period in which the pathological element responsible for the hearing damage arose. These deafnesses are divided into:

prenatal deafness, neonatal deafness, postnatal deafness. We speak of prenatal deafness when the pathological element can act either on the embryo or, after the third month of pregnancy, on the fetus; in this case the harmful action can be carried out directly on the fetus through the placenta, or indirectly. For neonatal deafness the determining factors may arise either as derived from obstetric trauma or from prematurity or from severe haemolysis. For postnatal deafness, the causes can be traced to trauma, infectious diseases, such as cerebro-spinal meningitis, encephalitis, or intoxications resulting from antibiotics. For the child who is born deaf or becomes deaf in the first two years of life, without having developed language learning, we will talk about deafness pre-lingual; for the child who becomes deaf between the first and third year of life, when he has already begun to speak but who cannot read, we will speak of peri-lingual deafness; for the child who becomes deaf after the third year of life; therefore, already in possession of articulated language, we will speak of post-lingual deafness. For the diagnosis of deafness it is therefore necessary to pay attention to specific factors: the time of appearance, linguistic development and the child's ability to adapt to situations (Vitale C., 2001). Early diagnosis of deafness will naturally allow for the necessary measures to be taken in time. The audiometric examination is used to precisely determine the hearing capacity of a subject, thus allowing to trace an auditory threshold; at each frequency, sound stimuli of decreasing intensity are sent, depending on the responses provided by the subject under examination, the intensity of response to the stimuli is calculated. After the diagnosis of deafness, the degree of hearing loss possessed by the subject is established: mild, medium, severe, profound deafness; if deemed appropriate, you can opt for the child's prosthetic, always bearing in mind that the exclusive use of hearing aids is useless if it is not accompanied by an orthophonic re-education course.

Pedagogy of difference

Pedagogy has come a long way to enhance cultural diversity and overcome the conflicting limits that oppose the integration of the different, welcoming the entire universe of differences, overcoming the limits dictated by cultural stereotypes and considering diversity as a context of comparison and personal growth factor. In order to reach a full and broad acceptance, we need to get rid of what E. Morin called "paradigmatic events", which condition our way of thinking and acting, referring to the "great paradigm of disjunction" (E. Morin, 1977), that is to the great deep cultural scheme that supports and motivates easy beliefs, cognitive stereotypes, intellectual conformism that ensure that our life is managed by disjunctive paradigms. Getting rid of these paradigms allows you to truly understand the concept of difference, not to marginalize the different and to claim the autonomy and creativity of human thought. For a deaf boy, the possibility of "being in the world" as an active subject, that is, capable of expressing one's potential, passes through a long social process that involves a transition from the idea of integration to that of inclusion.

1. The integration of the deaf pupil

With the Framework Law no. 104 of February 5, 1992, a strong egalitarian drive has also developed in the perspective of integration, resulting in a sort of forced egalitarianism for which we all have the same needs and we all need a generalized education. Instead, it is more than ever necessary to recognize that there must be adequate responses to differences and «to value the "special" professions» (Canevaro A., 1999). Still in art. 13 of the aforementioned Law states that the integration "is achieved [...] also through the attribution, by Decree of the Ministry of University and Scientific and Technological Research [...] of professional assignments to interpreters to be allocated to the university to facilitate attendance and learning of deaf students "(Law no. 104 of 5 February 1992). In schools of all levels, therefore, an

