UNIVERSIDAD DE CÓRDOBA
FACULTAD CIENCIAS DE LA EDUCACIÓN
DEPARTAMENTO DE EDUCACIÓN

UNIVERSIDAD DE CÓRDOBA

UNIVERSIDAD Ð CÓRDOBA

INNOVACIONES PEDAGÓGICAS PARA DAR RESPUESTA AL ALUMNADO CON DEPRESIÓN EN CONTEXTOS ESCOLARES A TRAVÉS DE ORIENTACIONES A LA FAMILIA.

A THESIS SUBMITTED BY

Eleftheria D. Koziokou

Director

Dr. Juan Manuel Muñoz González

TITULO: *INNOVACIONES PEDAGÓGICAS PARA DAR RESPUESTA AL ALUMNADO CON DEPRESIÓN EN CONTEXTOS ESCOLARES A TRAVÉS DE ORIENTACIONES A LA FAMILIA*

AUTOR: *Eleftheria Koziokou*

To my dad,

to my Dimitris

TÍTULO DE LA TESIS: INNOVACIONES PEDAGÓGICAS PARA DAR RESPUESTA AL ALUMNADO CON DEPRESIÓN EN CONTEXTOS ESCOLARES A TRAVÉS DE ORIENTACIONES A LA FAMILIA.
DOCTORANDO/A: Eleftheria D. Koziokou

INFORME RAZONADO DEL/DE LOS DIRECTOR/ES DE LA TESIS

(se hará mención a la evolución y desarrollo de la tesis, así como a trabajos y publicaciones derivados de la misma).

El trabajo de investigación realizado por Eleftheria D. Koziokou que ha dirigido el profesor Juan Manuel Muñoz González, presenta, a mi juicio, suficientes indicios de calidad y rigor científico como para que sea presentado a defensa pública y evaluado en Comisión Académica en orden a la posible adquisición del grado de Doctor. En esta tesis doctoral se ha realizado una revisión sistemática y actualizada de la literatura, evaluando la información científica disponible hasta la fecha sobre la depresión infantil y el fracaso escolar protagonizado por los niños que la padecen. En cuanto a la metodología, destaca la combinación de cuatro herramientas de investigación que interactúan para producir las conclusiones de la tesis. Se trata de un estudio de caso centrado en las necesidades educativas especiales de los niños que sufren depresión y propone un nuevo enfoque pedagógico para despertar la motivación de los niños por aprender. El Nuevo Enfoque Pedagógico se basa en los principios del juego que se estructura en pasos específicos dirigidos a la adquisición de la lectura, la escritura y la participación del niño en el proceso educativo escolar. De los resultados del estudio se desprende una conclusión muy alentadora: la educación de los niños que sufren depresión infantil puede mejorarse mediante el aprendizaje aplicando un Nuevo Proceso Educativo basado en el concepto de juego.

Por todo ello, se autoriza la presentación de la tesis doctoral.

Córdoba, 21 de febrero de 2022

Firma del director

Acknowledgements

Upon completing my PhD thesis, I would like to express my heartfelt thanks to all those who contributed to its development.

I would like to warmly thank my esteemed supervisor, **Dr. Juan Manuel Muñoz González**, for his trust in me from the very start, his scientific guidance, his suggestions, his perseverance, his encouragement, his continuous support and the undiminished interest he has shown with his valuable advice from the beginning to the end.

I would also like to thank the families of the children who trusted me throughout the years of my research. Additionally, my special thanks go to Foteini Alexaki and Christos Papoutsellis for their immediate response to the needs that arose; their help was decisive.

Finally, I would like to express my gratitude to my family for all their support and understanding throughout my studies. I especially feel the need to thank my children, who are the source of my inspiration, and my husband, Stavros Papoutsellis, who always remained by my side with patience and dedication throughout the years of my studies, believing in me and my dreams even at times when I lost faith in myself.

Contents

Tables Contents

Figures Contents

Figure 1:

The graph below shows the research sample with the four research tools used.

Figure 2:

Result of the conceptual content analysis. The diagram represents the relationships between the main categories obtained.

Índice de contenidos

Resumen en español

En la presente investigación se ha llevado un estudio de casos de niños que sufren depresión. El método elegido es una investigación cualitativa basada en los datos obtenidos tras la interacción con tres niños deprimidos durante un periodo de 5 años. Uno de los objetivos es proponer un nuevo método pedagógico basado en el diseño de juego didáctico para que los niños puedan expresar palabras de forma oral y escrita. Se espera que este trabajo mejore el estado espiritual de los niños deprimidos y demuestre que el aprendizaje puede ser una motivación especialmente poderosa para la vida. En este sentido, se propone un proceso de aprendizaje a través de juegos y actividades que facilitan la lucha contra la melancolía, la distimia, la agresividad y la negación general en los niños deprimidos y, al mismo tiempo, les ayuda a adquirir conocimientos.

Según la Autoridad Estadística Helénica (2021), el 34,6% de la población griega vive actualmente por debajo del umbral de la pobreza, lo que intensifica el fenómeno de la depresión. La crisis económica, que afecta a toda Europa, está destruyendo los sueños de nuestros hijos como una tormenta de fuego, sacudiendo los cimientos de la familia y dando lugar a personas deprimidas que, a su vez, crían hijos deprimidos. En Grecia, tras el fenómeno del consumo excesivo, aparece la crisis económica, que reduce los ingresos y aumenta el desempleo. El estancamiento económico y la incapacidad de las personas para satisfacer sus necesidades básicas están aumentando drásticamente los índices de depresión, que no pueden dejar de afectar a los niños (Hellenis Statistical Authority (ELSTAT), 2021).

Cabe señalar aquí que el modo de crecimiento mediterráneo de nuestros niños, debido a su mentalidad y a las condiciones climáticas, no dictaba tales índices de depresión, a diferencia de los niños que crecían en el norte de Europa. Por estas razones, se ha elegido Grecia como único país en el que se tomará una muestra de niños para llevar a cabo esta investigación. Todos sabemos que los niños son el futuro y la esperanza de toda sociedad y debemos protegerlos, proporcionándoles la mejor atención posible en todos los niveles de su vida y ofreciéndoles la mejor educación possible, ya que la educación es el pistoletazo de salida del alma de los niños, llenándolos de sueños, creatividad y optimismo para su futuro. Una sociedad que diezma su sistema educativo, utilizando como excusa fenómenos sociales temporales, condena automáticamente su futuro. El fenómeno de la depresión infantil, que tiende a caracterizar nuestro siglo, es una plaga que debemos frenar de todas las maneras y con todos los medios posibles. La educación y el aprendizaje son dos armas inestimables en la vida de todo ser humano, que pueden aportar una solución, siempre que sea posible.

1. Introducción

El primer capítulo de este estudio es la "Introducción", que detalla la definición de la depresión infantil y la dinámica del fenómeno. La depresión es un estado de ánimo emocional desagradable del individuo que se resume en un estado de tristeza patológica (intensa y prolongada), acompañada de una reducción significativa del sentido de la valía personal y de una dolorosa conciencia de ralentización de los procesos mentales,

psicomotores y orgánicos, perteneciente al grupo de los "Trastornos del Estado de Ánimo". En este sentido, las personas persona que sufre de depresión suele describirse a sí misma como triste, abatida, desanimada, sin esperanza.

La depresión en la infancia, es decir, antes de los 12 años, presenta una multitud de problemas diagnósticos y terapéuticos para el terapeuta (Markou Dimitra, 2019). A través de la educación, el niño se refina y fortalice, abandonando la inercia y el vacío, disfrutando de los placeres de la vida y afrontando sus adversidades con entereza. Esto se debe a que el niño se acostumbra a pensar, a aceptar la crítica, a tomar decisiones, a esforzarse por fortalecer sus relaciones con el resto de la sociedad para el intercambio de opiniones, de ideas, para la inculcación y transmisión de ideales. Al respect, la aparición de las Tecnologías de la Información y la Comunicación (TIC) en la educación ha traído consigo cambios que han afectado a los dos factores principales del proceso educativo, alumnos y educadores (Marín-Díaz et al., 2020). Las aplicaciones de las tabletas digitales que los niños utilizan en su vida diaria, el buscador de información e imágenes, así como los juegos de dibujo han ayudado al desarrollo de la investigación porque los niños están ahora muy familiarizados con ellas.

