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「発達障害と不応答」問題の研究動向と課題

A Research Review on Students with Developmental Disabilities and Maladjustment

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Abstract

The Ministry of Education, Culture, Sports, Science and Technology raised the following issues as “problems newly indicated in relation to school non-attendance” in its “*Concerning the Ways of Support for School Non-attendance in the Future (report)*” released in 2003. “Some point out that there are many cases in which schoolchildren and pupils with learning disabilities (LD), attention deficit hyperactivity disorders (ADHD), and so on come to refuse to go to school as a result from which the following conditions get worse: Unable to develop personal relationships with surrounding people, or unable to overcome failures at learning”, and “Although school non-attendance is often considered as a rational decision such as ‘I want to go to school, but I cannot’, causes of school non-attendance include truancy attributable to thrill-seeking and/or delinquency, maladjustment because of LD and ADHD, illness, cruelty. Therefore, measures for school non-attendance must be taken in consideration of those diverse actual conditions.”

With such indications, recent studies of developmental disabilities have begun to point out that inadequate support and neglect of children with developmental disabilities often engender various types of “maladjustment problems”, which indicate extreme difficulties of adjustment in human relations and social behaviors other than school non-attendance, such as withdrawal, psychoneurotic symptoms (apathy, depression, schizophrenia-like state, dissociative disorders, and obsessive-compulsive disorders), bullying and being abused, violent outbursts, delinquency, conduct disorders, and criminal acts. Nonetheless, empirical studies of actual conditions of maladjustment problems of children with developmental disabilities at school remain in a state of stagnated infancy.

Studies of developmental disabilities and maladjustment are increasingly drawing attention in the field of medicine as well. Sugiyama (2000) points out the following. 1) Support in education is insufficient; teachers do not provide appropriate support because of a lack of knowledge, creating a vicious cycle of inspiring resentment of problematic behaviors of children with mild developmental disabilities. 2) Consequently, secondarily reactive emotional problems and psychiatric problems will supervene.

Koeda (2002, 2003) states that “Many children with learning disabilities who visit pediatric outpatient clinics have complications of psychosomatic disorders or refuse to go to school.” He indicates the following points: 1) Although academic underachievement caused by cognitive disorders is the primary problem for learning disabilities, secondary problems such as school-maladjustment become the chief concern in the higher grades of elementary school and afterwards. 2) These are psychogenic reactions resulting from low self-esteem and a lack of a feeling of accomplishment because of not being rewarded no matter how hard they work. 3) Such secondary maladjustment occurs at a high rate with developmental disabilities; in particular, school non-attendance rapidly increases

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around the time of advancement to lower secondary school.

In addition, the following are reported from the field of medicine: “Approximately 10% of children diagnosed as AD/HD ... refuse to go to school in adolescence” (Ichikawa, 2004). “An examination of concurrent diseases in 354 children with high-functioning pervasive developmental disorders revealed that, of them, 33 children (9.3%) refused to go to school” (Sugiyama et al., 2004).

In the field of clinical psychology, Aizawa (2004) indicates the present situation through clinical examinations of “school non-attendance” and “withdrawal” as follows: A lack of understanding of high-functioning pervasive developmental disorders affects modes of welfare support. Despite difficulties in their lives, they are not subject to welfare for persons with disabilities. He also lists the following points and explains the necessity of expanding and developing special classes for children with maladjustment for the improvement of “school non-attendance” and “withdrawal”: Adjustment guidance class users throughout Japan are only about 10% of all schoolchildren and pupils who refuse to go to school; few counseling staff members are experts in developmental disabilities; and special classes for children with maladjustment are available only for students in compulsory education.

Also in the area of forensic clinical psychology, through case examples in the family court medical office system, there is an indication that many criminal cases involving juveniles with high functional autism are “managed” with no “problem” because of the invisible nature of the disorder (Sakihama, 2004). Fujikawa (2007) describes results of an epidemiological investigation conducted in the Tokyo Family Court in 2004 as follows: Persons suspected of having pervasive developmental disorders, ADHD, and intellectual disabilities were selected from among 862 persons whom an investigator interviewed. Of them, persons who had been diagnosed or suspected of having pervasive developmental disorders were 24 cases (2.8%). This value is two to four times greater than the commonly believed incidence rate of pervasive developmental disorders (0.6–1.2%). According to Toichi et al. (2002), criminal acts of persons with pervasive developmental disorders clearly reflect characteristics of the disorders into their “styles”, but the disorders themselves are not necessarily a “drive” of their criminal acts. They provide some case examples showing that stress caused by secondary disabilities, such as isolation and alienation, became a drive for delinquencies.