"assistance service for the autonomy and communication of pupils with physical and sensory disabilities" must be set up (Law no. 104 of 5 February 1992). The presence of the communication assistant in the school is an indispensable resource for a real integration of the deaf child, as the child will be able to interface with the teachers, the various professionals present at school and with classmates. True integration of the deaf child takes place, however, only in an environment where communicative-relational distances are canceled, where the educational relationship is no longer in a relationship of two but develops within a context influenced by environmental factors. If, in the general context of teaching, the cognitive elements of learning are important, for the deaf pupil the human and emotional dimension is even more important so that he can improve the acquisition of cognitive and psychological skills indispensable for the growth of his self-esteem and of its autonomy. For the school, the integration of the deaf child (especially the severely deaf) represents a real challenge from the didactic-methodological point of view, as it requires a change in attitudes, educational styles, teaching strategies, teaching-learning paths, in the evaluation and management systems of curricular activities. Deaf children, in fact, do not need special programs, but an adequate methodology, which allows them to carry out the same program as their peers. Furthermore, the frequent lack of information and skills on deafness turns into a lack of awareness of the cognitive potential of the deaf child and this determines the choice of a teaching that is poor in content, elementary in methodology. Another important limitation of the school is that "it fails to guarantee didactic continuity, due to the continuous change of the teaching staff, and above all, of the specialized teacher, not having enough teachers prepared for the plurality of languages, tools and methods rehabilitation for the deaf "(Favia 2003). Deafness cannot be seen, it is recognizable only in communication; therefore, deaf people do not always receive the attention and availability necessary for the construction of real emotional relationships from the hearing impaired. At school, the deaf boy's hearing peers frequently judge some of his attitudes negatively; the most widespread prejudice is that deaf children are aggressive and violent: an idea that does not take into account the fact that it is not deafness in itself that makes the deaf so, if they are, but the daily confrontation with the barriers that prevent communication. The impossibility of establishing a relationship exposes the deaf person to a series of frustrations. Integrating does not mean introducing a different person into a set of equals, nor activating a dynamic of generic socialization, or even carrying out a simple insertion operation, rather making a commitment to ensure the development of increasingly frequent and significant personal contacts with peers. If integration implements a process of autonomy of the deaf pupil in communication and socialization, inclusion allows overcoming the barriers that prevent participation and learning. In an integration process, educational and training interventions are implemented that allow the disabled person to adapt to the social situation; in a path of inclusion, we start from the recognition of equality and respect for rights to concretize and implement a concept of social justice. From the perspective of inclusion, the traditional approach to deafness is overturned, since it is no longer just the deaf who "must learn to communicate with others in a path of unilateral integration, and therefore, without the necessary, reciprocal adaptations, but it is society that must break down communication barriers, adopting alternative languages that allow learning and communicating with the deaf »(Gaspari 2005).

2. Inclusive education of the deaf child

The concepts of inclusion and integration are the basis of inclusive teaching based on cooperative and metacognitive learning and on the democratic management of the classroom. The organization of inclusive teaching must be flexible in the sense that more appropriate teaching strategies can be adapted from time to time. Teachers should have a clear understanding of the objectives and recipients of the didactic choice, to create a school climate that allows all pupils to feel accepted, understood and valued. Only in this way can inclusive education benefit all students. This teaching methodology enhances the different learning styles, exploiting the strengths of the students; favors the participation of the whole class, compared to traditional frontal lessons; develops pupils' self-esteem and confidence in their

abilities; facilitates learning, making it interactive and engaging; keeps the motivation of each pupil high; creates opportunities for dialogue and collaboration. "Communicating does not only mean creating an exchange of thoughts and ideas but also knowing how to listen to everything that the verbal and non-verbal of the other express. The teacher who is confronted with a deaf child should know sign language and also use communication tools that allow the pupil to pick up the words where the auditory residue and the eyes struggle" (Masci 2006). If the teaching is entrusted only to the reading of the lips by the child, it must be borne in mind that this inevitably involves an enormous effort due to co-articulation and visual confounding factors that make reading the individual words more complicated. «The special didactics of the deaf child needs both to be revisited in the accessibility of school contents, and to acquire the appropriate and necessary parameters to reduce the communication difficulties of the deaf student in everyone's school» (Chilà 2009). It is essential for the deaf pupil to establish a good relationship with other classmates. Teachers should have skills on the behavioral code of social and communicative relationships of the deaf community. For example, it is important to know that arranging in a semicircle allows the deaf to communicate and attend conversations in a more appropriate and understandable way; it is important to maintain eye contact with the interlocutor and call attention, if necessary, by waving your hand or looking for physical contact. You can "cross" the conversation when two deaf people are communicating in sign language, as this attitude is not perceived as a lack of respect; a third person can cross by perhaps nodding his head and using the sign "sorry" (Masci 2006). If, then, you want to help the deaf learner to follow the lip writing, you will need to take some precautions: keep a correct distance in the conversation between fifty centimeters and one and a half meters; the speaker must keep his head still and turned towards the deaf pupil and his face well illuminated; articulate words well and avoid shouting; use short, simple and complete sentences or use signs when the pupil is writing; write the word in block capitals for new terms, for names of persons or places; draw the question mark in the air when you finish a question. Using the oral method for all school hours is not positive: the deaf pupil may have serious difficulties in maintaining constant attention for many hours. Bilingual education for deaf children is now considered by many scholars to be an adequate method for their social integration. Sign language allows deaf pupils to spontaneously develop language and thinking, while spoken language helps them interact with the hearing impaired. The teacher's use of the bilingual method allows the child to learn lessons by acquiring the linguistic competence of Italian. Other methods that teachers can use with deaf pupils are: Italian marked exact and Italian marked, bearing in mind that Italian marked exact is an artificial linguistic code that brings together the lexical vocabulary of the sign language, the structure morphology of Italian and markers such as fingerprinting, facial expressions, movement, posture and configuration; marked Italian is an artificial code that uses lexical signs, the grammatical structure of the Italian language and lip reading for parts of speech such as articles, prepositions, etc. Sign language is something else. Sign language (LS) is a communicative system that uses the visual-gestural channel. It has all those characteristics that make a communication system a real language: articulation, composition, arbitrariness, grammar, syntax, etc. LS is not a universal communication code, but there are as many sign languages as there are Deaf Communities on the planet. In fact, just like vocal languages, sign languages arose spontaneously when the deaf had the need to communicate with each other, to transmit information, experiences, feelings. Each sign language then developed "its own characteristics, linked to the particular culture in which it is used" (Caselli et al. 1994). Sign languages are very different from the gestures that hearing people normally use in their conversations. They have a grammar and a syntax, with precise rules that can vary from one sign language to another. The lexicon of the LS can potentially express any concept, concrete and abstract. Sign language does not "kill the word", but rather constitutes an extremely valuable complementary linguistic modality precisely as a teaching support for speech therapy and the teaching of spoken / written language for deaf people. The Language of Signs "is like a beautiful flower in a garden enclosed by barbed wire: everyone admires and applauds it but no one comes forward with courage to grasp it and make a gift of it, or give it to an interlocutor" (Pigliacampo 1987). Although recognized as a real language, it is still rarely used in the education of deaf children today. On the contrary,