Por otra parte, la depresión infantil, que ha aumentado en Grecia desde 2009 debido a la crisis económica, afecta ahora a Europa. Este problema afecta a un segmento vulnerable de la población estudiantil con necesidades educativas especiales. La colaboración diaria con los niños que sufren depresión ha puesto de manifiesto sus necesidades educativas y sociales. La confianza en sí mismos y la fuerte motivación por la creatividad y la vida son características clave que faltan en su mundo emocional. En este contexto, la educación adecuada de los niños deprimidos es de suma importancia para su buena integración en la sociedad como miembros útiles (Hellenis Statistical Authority (ELSTAT), 2021)

En este trabajo, investigamos el modo en que la depresión afecta a los niños y proponemos formas de tratarla. Aquí, el término "niño deprimido" puede referirse colectivamente a (i) un estado de ánimo o emoción normal, como cuando se produce una pérdida significativa o la muerte de un ser querido para el individuo; (ii) un síntoma, en el caso de que la depresión sea una forma de reacción al estrés o una reacción secundaria en pacientes con problemas orgánicos o psiquiátricos; y, (iii) un trastorno o síndrome psicopatológico, como, por ejemplo, el Trastorno Depresivo Mayor, el Trastorno Distímico o los Trastornos Bipolares que se clasifican, según la CIE-10 (Organización Mundial de la Salud, 1993) y el DSM-IV (Asociación Americana de Psiquiatría, 1994), como Trastornos del Estado de Ánimo (Tsarouchas, Antoniou & Polychroni, 2021)

La incapacidad de los niños deprimidos para dominar los conocimientos es comprensible. Maughan, Collishaw, Stringaris (Maughan et al., 2013) subrayan la necesidad urgente de crear nuevos métodos de tratamiento de la depresión infantil y adolescente porque los porcentajes que se registran son extremadamente altos. Alesi, Rappo y Pepi (Alesi et al., 2014) observan los efectos de la depresión en el rendimiento escolar, mostrando las dificultades de aprendizaje de los niños y concluyen que los conocimientos y el aprendizaje se convierte en un obstáculo para ellos. El aprendizaje se convierte en un proceso difícil y desordenado en sus mentes y, como resultado,

gradualmente se abstienen de hacerlo. Su distracción durante la clase hace que al principio no aprendan bien y los profesores les cargan con más obligaciones de estudio, que son difíciles de afrontar, o incluso les castigan mediante exámenes. Pero, junto con el aprendizaje, también se tambalea la buena integración de los niños deprimidos en la vida escolar. La integración escolar es un tema importante en la educación especial, ya que está relacionada con la futura inclusión del alumno en la sociedad. En la situación específica que experimentan emocionalmente los niños deprimidos, esta integración parece a menudo imposible. Esto se debe a su completo aislamiento o a su intensa agresividad, que acaba por hacerlos indeseables en compañía de sus compañeros y un blanco fácil para las reprimendas de los profesores.

La depresión, sin embargo, es una condición que afecta a la persona de forma universal en su forma de sentir, pensar y actuar. Sburlati, Lyneham, Schniering y Rapee (Sburlati et al., 2014) han indicado claramente la necesidad de una formación sustancial y especializada en la terapia cognitivo-conductual (TCC) y en los trastornos de ansiedad y depresión que presentan los niños. Por lo tanto, la necesidad de esta investigación revela la necesidad de la misma para proponer un nuevo plan de aprendizaje, un nuevo proceso educativo, que se dirija a esta población estudiantil en particular. Al mismo tiempo, es extremadamente importante prevenir la depresión infantil en el entorno escolar, porque así habrá más posibilidades de reducir este fenómeno. Un diagnóstico oportuno y preciso de la depresión infantil aumenta las posibilidades de su tratamiento eficaz a través del aprendizaje. El aprendizaje, transformado en una motivación para la vida, tiene el poder de crear nuevas metas y aspiraciones para que los jóvenes salgan de la "oscuridad".

La originalidad de esta investigación radica en que, con métodos de aprendizaje pedagógico y con el poder del conocimiento como herramienta, se pretende rehabilitar la depresión en la medida de lo posible. Los resultados de la investigación se dirigen a los Educadores Especiales y a los Profesores – Maestros que trabajan en las escuelas de Educación Especial. Además, se trata de un tema candente que, hasta la fecha, ha recibido poca atención por parte de la comunidad científica, a pesar de que los índices de depresión infantil van en aumento.

A través de la educación, el niño se perfecciona y fortalice, abandonando la inercia y el vacío, disfrutando de los placeres de la vida y afrontando sus adversidades con entereza. Esto se debe a que el niño se acostumbra a pensar, a aceptar la crítica, a tomar decisiones, a esforzarse por fortalecer sus relaciones con el resto de la sociedad para el intercambio de opiniones, de ideas, para la inculcación y transmisión de ideales. (Theodoropoulou, 2010)

Por otra parte, el trastorno distímico se caracteriza por un estado de ánimo deprimido la mayor parte de los días, durante al menos dos años. En los niños suele observarse más irritabilidad que estado de ánimo deprimido, y la duración requerida de los síntomas, a diferencia de los adultos, es de un año. Durante los periodos de estado de ánimo deprimido, se observan al menos dos síntomas adicionales, como la disminución del apetito o la sobrealimentación, el insomnio o la somnolencia excesiva, la pérdida de energía o la baja autoestima y la escasa concentración de la atención o la dificultad para tomar decisiones y los sentimientos de desesperanza. Los niños presentan un

cuadro clínico similar al de los adultos en cuanto a la sintomatología, la duración y la gravedad del episodio depresivo, así como tasas similares de recuperación, recaída, comorbilidad y antecedentes familiares de trastornos mentales. Algunos síntomas, como el retraimiento físico y social, son especialmente frecuentes en los niños, mientras que los delirios son poco frecuentes (Birmaher, B., Axelson, D., Yorbik, O., Williamson, D. E., & Ryan, 2004). Los niños, manifiestan depresión y parecen apáticos, infelices, rechazan la comida, están irritables y lloran con frecuencia. El diagnóstico del trastorno requiere ajustar la evaluación, dependiendo del nivel de desarrollo, porque la baja autoestima, la desesperanza y las ideas recurrentes de muerte, son difíciles de reconocer en los niños pequeños (Metaxaki, M., Karapidaki, A., & Karchilaki, 2020)

Por tanto, el término "niños deprimidos" se refiere a:

1. a un estado de ánimo o emoción normal, como cuando se produce una pérdida significativa o la muerte de un ser querido para el individuo.

2. un síntoma, en cuyo caso la depresión es una forma de reacción al estrés o una reacción secundaria en pacientes con problemas orgánicos o psiquiátricos.

3. Un trastorno o síndrome psicopatológico, como, por ejemplo, el Trastorno Depresivo Mayor, el Trastorno Distímico o los Trastornos Bipolares que, entre otros, se clasifican, según la CIE-10 (Organización Mundial de la Salud, 1993) y el DSM-IV (Asociación Americana de Psiquiatría, 1994), como Trastornos del Estado de Ánimo. (Avramidou, 2016).

Muchos niños se sienten tristes, pero cuando uno está deprimido, la baja emoción también afecta a sus actividades normales. Según el doctor Panos Efstathiou (2017) (Comandante del Centro Nacional de Operaciones Sanitarias del Ministerio de Sanidad) en cada aula hay al menos un niño griego que sufre depresión. A principios de la década de 1980, muchos psiquiatras creían que los niños eran incapaces de sufrir una depresión porque carecían de madurez emocional. Sin embargo, la realidad actual lo contradice. Por ejemplo, un niño deprimido suele tener problemas emocionales, de pensamiento, físicos, de comportamiento y riesgo de suicidio. Más detalladamente, las principales características de la depresión en la infancia y la adolescencia son las siguientes:

- un sentimiento constante de tristeza, desesperanza y vacío,

- reducción de la autoestima y del respeto por uno mismo

- dificultad para concentrarse

- incapacidad para tomar incluso decisiones sencillas

- recordar cosas básicas (memoria)

- completar sus deberes

- controlar los pensamientos pesimistas

- sufrir dolores de cabeza y de estómago

- falta de energía y sensación de cansancio físico

- problemas para dormir

- aumento o pérdida notable de peso

- aumento de la actividad motora o un estado de ánimo perezoso

- llanto excesivo

- comportamiento verbal agresivo con frecuentes estallidos de ira - comportamiento destructivo

- pensando en la muerte, el suicidio y otras cosas horripilantes. (Metaxaki, M., Karapidaki, A., & Karchilaki, 2020)

Según el psiquiatra infantil Efstratios Pallis (Euroclínica de Atenas), no es fácil diagnosticar la depresión en niños y adolescentes. Por esta razón, es necesario entrevistar al niño sin la presencia de los padres, que muy a menudo no saben cómo se siente su hijo, además de ignorar si presenta ideas suicidas. A partir de los testimonios, es evidente que los trastornos mentales son un tema tabú en Grecia. A la mayoría de los padres les asusta la idea de que se conozca el desorden y se les haga responsables. Por eso acuden a un especialista cuando no pueden ocuparse de su hijo por sí mismos y su vida cotidiana se ha convertido en una pesadilla (Milioni, I., & Matzoglou, 2010).

1.1 Necesidad de estudio

A continuación, se subraya la necesidad de este estudio, que surge de la importancia de la educación, que no pueden aceptar debido a su depresión. Pero la depresión es una condición que afecta al individuo de forma universal en su forma de sentir, pensar y actuar. Por tanto, se revela la necesidad de esta investigación para proponer un nuevo plan de aprendizaje, un nuevo proceso educativo, que se dirija a esta población estudiantil en particular. Al mismo tiempo, es muy importante prevenir la depresión infantil en el entorno escolar, porque así habrá más posibilidades de reducir este fenómeno. Un diagnóstico preciso de la depresión infantil aumenta las posibilidades de su tratamiento eficaz mediante el aprendizaje. El aprendizaje, transformado en una motivación para la vida, tiene el poder de crear nuevas metas y aspiraciones para que los jóvenes salgan de la "oscuridad" (Katsiana et al., 2021).