As described above, it is increasingly pointed out that inadequate support and neglect of children with developmental disabilities often causes “*niji shojō* (secondary symptoms)”, such as school non-attendance, withdrawal, and criminal acts (Sugiyama, 2005, 2007); Toichi (2004) calls them as “*niji saigai* (secondary disorders)”. However, accumulation of studies dealing with children with developmental disabilities and problems of maladjustment is highly insufficient in school education. When developmental disabilities are taken up as an issue of school education, problems of a failure of learning and human relations tend to be centrally addressed. Nonetheless, empirical studies of maladjustment problems that they must confront have barely and only slowly begun.

Key words: Developmental Disabilities, Maladjustment, Review

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要旨: 文部科学省(2003)の「今後の不登校への対応の在り方について(報告)」では、「不登校との関連で新たに指摘されている課題」として「学習障害(LD)、注意欠陥/多動性障害(ADHD)等の児童生徒については、周囲との人間関係がうまく構築されない、学習のつまずきが克服できないといった状況が進み、不登校に至る事例は少なくないとの指摘もある」ことや「不登校は、『学校に行きたいけれども行けない』といった心の問題としてとらえられることが多いが、不登校の中には、あそび・非行による怠学、LD、ADHD等による不適応、病気、虐待等を要因としたものも含まれ、不登校対策はそれらの多様な実態を視野に入れたものでなければならない」ことが提起されている。

こうした指摘のように最近の発達障害研究においては、軽度の発達障害児への不適切な対応や放置の結果、不登校以外にもしばしばひきこもり、精神神経的的症状(無気力、抑鬱、統合失調症様状態、解離性障害、強迫性障害)、いじめ・被虐待、暴力的噴出、非行、行為障害・触法行為などを含み、対人関係・社会的行動面で著しい適応困難を示す各種の「不適応問題」を引き起こすことが指摘され始めている。しかしながら学校現場における発達障害児の不適応問題の実態についての実証的研究はほとんど未着手の状況にある。

さて発達障害と不適応に関する研究は医学分野でも次第に関心を集めている。杉山(2000)は、①教育における対応が不十分で、教師の知識が乏しく適切な対応がなされないことから軽度の発達障害児の問題行動が憎悪する悪循環が生じること、②結果として二次的に反応性の情緒的な問題や精神的な問題を併発すると指摘している。

小枝(2002, 2003)は「小児科外来を受診する学習障害児では、心身症を合併していたり、不登校になったりしている児も少なくない」と述べ、①学習障害は認知障害による学業不振が一次的な問題であるが、小学校高学年以降になると学校不応などの二次的な問題が主となること、②これらは努力してもなかなか報われないことによる自己評価の低さ、達成感の欠如からくる心因的反応であること、③発達障害では二次的な不応が高率に発生し、とくに中学校に進むころから不登校が急速に増加することを指摘している。また「AD/HDの診断を受ける子どもは(中略)思春期では約10%が不登校となっている」(市川:2004)、「高機能広汎性発達障害児者354名に関して併発症を調べてみると、不登校33名(9.3%)」(杉山ほか:2004)であることなどが医学分野から報告されている。

心理臨床分野では、相澤(2004)が「不登校」「ひきこもり」の臨床的検討をとおして、高機能広汎性発達障害に対する無理解は福祉の対応の在り方にも影響し、生活上の困難があっても障害者福祉の対象になっていない現状を指摘している。また全国の適応指導教室の利用者数が全不登校児童生徒数の1割程度しかない点、相談員に発達障害の専門家が少ない点、利用対象者が義務教育の児童生徒に限られている点を挙げ、「不登校」「ひきこもり」の改善に向けて適応指導教室の拡充整備の必要性を説いている。

司法臨床の領域においても、家庭裁判所医務室制度の事例をとおして高機能自閉症の少年事件が、障害の見えにくさゆえに「問題」なく「処理」されることが多いとの指摘があるほか(崎濱:2004)、藤川(2007)は2004年に東京家庭裁判所で行われた疫学調査の結果について、以下のように述べている。調査官が面接をした862人のうち、広汎性発達障害・ADHD・知的障害が疑われるものを抽出し、そのなかで広汎性発達障害と診断ないし疑いがあるとされたのが24件2.8%であり、この数値は一般的に考えられている広汎性発達障害の出現率0.6～1.2%の2～4倍である。十一ほか(2002)によれば、広汎性発達障害者の触法行動は、その「形式」には障害特性が明瞭に反映されているが、必ずしも障害自体が触法行為の「動因」となっておらず、孤立や疎外といった二次的な障害から生じたストレスが非行の動因となった事例を示している。

以上のように、発達障害児への不適切な対応や放置の結果においてしばしば不登校、ひきこもり、触法行為などの「二次症状」を引き起こすことなどが指摘され始めている。しかし学校教育においては、発達障害児と不応の問題を扱った研究の蓄積はきわめて不十分である。学校教育の問題として発達障害が取り上げられるとき、学習面でのつまづきや対人関係の問題が中心的に扱われる傾向があるが、彼らが直面する不応問題についての実証的研究はほとんど未着手の状況にある。

キーワード:発達障害, 不応, レビュー