illustrious scholars have repeatedly stressed how the ability of children to learn a vocal-acoustic language is facilitated if accompanied by the learning of a visual-gestural language. The limited use of sign language also depends on the poor skills and knowledge of the parents of deaf children. Deaf children, unable to express themselves in the communicative form most congenial to them, often assume behaviors dictated by impulsiveness, low self-esteem and aggression. Hence the need to change the socio-educational approach. Specialists, interpreters, teachers today are committed to spreading sign language to ensure the integration and interaction of the deaf with the hearing community. Sign Language can and must become the link between the world of the hearing and that of the deaf; it must certainly be the public school that offers a more suitable meeting place between the two different communities. If it is true that the deaf child needs to learn Italian to interact with the hearing, he must also feel free to grow and compare with other peers who share deafness with him, with whom he can identify and share experiences and culture. The deaf child will become a bicultural-bilingual child; "It will become a bicultural subject", in the sense that it will belong to two communities, deaf and hearing, each with its own culture, that is, with particular ways of seeing things and living according to criteria that obey the values of each of these communities" (Bouvet 1986). Bilingual, because he is called to master different languages according to the contexts in which he will find himself inserted. So if teaching is to respond to the needs of the deaf pupil, it must start from recognizing the "hearing impairment [...] as an authentic" training resource", generating culture" (Gaspari 2005). The deaf person must be enabled to understand what is happening around him, he must be offered the opportunity to participate in the dynamics of the entire social and cultural community, recognizing full value to his identity, because inclusion is not a process that only concerns pupils with disabilities, but it is a global process that involves everyone. In a deaf child's schooling, teachers should always take into consideration that the pupil's personal history is of great importance; the difficulties will be less if there has been an early diagnosis of deafness, a timely prosthesis, a valid and continuous speech therapy and the constant and intelligent collaboration of the parents (Chilà 2009). It is important to create a classroom environment in which communication is stimulating and animated, alternating various communication tools that the teacher has at his disposal, from verbal to written language, from sign language to exactly marked Italian, to typing, to lip reading. The use of various tools within the classroom context can also lead to excellent results in integrating the child with the support of the autonomy and communication assistant.

3. Proposal for an educational activity

In light of the above, to encourage the integration of the deaf pupil within the classroom, some activities to be developed also with the support of the autonomy and communication assistant are indicated below. An important activity is the LIS laboratory for classmates and teachers. The workshop can be divided into didactic units, favoring a group work methodology and exclusive communication with signs. Within the group it is important:

- learn to score or improve your own score
- acquire greater confidence in communicative expression through the body
- develop the ability to relate and interact with others
- make deafness more visible
- improve the LIS of the deaf pupil