Al mismo tiempo, la educación es la piedra angular de la vida de todo ser humano para su buena integración en la sociedad, su camino ascendente en la vida y el logro de sus ambiciones personales. La educación se define como el desarrollo de las facultades físicas, mentales y morales del individuo. Amplía los horizontes espirituales del individuo y le abre perspectivas para enriquecer sus impulsos, un proceso mediante el cual aprende constantemente y cambia su personalidad hasta el punto más alto posible. El ser humano se refina y fortalece, abandonando la inercia y el vacío, disfrutando de los placeres de la vida y afrontando sus adversidades con valor y vigor. Esto sucede porque el ser humano - el niño - se acostumbra a pensar, a aceptar la crítica, a tomar decisiones, a esforzarse por fortalecer sus relaciones con el resto de la sociedad para el

intercambio de opiniones, de ideas, para la inculcación y transmisión de ideales. (Markou Dimitra, 2019)

1.2 La educación de los niños que sufren depresión - Aclaración del término

Según los Principios Generales de la Educación, el aula debe:

- cultivar las habilidades del estudiante y destacar sus intereses

- garantizar la igualdad de oportunidades y posibilidades de aprendizaje para todos los alumnos

- sensibilizar sobre la necesidad de proteger el medio ambiente natural y de adoptar pautas de comportamiento adecuadas

- lograr su desarrollo físico, mental y social; y

- sensibiliza sobre los derechos humanos, la paz mundial y la salvaguarda de la dignidad humana. (Giavrimis et al., 2011)

De acuerdo con lo anterior, queda claro que la educación y el desarrollo humano son dos conceptos idénticos. El conocimiento es un complemento de la vida y, por tanto, están inextricablemente unidos. Sin embargo, el fenómeno de la depresión es un factor inhibidor de este proceso. La educación es el cultivo básico físico, intelectual, moral y mental del niño, que se lleva a cabo de diversas maneras, con o sin seguridad térmica, y que afecta a los niños hasta la edad adulta. A partir de ahí, su contenido se diferencia y amplía relativamente. Hablamos entonces de la educación y, en general, de la educación y formación del hombre, que se lleva a cabo a lo largo de toda su vida. Según la literatura internacional, la importancia de la educación como bien público está confirmada desde hace muchos años. Todas las investigaciones pertinentes estiman que el desarrollo económico, social y cultural de un país depende en gran medida del alcance y la calidad de la educación pública. (Ross M.G. Norman, Deborah Windell , Jill Lynch, 2011).

Según estudios científicos que se analizarán a continuación, se ha documentado que un gran porcentaje de los niños de hoy en día sufren depresión infantil, un trastorno que afecta universalmente a la emoción. La mayoría de los niños tienen grandes dificultades para expresar verbalmente lo que sienten, por lo que los padres y los profesores notan de repente fuertes cambios en su comportamiento, sin poder entender la causa. Su alegría es sustituida por la tristeza, su actitud despreocupada y despreocupante por la preocupación constante, su vivacidad por la agresividad y su juego por la alienación y el aislamiento. La risa, que desempeña un papel importante en la vida del niño (se ríe más de 400 veces al día), deja de ser visible en su rostro. (Tsarouchas, N. T., Antoniou, A. S., & Polychroni, 2021).

Ioannidou, (2016), indica que los fines de la educación deben ser:

1.   Dotar a las personas de las habilidades básicas (por ejemplo, lectura, escritura, aritmética) que necesitan: a) para ocupar su lugar en la sociedad y b) para buscar más conocimientos.

2. Dotarles de una formación profesional que les ayude a asegurar las necesidades de la vida.

3. Despertar su interés y amor por el conocimiento.

4. Hacer que adquieran un pensamiento crítico.

5. Ponerlos en contacto con la cultura y los logros del hombre y formarlos para que los aprecien.

6. Elevar al individuo moralmente, desarrollar la conciencia moral y la ética.

Cuando se alcanzan los objetivos de la educación, el individuo se siente realizado y desarrolla su inteligencia. Pero también hay casos de niños que tienen dificultades para integrarse en este proceso, no por elección sino por debilidad. Como se ha mencionado anteriormente la depresión es una anormalidad del cerebro que afecta al individuo en su conjunto, es decir, a su forma de sentir, pensar y actuar (Ioannidou, 2016).

Por ello, se entiende la necesidad de una nueva forma de enfocar el aprendizaje de estos niños, para que puedan desarrollarse a su propio ritmo y potencial. Las habilidades básicas como la lectura, la escritura y la aritmética deben enseñarse a los niños deprimidos de manera que el conocimiento sea el motor que tanto necesitan. Su exclusión de la educación también indica su marginación de la vida sin retorno.

En el entorno escolar pueden manifestarse problemas que no son evidentes en otros entornos. Los profesores, al tener la oportunidad de observar a los niños en grupo, deben señalar aspectos del funcionamiento de sus alumnos que no son evidentes para los padres, ya que no se ven afectados por las relaciones intrafamiliares. Después de los padres y madres, los profesores son los adultos más importantes en la vida de un niño. Por tanto, la calidad de las relaciones interpersonales entre el profesor y el alumno ejerce una influencia significativa tanto en el rendimiento como en el comportamiento de los alumnos en el entorno escolar. Según los investigadores, el tipo de clima escolar que reina en el aula influye en el rendimiento de los alumnos más que el tipo de enseñanza (Avramidou, 2016).

De lo anterior, es razonable concluir que el personal docente debe estar formado tanto en cuestiones de aprendizaje como en cuestiones psicológicas. De este modo, se realizará un diagnóstico y tratamiento precoz y preciso de las dificultades que pueda tener el alumno en su trayectoria escolar.

Además, la empatía también desempeñará un papel importante en esta investigación. La empatía es la identificación emocional con otra persona. El reconocimiento y la comprensión de la posición, los sentimientos, los pensamientos o la situación de otra persona. Una persona que utiliza la empatía puede reconocer, percibir y sentir lo que otra persona siente. De este modo, puede ponerse en el lugar de la otra persona, comprender su comportamiento y reconocer sus motivos. En otras palabras, ver el mundo a través de sus ojos. Es, en definitiva, una herramienta de comunicación extremadamente potente. Es una capacidad que, aunque todos la tenemos, la ignoramus, por este motivo sigue sin aprovecharse (Petridou, E., Emporiadou, M., Chroussos, G., & Bakopoulou, 2015). Por ejemplo, cuando hay un niño en la clase que tiene un comportamiento diferente, los demás niños lo marginan y a menudo se burlan de él.

Desgraciadamente, muchos compañeros profesores permiten que esto ocurra porque no disciernen el problema patológico y se centran en el comportamiento infantil. El conocimiento de este punto sería un salvavidas para cultivar la empatía principalmente para los profesores.

Uno de los mayores defensores de esta teoría fue León Tolstoi (1904). La empatía es un factor muy importante en el desarrollo emocional, y se ha demostrado que los niños desde la edad preescolar son capaces de mostrar sensibilidad hacia los demás. La empatía parece cultivarse, a través de fuertes vínculos, desde los dos primeros años de vida. No hace falta mucho para "experimentar los sentimientos de otro". Con un simple toque, un movimiento de la cabeza, una caricia, o incluso, con un silencio total, se puede lograr la empatía. Y muchas veces, es mucho más preferible una actitud de tacto que una respuesta formal que resulta, generalmente, de la empatía (Hatziara, V., & Petraki, 2015).

La empatía tiene el poder de desarrollar lo siguiente:

- Crear confianza y respeto

- Crear confianza y seguridad

- Reducir la tensión

- Mostrar información

- Creación de un entorno seguro que favorezca la resolución de problemas

- Desarrollar la tolerancia a la diferencia, a las opiniones de los demás, aunque no coincidan con las nuestras

En la educación, mejora la relación profesor-alumno, lo que se traduce en mejores condiciones de aprendizaje. Al comprender las emociones del alumno, el profesor puede acercarse más al alumno, impartiendo conocimientos y logrando una mayor cooperación con él (Katsiana, M., Vereraki, A., & Stathoudaki, 2017).

La depresión en la infancia y la adolescencia no es rara, pero a menudo pasa desapercibida. De acuerdo con lo anterior, se ponen de manifiesto las necesidades educativas y sociales especiales de los niños que sufren depresión. Por lo tanto, el objetivo de esta investigación es garantizar su correcta educación y su buena integración en el entorno escolar para que puedan convertirse en miembros útiles y activos de la sociedad en el resto de sus vidas. La confianza en sí mismo y la fuerte motivación por la creatividad y la vida en los niños deprimidos son características clave que están ausentes en su mundo emocional. Aquí es donde la empatía desempeña un papel fundamental, ya que deja clara la necesidad de ayuda (Papanis, E., Yavrimis, P., & Viki, 2011)

El niño "mentalmente perturbado" es aquel cuyas reacciones emocionales ante las tensiones y crisis de la vida son tales que su desarrollo normal se ve obstaculizado y la creación de sus relaciones con el entorno, necesarias para su posterior desarrollo, se ve alterada. Muchas dificultades de la infancia alcanzan su punto álgido durante los años escolares, porque es en la escuela donde los defectos y "fechorías" del niño son mucho más visibles para los demás. Además, siempre existe el peligro de que las dificultades

mentales del niño obstaculicen su buen progreso y adaptación en la escuela. Entre los 6 y los 10 años es la fase en la que se forman muchos de los rasgos permanentes de la personalidad: los rasgos que tienen una continuidad entre la infancia y la edad adulta. El conocimiento de las diferencias que se producen constituye la base de cualquier intento de tratar el comportamiento problemático de los niños (Tsiakalos, 2008)

1.3 Depresión y educación

Por supuesto, los niños no siempre son capaces de hacer saber a los demás cómo se sienten exactamente. No siempre pueden expresar con claridad sus sentimientos, sus frustraciones, sus ansiedades, sus miedos, sus dudas e incertidumbres, su inseguridad interior. No pueden decirnos fácilmente lo que les molesta y atormenta. Pero los niños tienen otro "lenguaje" que los adultos pueden y deben aprender a descifrar: el lenguaje del comportamiento manifiesto. Algunas formas de comportamiento, etiquetadas como "problemáticas", representan un grito de ayuda de un niño infeliz. (Tsarouchas, N. T., Antoniou, A. S., & Polychroni, 2021)

La enfermedad de nuestro tiempo, por extraño que parezca, es la depresión. Las exigencias de la vida obligan al individuo a estar en un estado de esfuerzo constante. En estas circunstancias innegablemente difíciles, es evidente que los individuos que no han desarrollado las habilidades y capacidades necesarias para resolver los problemas pueden verse abocados más fácilmente a la depresión, al ser incapaces de superar la incertidumbre y las repercusiones que prevalecen tanto a nivel profesional como social. (Ioannidou, 2016)

La depresión es el estado de ánimo emocional desagradable del individuo que se resume en un estado de tristeza patológica (intensa y prolongada) y que se acompaña de una reducción significativa del sentimiento de valía personal y de una dolorosa conciencia de ralentización de los procesos mentales, psicomotores y orgánicos. Cabe señalar aquí que la traducción exacta del término "trastorno mental" es "trastorno mental-espiritual". En Grecia, sin embargo, ha prevalecido el término "trastorno mental (o psiquiátrico)". Por último, hay que aclarar que la palabra "depresión" se utiliza para una amplia gama de estados emocionales que pueden ser normales o patológicos. Por lo tanto, la palabra "depresión" puede utilizarse para denotar:

1.   Un estado de ánimo o emoción psicológica, como cuando se produce una pérdida importante o la muerte de un ser querido (duelo)

2.   Síntoma de tristeza intensa y prolongada (sentimiento depresivo, por lo demás), ya sea en el contexto de un Trastorno Depresivo o Bipolar o en el contexto de otro Trastorno o condición que puede ser objeto de atención clínica.

3.   El trastorno (o síndrome) mental   (Ioannidou, 2016)

1.4 Planes de estudio de educación especial

A continuación, conviene señalar que los planes de estudio constituyen el marco legal establecido por la Ley 2817/2000 (Christakis, 2013), y se han modernizado y

armonizado con la política europea de lucha contra la exclusión social y la integración de los alumnos con necesidades especiales en las escuelas ordinarias. También, se han creado diferentes estructuras escolares, como, por ejemplo, unidades de integración dentro de las escuelas de educación general, escuelas especiales para diferentes categorías de alumnos con necesidades educativas especiales, programas de coeducación, talleres especiales de formación profesional, ETE de educación especial, centros de diagnóstico, evaluación y apoyo a los alumnos con necesidades especiales, etc. Además, se han puesto en marcha numerosos programas de sensibilización, formación y especialización de profesores de primaria y secundaria en la enseñanza de alumnos con diferentes necesidades especiales. Sin embargo, muchos problemas siguen sin resolverse y constantemente surgen otros nuevos con el funcionamiento de las nuevas estructuras de educación especial y el aumento de la población de alumnos con necesidades especiales en las escuelas ordinarias.

En los últimos años, tanto a nivel mundial como en Grecia, se ha establecido la opinión de que todos los alumnos, independientemente de cualquier necesidad o característica especial que diferencie su identidad étnica, cultural o social, deben tener las mismas oportunidades de aprendizaje que los demás alumnos en una escuela para todos. La igualdad de oportunidades va más allá de la igualdad de acceso a la educación para incluir la diferenciación-adaptación del sistema educativo en su conjunto. Por lo tanto, garantizar la igualdad de oportunidades requiere, por un lado, la integración de los principios de la educación especial en el plan de estudios general y, por otro, medidas que garanticen la satisfacción de las necesidades específicas de los alumnos y las condiciones para el éxito de la inclusión/coeducación (Drosinou - Korea & Grigoropoulou, 2016).

En la práctica, esto significa que los planes de estudio de la educación general son flexibles, al tiempo que se ofrecen planes de estudio diferenciados o específicos para cada categoría de alumnos con necesidades educativas especiales, como ocurre en los países europeos. En Grecia, a pesar de que la educación especial está organizada desde hace más de 25 años, no se han desarrollado hasta la fecha planes de estudio adecuados para satisfacer todas las necesidades especiales de los alumnos. En consecuencia, el contenido y los objetivos pedagógicos de las distintas unidades de educación especial varían mucho, y los intentos de aplicar el plan de estudios de la educación general han sido infructuosos. Sin embargo, el análisis realizado nos lleva a la conclusión de que todavía no existe una disposición específica para los niños que sufren depresión infantil. (Christakis, 2013).

Las circunstancias anteriores arrojan serias dudas sobre la eficacia de la educación especial impartida en nuestro país. También se cuestiona la igualdad de acceso a la educación, en la medida en que no se aplica el mismo plan de estudios en todos los centros de educación especial. Las condiciones actuales de la educación y la integración de los niños con necesidades especiales en la escuela, en el trabajo y en la sociedad en general hacen que sea imperativo adoptar un enfoque sustancial y sistemático de su educación. Hoy en día, la educación especial es un campo científico a nivel internacional y se ha alejado de los conceptos centrales asistenciales-médicos del pasado.

Las investigaciones de los últimos veinte años han documentado las capacidades de aprendizaje de los alumnos con necesidades educativas especiales y su potencial de integración educativa, laboral y social en la medida en que reciben una educación adecuada. Los centros de educación especial no son un lugar de tratamiento o cuidado de niños con necesidades educativas especiales, sino un lugar de educación y aprendizaje. Sin embargo, para que sea posible una educación sistemática, científica y adecuada, es necesario contar con planes de estudio apropiados que respondan a las necesidades específicas de cada categoría y de cada niño de educación especial, de modo que se pueda impartir una educación individualizada.

El objetivo de los planes de estudio es definir claramente las categorías de alumnos con necesidades especiales y, a continuación, es obligación de la escuela y del Estado aplicar programas, métodos y materiales especiales para facilitar su educación en el marco de la enseñanza principalmente general. Sin embargo, en Grecia, a pesar de que la Educación Especial funciona de forma organizada desde hace más de 25 años, debido a las imperfecciones y a la falta de adhesión de todas las Unidades Escolares de Educación Especial a los planes de estudio en todas las escuelas, la provisión de un acceso igualitario a la educación y al aprendizaje está seriamente cuestionada.

El desarrollo de las NEE incluye 6 categorías de alumnos con necesidades especiales: a) con retraso mental severo y moderado-moderado, b) con discapacidad auditiva, c) con discapacidad visual, d) con discapacidad motriz, e) autistas, g) con discapacidades múltiples (ciegos y sordos). Para la categoría de alumnos con Dificultades de Aprendizaje, los PEC se desarrollarán en una fase posterior de acuerdo con la planificación del PEI y el 2º EPEAEK. Para cada una de las 6 categorías de necesidades especiales mencionadas, se han desarrollado PEC específicos o se han realizado las adaptaciones o modificaciones adecuadas de los PEC de educación general de acuerdo con las necesidades específicas de cada categoría. Así, para los alumnos, por ejemplo, con problemas de movilidad o con deficiencias visuales o auditivas, etc., en los casos en que los equipos especiales encargados de elaborar los PAA lo consideraron necesario, se utilizaron los PAA de educación general del P.I. tal cual o con pequeñas modificaciones (Drosinou - Korea & Grigoropoulou, 2016).

Estudiando detenidamente los planes de estudio, es comprensible y obvio que no se estudie ni se haga referencia a la depresión infantil, aunque hoy en día este fenómeno está en auge. La última Ley de Educación Especial (Ley 3699/2008) y sus adaptaciones, aunque se ajustan a las normas europeas, no incluyen la depresión infantil. Los niños que sufren de depresión constituyen una nueva categoría, que ahora es claramente una necesidad urgente para satisfacer sus necesidades educativas especiales. Ahora está claro que las funciones cerebrales básicas están "bloqueadas", lo que imposibilita la absorción y comprensión de nueva información. Por lo tanto, el aprendizaje se "detiene" para el niño afectado. En los planes de estudio, la categoría relativa al autismo es la más adecuada para incluir los nuevos métodos educativos relacionados con la depresión infantil. Esta investigación pretende, por tanto, innovar en el candente tema de la depresión, ya que los índices de ésta son especialmente elevados, lo que resulta sumamente preocupante (Walter Berka , Jan De Groof, 2013).