The laboratory allows you to experiment with a methodology for transferring LIS through the development of the creative abilities of children to build a vocabulary created by the children themselves and to allow the deaf child to visualize the different construction of the sentence in Italian, the different structures, the different idioms in a linguistic-cultural exchange on an equal footing. The workshop is based on everyone's daily concrete experiences. In the first phase, the objects of common use will be identified through the corresponding term in Italian and the corresponding sign in LIS and subsequently reproduced through the use of graphic arts alongside the design of the sign in LIS. In practice, the idea is

to show the children the image of an object by asking them to go and look for it, whoever has identified it will be asked to pronounce the name that will be marked through the typing to the deaf child: at this point they will ask the deaf child to produce the sign instead. With the collaboration of the deaf child, a visit will be made throughout the school, focusing on objects belonging to the same category: blackboards, pencils, erasers, alternating the phonic production of the name of the object with that of the sign. In this way, children are communicated the idea that LIS is a full-fledged language that uses a communicative code that is not the phonic one but the sign one and, therefore, each sign corresponds to an object and vice versa. In the second phase, each child will be asked, first to draw an object that belongs to the identified category, then to reproduce the sign, previously photographed, next to it. The different objects will be classified within macro or micro-categories as appropriate. Finally, the tables obtained will be collected in a notebook which will become the vocabulary of the class. In the third phase we move on to the construction of the first sentences. The sentences will be transcribed in Italian and will present the images of the corresponding signs of the words making up the sentence. The final product will consist of a class notebook containing an LIS vocabulary (lexemes) and everyday phrases. The class thus becomes a small community where, through play and mutual interaction, hearing children and deaf children can each increase their skills and competences. Hearing children will discover the possibility of communicating through a linguistic code other than Italian, the deaf child will improve their grammar skills. "Feeling the world with your eyes" is the methodological principle that underlies a special didactic adapted to the deaf learner.

4. LIS in support of communication disabilities

There are some disorders due to internal causes, that is language disorder or disability, they can be of three types: instrumental disorders (hyposacusis, dysarthria), specific disorders (developmental dyslalia, combinatorial dyslalia and dysphasia) and integration disorders (cerebral palsy, mental retardation), relational disorder). Instrumental disorders, such as hearing loss and dysarthria, make it difficult for the child to use perceptive and sensory-motor tools for verbal communication, without having a primary difficulty in linguistic development. Specific disorders such as dyslalia and dysphasia produce a selective difficulty in the child that compromises language development in different ways and degrees in the absence of instrumental, intellectual and emotional relational deficits. In integration disorders, due to cerebral palsy, mental retardation or relational disorders, the language disorder is more or less evident in the context of more global developmental problems. Obviously, the developmental stages vary from individual to individual, but one way to understand if the child has any linguistic problems or delays is to check if the typical developmental stages are respected. Otherwise, an anomaly in one or more of the evolutionary stages may be a risk index of an atypical development or the presence of a Specific Language Disorder (DSL). DSL is a developmental language disorder, called "specific" because it is not related to or caused by other developmental disorders of the child. In particular, the exclusion criteria for diagnosing subjects with DSL are: absence of hearing deficits, episodes of otitis, abnormalities of the oral structure or problems in oral functions, they do not show evidence of a clear normal or developmental neurological deficit, have no symptoms of social relationship or symptoms of autism or pervasive developmental disorder (Leonard, 2002). Although DSL is therefore not associated with other pathologies, it can occur in coexistence with other deficits, as stated by Friedman, Novorodsky (2008). Individuals with DSL have particular difficulty with structures that exhibit syntactic movement and with flexural morphology (Guasti, 2004). We can meet other pathologies such as Infantile Cerebral Palsy (CP), developmental deficits, genetic syndromes, Autism spectrum syndrome, verbal dyspraxia, or congenital deficits; also brain damage, aphasia, temporary post-operative deficits which are instead acquired and all these pathologies block communication. (Longo, 2017). In cases of disability in which the verbal articulatory capacity and language are deficient or absent, the environment must facilitate, providing the most suitable tools for communicating. For this reason, the limit of the absence of a verbal language is not a characteristic of the individual, but a variable of the environmental and social context, which can also be

overcome by providing a bilateral shared code that allows for effective communication. “Communication and language are an important point of arrival in the development of the child, but at the same time they are also its basis and one of its tools” (De Lange, 2012: 53). Communication is very important for all aspects of learning, because, in the absence of access to functional communication, these children risk being disadvantaged compared to their peers and not being able to take advantage of the possibilities of communication, of literacy and of socialization. They also demonstrate lower levels of communicative intentionality and this entails fewer opportunities for communicative and linguistic exchanges for adults (Longo, 2017). Sign language is therefore normally used by the deaf, but it is not the only population to use it. In fact, it is often used by educators in many cases of behavioral disorders and intellectual disabilities, such as in situations of autism, Down syndrome and verbal dyspraxia. LIS is a natural-historical language, which uses the visual-gestural channel.



Fig. 1 .Configurazioni della LIS (Cadorna,Volterra,2007:62).