La noción de que la educación es un bien que debe ofrecerse a todos está ya bien establecida en todo el mundo. Para la educación especial, la opinión de que no hay "niño que no esté educado" cuando la educación es sistemática, accesible y proporcionada por personal cualificado en un entorno lo menos restrictivo posible, ha dado lugar a la adopción por parte de muchos países europeos, entre ellos Grecia, de la política de inclusión y coeducación de los alumnos con necesidades educativas especiales dentro de las escuelas ordinarias (Chrysi Hadjichristou, Fotini Polychronis, Elias Bezevegis, 2020). El marco jurídico se ha modernizado y armonizado con la política europea de lucha contra la exclusión social y la educación de los alumnos con necesidades especiales en las escuelas ordinarias. Hoy en día hay más de 1200 escuelas de educación especial en nuestro país, que no son un lugar de tratamiento o custodia para niños con necesidades especiales, sino un lugar de educación y aprendizaje.

En conclusión, habiendo estudiado todos los currículos y sus adaptaciones, se revela el vacío que esta investigación pretende llenar, proponiendo un nuevo plan de aprendizaje para los niños que sufren de depresión infantil. Esta propuesta podría ser un añadido al plan de estudios que trata del espectro autista porque es la única categoría en la que se menciona el término Trastorno Mental y Enfermedad Mental.

Un currículo analítico es un programa que está diseñado para que la organización de su contenido conduzca al aprendizaje según un propósito específico (Chrysi Hadjichristou, Fotini Polychronis, Elias Bezevegis, 2020). La definición anterior, no especifica el proceso de lograr el aprendizaje, ni su objetivo, ni el marco de aplicación del programa. El contexto puede definirse como el entorno escolar o universitario y el propósito como la formulación general "Propósito pedagógico". En cuanto al proceso a través del cual se puede adquirir el aprendizaje para servir al propósito predeterminado, podría definirse en términos del curso. Pero si esto es así, debemos aceptar que a través del curso se puede producir un aprendizaje, es decir, la adquisición de unos conocimientos que, al menos en su forma particular, no existían antes del curso. Por supuesto, la relación es capaz pero no necesaria, porque no puede existir un curso sin conocimiento, mientras que tenemos conocimiento sin curso (Birmaher, B., Axelson, D., Yorbik, O., Williamson, D. E., & Ryan, 2004).

1.5 Disertaciones

El primer capítulo concluye con una lista de todas las investigaciones que se han llevado a cabo en los últimos 10 años en Grecia y en Europa, destacando las necesidades educativas especiales que surgen en los niños que sufren depresión infantil. Se analizan y elaboran todos los datos científicos, lo que nos lleva a darnos cuenta de la gravedad de la situación y de la necesidad de seguir investigando sobre el tema. La literatura griega e inglesa demuestran que el fenómeno de la depresión infantil en términos de investigación está todavía en sus inicios y está claro para todos los investigadores que hicieron el comienzo que las tasas muy altas ahora registradas en la depresión infantil indican la necesidad de nuevos métodos de tratamiento.

Bartzis D. (Bartzis, 2016) en su investigación "Depresión y suicidio en adolescentes" afirma que los estudios realizados en la Unión Europea han demostrado que más del

58% de los adolescentes han cometido intentos de suicidio debido a la frustración personal y al fracaso escolar.

Por su parte, Papadimitriou & Sarantoglou (Papadimitriou, Th. A., & Sarantoglou, 2015) en su tesis titulada "Salud mental y depresión" el propósito del estudio bibliográfico es informar sobre la enfermedad de la depresión. En un estudio reciente realizado en Grecia sobre una muestra de 1.316 adolescentes de entre 12 y 17 años, los resultados mostraron que el 20,3% de ellos sufren depresión. Por ello, en sus conclusiones se afirma que la necesaria e inmediata prevención y tratamiento de la Depresión es necesaria porque el propósito de la vida de toda persona es dirigir su salud mental y física hacia las metas que desea y hacerla feliz y completa.

Kavanozi (Kavanozi, 2014) en su tesis titulada "Depresión en la adolescencia (Causa e intervención terapéutica)" pretende de nuevo dar a conocer la enfermedad, describir los síntomas y proporcionar formas de tratamiento. En esta revisión bibliográfica también se destaca que todavía no hay formas efectivas de tratar la depresión y, como resultado, los niños sufren, lo que les lleva al fracaso escolar, al abuso de las drogas y del alcohol, todo lo cual tiene el potencial de convertirlos en suicidas. El papel de la familia y del entorno escolar es grande, pero desgraciadamente no existe.

Gatsis & Sikioti (Gatsis, A., & Sikioti, 2016) en su tesis sobre "La manía-depresión en la infancia y el papel del terapeuta" también pretende dar a conocer el fenómeno, su importancia como condición y la necesidad de tratamiento de todos estos niños. Cuando la infancia se convirtió en la muestra de este estudio, se informó de que el 60-80% de los niños de la escuela primaria tienen dificultades de aprendizaje junto con la depresión. Una característica común que presentaban los niños era la dificultad de concentración y atención. Por lo tanto, el fracaso escolar es inevitable.

Svolopoulou & Tzomaka (Svolopoulou, D., & Tzomaka, 2018) en su tesis titulada "Trastornos mentales en adolescentes, tratamiento y el papel de la enfermera" pretende a través del estudio bibliográfico presentar los trastornos mentales. También se refiere claramente al tema principal de la depresión y presenta al adolescente enfermo como si la depresión estuviera "apagada", como si la depresión le impidiera funcionar normalmente. Por lo tanto, da lugar a cierta exclusión social y también se producen trastornos educativos.

Además, también encontramos estudios que investigan el fenómeno de la depresión y el rendimiento escolar de los niños enfermos.

Avramidou (Avramidou, 2016), en un estudio de caso que realizó titulado "Efecto de los trastornos psicoemocionales de los niños en el proceso de aprendizaje: un estudio de caso en el 5º grado", afirma que la escuela no es ni debe ser exclusivamente el lugar de transmisión de conocimientos. Es el entorno en el que se forman las personalidades sanas, tanto física como mental y emocionalmente. La integridad de las funciones mentales de una persona determina su capacidad para llevar una vida normal. Sin embargo, durante la infancia, que corresponde al período escolar, pueden observarse problemas y trastornos que desempeñan un papel decisivo en el desarrollo y el crecimiento psicoemocional, psicosomático y social del individuo.

Anastasiadou & Arapis (Anastasiadou, R., & Arapi, 2014), en su tesis titulada "Dificultades de Aprendizaje y Problemas de Conducta", presentan las Dificultades de Aprendizaje, sus tipos y se centran en las capacidades reales de estos niños, que con ayuda especial individualizada pueden igualmente desarrollarse intelectualmente. Las dificultades de aprendizaje se dividen en varias categorías en función de la localización de la dificultad. Estas categorías se distinguen por características específicas y son:

- Dislexia específica del desarrollo

- Dificultad específica de aprendizaje de la lectura (dislexia)

- Dificultad de aprendizaje específica en la expresión ortográfica escrita (dislexia)

- Dificultad específica de aprendizaje en matemáticas-numeración (Disaritmética) (Triga-Mertika, 2010).

Según la última clasificación DSM-IV de la Asociación Americana de Psiquiatría (APA, 1994), los problemas de aprendizaje se denominan trastornos del aprendizaje (antes trastornos de las habilidades escolares) y se clasifican en las siguientes categorías:

- Trastorno de la lectura

- Trastorno de la lectura

- Trastorno de lectura, trastorno matemático, trastorno matemático, trastorno matemático

- Trastorno del aprendizaje no especificado

Por último, según la última clasificación de los trastornos mentales y del comportamiento de la Organización Mundial de la Salud (CIE-10, 1992) y otros estudiosos (Anagnostopoulos, D.K., Lazaratou, E., Giannakopoulos, 2016), las dificultades de aprendizaje se denominan "Trastornos específicos del desarrollo de las capacidades escolares" y se dividen en 6 categorías de diagnóstico:

- Trastorno específico de la lectura

- Trastorno específico de la lectura; Trastorno específico de la ortografía

- Trastorno específico de la ortografía; Trastorno específico de la ortografía

- Trastorno mixto de la capacidad escolar

- Otros trastornos del desarrollo de la capacidad escolar; y

- Trastorno del desarrollo de la capacidad escolar, no especificado.

Los niños con problemas de aprendizaje, debido al rechazo que reciben de su entorno por su fracaso escolar, experimentan sentimientos de ira que, cuando se vuelcan hacia el interior adoptan la forma de depresión. Los niños con problemas de aprendizaje describen que durante los esfuerzos académicos fallidos en el aula sienten una profunda tristeza (Souzana Panteliadou, Georgios Mpotsas, 2000). La investigación también ha demostrado que los objetivos orientados al éxito, en lugar de los orientados al logro,

están asociados a la depresión en los estudiantes con problemas de aprendizaje (Tsarouchas, N. T., Antoniou, A. S., & Polychroni, 2021).

La depresión se diagnostica a menudo con dificultades de aprendizaje. Según algunos investigadores, la incidencia del trastorno depresivo mayor puede ser hasta siete veces mayor en los niños con dificultades de aprendizaje que en la población infantil media (Anagnostopoulos, D.K.; Soumaki, 2012).

La baja autoestima está relacionada principalmente con la reducción del autoconcepto académico, que es una estructura básica del autoconcepto general. Especialmente en una sociedad en la que el éxito escolar se considera muy importante, las dificultades de aprendizaje afectan aún más a la formación de la imagen de sí mismo. Según las investigaciones, el 70% de los alumnos con dificultades de aprendizaje tienen un bajo autoconcepto (Tsarouchas, N. T., Antoniou, A. S., & Polychroni, 2021). El fracaso escolar provoca un intenso dolor psicológico y es habitual que los niños que lo sufren se sientan "marginados", "estúpidos" o "locos" y reciban el desprecio de compañeros y adultos. Erikson (1950) sostiene que los años escolares son cruciales para el desarrollo de un sentido de autoestima y laboriosidad. El peligro en esta etapa radica en los sentimientos de inadecuación e inferioridad, tanto a nivel personal como social. Así, el niño con dificultades escolares configura su personalidad en torno a sentimientos de debilidad, inadecuación e incompetencia, formando una imagen negativa de sí mismo (Anagnostopoulos, D.K.; Soumaki, 2012).

Los niños con problemas de aprendizaje carecen de una fuerte motivación, suelen adoptar formas pasivas de aprendizaje y se caracterizan por una actitud de "impotencia aprendida". Estas características, que constituyen una vulnerabilidad motivacional para los niños con dificultades de aprendizaje, interfieren y afectan negativamente a la eficacia de las acciones cognitivas y metacognitivas de los niños, lo que dificulta la generalización de los resultados obtenidos. El repetido fracaso escolar que experimentan los niños con dificultades de aprendizaje les hace creer que su capacidad cognitiva es demasiado baja y que sus esfuerzos son inútiles y no sirven para nada.

En particular, los niños con problemas de aprendizaje muestran una menor intención de aprender y mucho más de aprender activamente, un menor interés por todo lo relacionado con el trabajo escolar, rechazo o resistencia a esforzarse por completar una tarea, una fuerte creencia de que no pueden aprender o lograr nada (indefensión aprendida), dependencia de los demás y búsqueda de apoyo social y, por último, una preferencia por el refuerzo externo sobre el refuerzo interno resultante de un rendimiento satisfactorio y exitoso (Souzana Panteliadou, Georgios Mpotsas, 2000).

Como afirman Pumfrey y Reason, los niños con problemas de aprendizaje no sólo tienen que enfrentarse a su sensación personal de fracaso, sino también a las actitudes despectivas de sus compañeros, de algunos profesores y a veces incluso de sus padres. Por lo tanto, la oferta de educación especial debe combinarse con el asesoramiento a los niños y a los profesores para tratar de forma más completa todas las dificultades del alumno. Las intervenciones van dirigidas a. a) Informar al niño, a sus padres y a los profesores sobre las dificultades de aprendizaje que tiene. b) Preparar al alumno para afrontar posibles fracasos. c) Desarrollar la motivación y mejorar la percepción del alumno. d) Eliminar el sentimiento de culpa y reducir la ansiedad y los miedos que

pueden experimentar los alumnos con dificultades de aprendizaje. e) Mejorar las relaciones interpersonales del alumno. f) Mejorar las relaciones entre padres, hijos y profesores y promover la colaboración familia-escuela (Chrysi Hadjichristou, Fotini Polychronis, Elias Bezevegis, 2020).

Los niños con dificultades de aprendizaje suelen experimentar una gran incapacidad para satisfacer las exigencias de la escuela sin poder entender por qué son diferentes de los demás niños. Por esta razón, sus experiencias cotidianas pueden llevarles a expresiones de enfado y desobediencia y, poco a poco, es probable que su motivación para aprender disminuya, así como su nivel de autoestima. La mayoría de los problemas de comportamiento de los niños con problemas de aprendizaje parecen ser una especie de reacción al fracaso escolar y a la privación que sufren a causa de sus dificultades. El apoyo psicológico puede conducir a una evolución positiva de estos sentimientos negativos.

El papel de los padres en la motivación de los niños también es importante. Aunque los profesores consigan motivar a los niños, si no hay continuidad en el entorno familiar, es difícil mantener altos niveles de motivación. Los padres conocen los intereses y las aspiraciones de sus hijos y pueden crear con más facilidad que los profesores unas condiciones de aprendizaje favorables en el entorno familiar, quizá no tan organizadas como en el entorno escolar, pero la creación de las bases para el cultivo de la motivación conformará y ayudará a los niños a integrarse más fácilmente en los sistemas organizados de educación. El proceso educativo se compone de muchas cuestiones complejas que hay que abordar para tener éxito. Una de ellas es el interés y la implicación de los alumnos en ella, que es de vital importancia. El objetivo de esta investigación doctoral es "disparar" el interés de un niño deprimido y reengancharlo a la vida cotidiana que le corresponde. La novedad de esta investigación radica en que la motivación para la vida se encuentra dentro del Proceso de Aprendizaje. Por lo tanto, se intenta por primera vez utilizar el poder del conocimiento y el aprendizaje para devolver el sentido a la vida de un niño que sufre la enfermedad de nuestro tiempo llamada depresión.

Debbie Watson, Carl Emery y Phil Bayliss con Margaret Boushel y Karen Mclnnes (Watson et al., 2012), en la investigación sobre "El bienestar social y emocional de los niños en las escuelas: una perspectiva crítica", enfatizaron el hecho de que hoy en día los niños y adolescentes tienen tasas particularmente altas de depresión por lo que es inevitable que se necesite investigar sobre el tema. El objetivo de este estudio bibliográfico es aclarar el concepto de "bienestar" y destacar su necesidad en la vida de cada niño. Desgraciadamente, en la infancia y la adolescencia son especialmente frecuentes los trastornos mentales, que actúan como una barrera para la expresión de su infancia, lo que hace que la sonrisa se borre de sus labios.

Peter Gray (Peter Gray, 2011), en su estudio titulado: "El declive del juego y el aumento de la psicopatología en niños y adolescentes", se refiere a la importancia del juego en la vida del niño. Durante el último medio siglo, en EE.UU. y otras naciones desarrolladas se ha observado, según las investigaciones, que el juego libre de los niños con otros niños ha disminuido drásticamente. Como consecuencia de este descenso, se ha producido un fuerte aumento de los trastornos mentales en niños y adolescentes. En

particular, se ha producido un fuerte aumento de los trastornos de ansiedad, la depresión, las tendencias suicidas, los sentimientos de impotencia y el narcisismo en niños, adolescentes y jóvenes adultos.

El juego en general es de especial interés porque es una herramienta clave para el desarrollo del niño, por las siguientes razones:

Desarrollan intereses y habilidades intrínsecas. La competencia es un requisito normalizado para que una persona pueda realizar de forma responsable y autónoma una tarea/proyecto o función predeterminada. La competencia se basa en una combinación de conocimientos, habilidades y comportamientos (personales, sociales en el entorno laboral). La eficacia de su aplicación combinada en la práctica determina el nivel de competencia.

Las competencias se desarrollan y mejoran con la formación y la experiencia y pueden ser generales o específicas de una ocupación concreta (competencias profesionales, por ejemplo, la competencia de vuelo para un piloto de avión). Las competencias generales incluyen el aprendizaje, la comunicación (tanto en la lengua materna como en una lengua extranjera), las habilidades sociales y de comportamiento, la capacidad de utilizar cómodamente los ordenadores y los medios de comunicación electrónicos, el cambio, la adaptabilidad, el liderazgo, la toma de decisiones, la expresión creativa, etc. (Theodoropoulou, 2010)

Aprenden a tomar decisiones, a resolver problemas, a ejercer el autocontrol y a seguir las normas. El autocontrol es la capacidad de controlar las emociones y los deseos durante las fases difíciles de la vida. La psicología la interpreta como la capacidad de reprimir los impulsos para alcanzar un objetivo a largo plazo. En lugar de ceder inmediatamente a las tentaciones, el autocontrol nos ayuda a controlar nuestras emociones y a no realizar acciones de las que luego nos arrepentiremos.

Aprenden a regular sus emociones. La emoción es una experiencia consciente subjetiva compleja: la combinación de estados mentales, expresiones psicosomáticas y respuestas corporales biológicas. Es lo que una persona "siente", no como una mera sensación sino como algo profundo, interno, que afecta al cuerpo (por ejemplo, al ritmo cardíaco) y al "alma" y que casi siempre se expresa (en la cara, la voz, la postura) y es observable por los demás. La emoción se encuentra en todos los mamíferos, no sólo en los humanos. Es el resultado de complejos efectos hormonales y de la mente inconsciente. Las emociones son muy difíciles de controlar, con un esfuerzo consciente. Hacen que los mamíferos cambien de comportamiento según la situación en la que se encuentren. En los seres humanos, las emociones se convierten a menudo en la causa de no poder vivir de forma racionalmente aceptable (Hansen & Slagsvold, 2017).