It therefore represents a valid alternative to verbal language in those contexts in which the acoustic-vocal channel is damaged, giving the possibility to subjects with different clinical pictures to be able to express themselves through signs. In addition to being the natural language of the Italian deaf community, LIS is also used in educational and school contexts, in which it has been shown to improve both linguistic and cognitive skills of children, as it supports memorization and allows greater activation. also of non-language areas, thus increasing the child's brain activity (Daniels, 2001). The use of LIS in the classroom,

in association with the oral language, allows students and teachers to take advantage of different sensory dimensions that are often ignored in traditional teaching approaches, quickly, easily and economically. In fact, the kinesthetic system integrates normal visual and auditory input, offering more interesting, rich and multisensory stimuli, a strategy that represents the key to learning (Piaget, 1959; Montessori 1967). It therefore offers a "compensatory tool both for subjects with a specific sensory disability and for subjects for whom sight and hearing are not sufficient to create the necessary connections for learning" (Giuliano, Quartana, 2018: 186). LIS has also been used since the 60s and 70s also in rehabilitation and therapeutic areas for people with complex communication needs. Various studies reported in the literature of autistic children show that LIS is able to obtain very positive results (Quartana and Pedron, 2016; Pallavacino, 2016; Scagnelli, 2016). Still other studies have demonstrated the advantages of LIS with regard to other linguistic deficits, both with cognitive and behavioral impairments (Rinaldi et.al., 2016) and in the absence of them (Scursatone and Bertolone, 2016). Finally, it has also proved suitable for other situations and clinical pictures, such as those of congenital or acquired aphasia (Scurria, 2012), of cognitive retardation (Fiengo, 2014) and of subjects with Down syndrome (Raccanello, 2014). Today teaching is based on the centrality of the pupil, everyone uses their own learning style, thanks also to Gardner's theory of multiple intelligences. Learning styles describe the sensory channels favored by each individual upon receiving an input to be learned: the visual-verbal, the visual-non-verbal, the auditory and the kinesthetic channels. Nobody learns exclusively through a single channel, however identifying their preferred channel greatly facilitates the passage of information, makes learning more effective and, in some cases, can be decisive for the entire process. According to Gardner, each individual owns intelligences, in different fields, and these represent his strengths. The answer comes from glotto-didactics, the study that concerns all languages, be they mother tongue or of an L2 (foreign language) or, of a classical language such as Greek or Latin, proposing variety as a principle, to stimulate the various areas and favoring the various styles, as well as reasoning concretely on which language teaching actions activated certain intelligences. Consequently, in special language teaching, the tendency is to consider and establish some reference principles, some cornerstones on which the teacher who works in a context can and must be guided. We must always keep in mind the variability of cases and the individuality of the students, in their diversity. For all the reasons described above, the use of LIS in special teaching is highly inclusive. The positive effects of the use of LIS in these cases are many and different depending on the clinical picture and the environmental and social situation in which each individual finds himself. Generally speaking, this type of approach, by offering a communication method that is easier to use than the vocal language, allows these subjects to overcome the problem behaviors deriving from the lack of ability to express themselves and thus allows to reduce frustrations and anxieties (Vallotton, 2011). Furthermore, with the passage of time this approach also helps to enhance fundamental tools such as self-esteem, personal autonomy and development of one's own identity (Branchini, Cardinaletti, 2016) to produce signs (Branchini, Cardinaletti, 2016). The LIS and the Italian language can in fact be produced simultaneously, through code-blending. This modality therefore does not need to interrupt the flow of signals to start speaking, nor vice versa, but it can do so at the same time (Emmorey, 2008). It must be remembered that not all children are the same and each individual has different needs that must be met. For this reason, before adopting a rehabilitation method, it is necessary to carefully study the emerging abilities, family resources and learning strengths of the child and then choose and use the communication approach that best suits that person's needs.

Conclusions

"The global village does not admit excluded and the new universal culture that is being built cannot be based on the criterion of homologation but must necessarily assume as its foundation the criterion of diversity and with it that of encounter and dialogue. A diversity seen as a wealth and not as a threat, recognized and not denied which therefore allows constructive integration and coexistence "(Perruca

1998). The education of the deaf child is based on the acceptance of diversity and respect for difference; the rehabilitation and education of the deaf child depend on early intervention, functional diagnosis, the active collaboration of the family who has the duty to redefine their behavior towards their child who is usually overprotected or overstimulated. Only in this way will the parent come to recognize his hearing-impaired child in his existential entirety and the child will be able to be an active part of the family and fully aware of himself. The scholastic integration of the deaf child is parallel to his family and social integration. Through this long and articulated path, the child, future adolescent and deaf adult, will be able to develop a full and conscious identity and a sense of belonging to a community, thus being recognized as deaf not as disabled.

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