Hacen amigos y aprenden a convivir con los demás como iguales. La amistad es la relación platónica entre dos o más personas del mismo o diferente sexo, con la característica principal de la lealtad y la comprensión mutuas, sin interés, motivo u objetivo superior. Deben confiar los unos en los otros, y ser honestos entre ellos. La amistad no se define por la raza, el color, la nacionalidad o la edad. La amistad ayuda mucho a la socialización de los niños y al desarrollo de relaciones sanas en los adultos.

Las amistades comienzan a construirse en el periodo de la edad adulta, normalmente en la adolescencia.

Desempeña un papel en el desarrollo del individuo, la personalidad y la salud física y mental. Es un hecho que las amistades son una parte importante e integral de nuestras vidas. Todavía se sabe que la amistad no es un asunto fácil ni sencillo. Para muchas personas, hacer o mantener amigos es difícil. En una auténtica amistad hay respeto mutuo, de modo que hay tiempo y espacio para que cada uno se exprese. En cambio, cuando se trata de "pasar el rato", las motivaciones son diferentes. Aquí no nos reunimos para compartir la vida en su totalidad, sino sólo para disfrutar de ciertas cosas específicas, temporales, que casualmente nos gustan a los dos. (Birmaher, B., Axelson, D., Yorbik, O., Williamson, D. E., & Ryan, 2004)

Por otra parte, la alegría es el sentimiento de gran placer y felicidad. Clive Staples Lewis (1954, 60-61) vio una clara distinción entre alegría, placer y felicidad: "A veces me pregunto si todos los placeres no son sustitutos de la Alegría", y "la llamo Alegría, que aquí es un término técnico y debe distinguirse nítidamente tanto de la Felicidad como del Placer". La alegría sí tiene una característica, y sólo una, en común con ellos, el hecho de que alguien que la ha experimentado querrá volver a hacerlo... Dudo que alguien que haya experimentado cualquiera de los dos, si ambos estuvieran en su poder, lo cambiaría por todos los placeres del mundo. Pero entonces la alegría está siempre en nuestro poder y el placer a menudo". Las causas de la alegría se han atribuido a diversas fuentes. "Cuando la mente está clara, la Alegría sigue como una sombra que nunca se va". dice el Buda Gautama (593antes de Cristo).

De acuerdo con todo lo anterior, se estructura la importancia de la existencia del juego en la vida del niño, porque a través de él se sustancia todo lo anterior. Por lo tanto, a través del juego, el niño asegura su salud mental. El propósito de este estudio es presentar el juego como la herramienta clave para el buen desarrollo cognitivo - conductual - social y psicológico del niño y deja puntos para analizar y combatir la ansiedad y la depresión que los niños y adolescentes presentan actualmente. (Birmaher, B., Axelson, D., Yorbik, O., Williamson, D. E., & Ryan, 2004)

Kristin, Martinsen, Neumer, Holen, Waaktaar, Sund & Kendall (Martinsen, K. D., Neumer, S. P., Holen, S., Waaktaar, T., Sund, A. M., & Kendall, 2016), en "Self-reported quality of life and self-esteem in sad and anxious school children". priorizan los dos conceptos clave de la autoestima y la calidad de vida que tiene un individuo en la infancia. Los investigadores observaron que cuando estos dos atributos están fuera de lugar en la base psicológica del niño, a lo largo de su vida experimentan graves síntomas de ansiedad y depresión.

Alesi, Rappo & Pepi (Alesi et al., 2014), en su investigación cuantitativa sobre "Depresión, ansiedad en la escuela y autoestima en niños con problemas de aprendizaje" observan los efectos de la depresión en el rendimiento escolar. Principalmente compara los niveles de depresión y ansiedad en la escuela, así como la autoestima entre los niños que tienen problemas de aprendizaje y de cálculo frente a los alumnos cuyos conocimientos y aprendizaje no son una barrera.

Los resultados ponen de manifiesto la coexistencia de síntomas de depresión y ansiedad, en estudiantes con dificultades de aprendizaje. Un hecho que también revela la relación directa entre los trastornos mentales y las disfunciones en el progreso académico del niño. Una de las cuestiones que se desprenden de esta investigación es la necesidad de poner en marcha programas de prevención dirigidos a identificar a los niños con altos índices de depresión y ansiedad, es decir, a los individuos de alto riesgo a una edad temprana. Además, estos resultados ponen de manifiesto la importancia de encontrar las intervenciones clínicas y educativas más adecuadas para reducir las estrategias cognitivas inadaptadas que existen para los niños en edad escolar.

Gajre, Meshram, Soares, Nidhi & Anagha (Gajre et al., 2016), en su estudio titulado "Prevalence of depressive disorders in children with specific learning disabilities" (Prevalencia de los trastornos depresivos en los niños con problemas específicos de aprendizaje) examina a fondo el fenómeno de la depresión infantil y los niveles particularmente elevados que se encuentran en los niños en edad escolar. Se ha demostrado que los niños con problemas de aprendizaje corren el riesgo de desarrollar trastornos emocionales, incluida la depresión.

Sburlati, Lyneham, Schniering, Rapee (Sburlati et al., 2014), en su investigación sobre "TCC basada en la evidencia para la ansiedad y la depresión en niños y adolescentes. (Un enfoque basado en las competencias)", han manifestado claramente la necesidad de una educación y formación sustanciales para los especialistas en TCC cognitivo-conductual y los trastornos de ansiedad y depresión que presentan los niños y adolescentes. Hasta la fecha, y según los investigadores mencionados, existen buenos estudios sobre el tema, pero es difícil llevar a cabo la necesaria aplicación práctica fuera del ámbito de la investigación. Por lo tanto, se hace hincapié en su ausencia para crear prácticas de captura basadas en la cobertura de la vida diaria de los niños que sufren de depresión. Ahora es imperativo inventar nuevas prácticas que tengan como objetivo ayudar eficazmente a los niños que tienen dificultades en su vida cotidiana. El fenómeno de la depresión es una situación muy grave de nuestro tiempo, que hay que resolver y eliminar inmediatamente.

Bernaras, Jaureguizar y Garaigordobil (Bernaras et al., 2019), en la revisión bibliográfica titulada " Depresión infantil y adolescente : una revisión de teorías, instrumentos de evaluación, programas de prevención y tratamientos." citan la depresión como la principal causa de enfermedad y discapacidad en todo el mundo. Los estudios que documentan el aumento del fenómeno en la infancia y la adolescencia informan de altas tasas de jóvenes con síntomas depresivos en ambos grupos. Este análisis examina la estructura y las teorías explicativas de la depresión y ofrece una visión global de las principales herramientas de evaluación utilizadas para medir este trastorno en niños y adolescentes, así como los programas de prevención que se han desarrollado para el ámbito escolar y los diferentes tipos de tratamientos clínicos que se ofrecen. El análisis de la literatura revela que, en las clasificaciones mentales, la estructura de la depresión infantil no es diferente de la depresión adulta y que hay que tener en cuenta varias teorías explicativas para lograr una comprensión completa de la depresión. En consecuencia, tanto el tratamiento como la prevención deben ser de naturaleza multifactorial.

2. Diseño Metodológico

En el segundo capítulo se analiza la metodología elegida. Se consideró que la forma de investigación más adecuada era la cualitativa, concretamente un estudio de casos. En los últimos años, la literatura internacional ha mostrado un creciente interés por la investigación cualitativa. En Grecia, los métodos cualitativos han atraído la atención de la comunidad académica en el ámbito de la Psicología y la Educación, así como en el campo más amplio de las ciencias sociales. Se imparten de forma independiente en los planes de estudio de grado y postgrado y se utilizan cada vez más en las tesis de grado y máster, las tesis doctorales y los proyectos de investigación especiales. Creemos que la corriente cualitativa se entrelaza con una orientación pluralista y reflexiva en el conocimiento científico y puede enriquecer la investigación psicológica y educativa con nuevas formas de pensar y prácticas diferentes (Traianou, 2014).

En la investigación cualitativa se hace hincapié en el significado y el comportamiento de las personas. Los investigadores cualitativos se interesan por el significado, por la forma en que las personas experimentan los acontecimientos y por la descripción del comportamiento. Los defensores de la investigación cualitativa se centran en el estudio del contexto sociohistórico y cultural. Los defensores de la investigación cualitativa intentan explorar el mundo social a la luz de la experiencia de los sujetos, los participantes en esta investigación. La investigación cualitativa es naturalista, contextual, situada e interpretativa.

Cuando la investigación cualitativa se representó en la educación, se presentó como un nuevo tipo de investigación, que tiene las siguientes características:

- Proporciona una visión más holística de la realidad en contraposición a un enfoque individualista de la misma en términos de elementos individuales, parámetros, etc.

- Expresa una gran sensibilidad hacia la influencia del investigador en la naturaleza de la investigación.

- Expresa su preferencia por las fuentes "naturales" de recopilación de datos de investigación (en entornos que no sean de laboratorio).

- Expresa su interés por la perspectiva de los sujetos, su vida interior y no sólo sus manifestaciones externas.

- Tiene una orientación humanista (Isari, & Pourkos, 2015).

Más concretamente, creemos que la investigación cualitativa es útil en lo siguiente:

- En primer lugar, ofrece una experiencia única de cómo acercarse y comprender las experiencias y el comportamiento de los participantes en la investigación.
- En segundo lugar, ayuda a explorar cuestiones sobre las que nuestros conocimientos son escasos o controvertidos. En otras palabras, nos ayuda a elaborar teorías sobre los fenómenos que se investigan, especialmente cuando no tenemos conocimientos suficientes sobre ellos y se refieren a poblaciones o grupos específicos, o cuando los conocimientos que tenemos no parecen responder adecuadamente a la complejidad de la cuestión investigada. (Bengtsson, 2016)

- En tercer lugar, ayuda a desarrollar una descripción y una comprensión más complejas y detalladas de la cuestión investigada. Obtenemos estos detalles mediante el contacto directo con las personas investigadas, registrando sus historias, observando su comportamiento, rastreando sus prácticas en los contextos en los que viven y trabajan.
- En cuarto lugar, nos ayuda a escuchar los relatos y las "voces" de los sujetos y a comprender en profundidad sus comportamientos y prácticas, al tiempo que minimiza, trabajando con ellos adecuadamente en todas las fases de la investigación, las relaciones de poder que suelen existir en estos asuntos. (Arifin, 2018)
- En quinto lugar, ayuda a comprender mejor los contextos (pragmático, espacio-temporal, comunicativo, social, cultural, etc.) en los que viven y trabajan los sujetos.
- En sexto lugar, es necesario cuando las mediciones cuantitativas y los análisis estadísticos no se ajustan al tema investigado. Las interacciones entre las personas, por ejemplo, son difíciles de entender utilizando datos cuantitativos y tales mediciones pueden no ser sensibles a cuestiones como las relativas a las diferencias de género, raza, diferencias individuales, etc. Al equiparar a todos los individuos con una media estadística, no reconocemos al mismo tiempo la singularidad y la unicidad de su existencia.

El cambio hacia la investigación educativa cualitativa se hizo patente a finales de los años 60 y principios de los 70. Un hito importante en la promoción de la investigación educativa cualitativa fue el libro de Hargreaves (1967) Social Relationships in a Secondary School. Hargreaves intentó investigar cómo los estudiantes elegían a sus amigos y las subculturas que se formaban en una comunidad escolar. 62 Como parte de esta investigación, Hargreaves (1967) utilizó diversos métodos (observación participante, entrevistas con profesores y alumnos, estudio de los registros escolares, etc.). Lacey (1970), que trató de estudiar el caso de una escuela en particular, iba en la misma línea. Un rasgo característico de esta forma de investigación cualitativa fue el énfasis en el estudio de los procesos dentro de la escuela (Isari, & Pourkos, 2015).

El término "método" (post+camino) deriva de "ir" y significa la forma de buscar y adquirir conocimientos. El método es la manera sistemática de investigar, el curso planificado para la adquisición de la verdad, el proceso dirigido de resolver un problema teórico o práctico sobre la base de ciertas reglas. El método constituye una reflexión epistemológica y ontológica más amplia sobre el acercamiento a la realidad, la forma de organizar nuestro pensamiento y acción para investigar, estudiar y desvelar los aspectos o vertientes ocultas de los fenómenos, identificando sus causas más profundas o conjuntos de causas y sus mecanismos, como decía característicamente Heráclito. En esta perspectiva, por tanto, cualquier método que utilicemos en la investigación (ya sea cuantitativo o cualitativo) opera en el contexto de ciertos supuestos ontológicos y epistemológicos más amplios (Bengtsson, 2016). En otras palabras, el método no es una técnica neutra desvinculada de la ideología.

- **Estudio de caso**

El estudio de casos se considera una estrategia de investigación especialmente difícil y exigente. Si el evaluador quiere aprovechar eficazmente el tiempo disponible, superar

las dificultades y, por supuesto, las críticas que se le presenten, debe trabajar de forma disciplinada, metódica y organizada, planificando el curso del estudio desde el principio. Le será de gran ayuda en su trabajo si identifica los límites del estudio, los posibles problemas, los destinatarios y las cuestiones éticas que implica su estudio. Le será de gran ayuda si estudia la bibliografía pertinente -cuyo estudio es la diferencia decisiva entre el estudio de casos y la etnografía- e identifica la teoría en la que se basa la función del caso. El conocimiento de la base teórica es esencial. Es una lente extremadamente útil para el investigador.

Una dimensión especialmente importante del diseño de la investigación y del proceso de investigación que se estableció en esta fase fue la cuestión de la ética en la investigación. Este término en las ciencias sociales contiene un conjunto de normas que regulan "la relación del investigador con todos los implicados en la investigación" y suele centrarse en cómo debe tratar el investigador a los individuos que participan en el proceso de investigación (Isari, & Pourkos, 2015). Las cuestiones comunes consideradas aquí se refieren a la participación libre y consentida de los participantes tras ser informados, la protección de los participantes de cualquier posible daño (físico o incluso mental), el mantenimiento del anonimato de los participantes, la publicación y explotación de los resultados de la investigación, así como otras cuestiones que se desarrollarán más adelante en esta sección. En la investigación social, psicológica y educativa contemporánea, la ética ha surgido como una cuestión de suma importancia, y se presta gran atención y cuidado a la adhesión a los principios que se derivan de ella. Los orígenes de la normativa ética moderna se encuentran en el llamado "Código de Núremberg" (1947), que contenía principios relativos a la investigación médica. La motivación para la creación de este código fueron los controvertidos y espantosos experimentos médicos llevados a cabo durante la Segunda Guerra Mundial (Bengtsson, 2016).

La participación de las personas en la encuesta fue libre y voluntaria. El contenido de la información proporcionada dependía de la naturaleza y el objetivo de la investigación, los métodos de recogida de datos y las futuras formas de utilizar los resultados. El investigador informó exhaustivamente a los posibles participantes, verbalmente y por escrito, sobre el motivo de la investigación, lo que pretende conseguir, los procedimientos que se seguirán, los posibles beneficios y riesgos de participar en la investigación, y destacó su derecho a retirarse de todo el proceso en cualquier fase de la investigación, así como a solicitar la retirada de los datos obtenidos de ellos sin coste alguno. El investigador dio la información en un lenguaje sencillo y comprensible para evitar cualquier malentendido y asegurarse de que las personas entendían perfectamente lo que se decía.

A lo largo de la investigación, el investigador mantuvo una actitud y un comportamiento honestos con las personas que participaban en la investigación para que se estableciera entre ellas una relación de confianza que permitiera al participante expresarse con libertad y autenticidad. Por lo tanto, se entiende que el principio de anonimato y confidencialidad no sólo garantiza la protección de la identidad de los individuos, sino que también afecta a la calidad del proceso de investigación. Por lo tanto, se entiende que el principio de anonimato y confidencialidad garantizó no sólo la

protección de la identidad de los individuos, sino también la calidad del proceso de investigación.

2.1 Herramientas de investigación

La siguiente fase del capítulo dos es el inventario de las herramientas metodológicas. Los instrumentos de investigación seleccionados fueron

1.   Observación participativa: en este proceso, el investigador dedicó tiempo a observar, escuchar, hacer preguntas y, en general, a participar en la vida cotidiana de los niños y en su contexto social durante el período de 5 años en que se desarrolló la investigación.

En la observación participante, las relaciones y la comunicación sobre el terreno determinan en gran medida el resultado de la investigación y la riqueza de los datos cualitativos. Aquí el investigador necesitaba establecer relaciones de aceptación y confianza mutuas con los otros "participantes" y ser capaz de gestionar los problemas o crisis imprevistos que pudieran surgir. La observación es el principal método de generación de datos en el trabajo de campo y se considera vital por su carácter experiencial. Está vinculado a las preguntas de investigación del estudio y requiere una preparación considerable por parte del investigador, aunque la situación sobre el terreno sea fluida, cambiante y esté llena de contingencias. El objetivo principal es describir el campo de la investigación, las personas y los acontecimientos que tienen lugar en él.

2.   Desarrollo y evaluación pedagógica: consiste en cuadros especiales centrados en el habla, la psicomotricidad, las capacidades cognitivas, la organización emocional, las funciones perceptivas, las funciones mnemotécnicas, el espacio gráfico, la función lectora y el comportamiento.

En Grecia, a través de la reflexión sobre el desarrollo de programas de intervención pedagógica eficaces, el Instituto Pedagógico (P.I.) desarrolló y estableció, mediante el Decreto Presidencial 301/1996, el PAPEA. El PAPEA (Marco Curricular de la Educación Especial), con su clara descripción de propósitos, objetivos y contenidos, que funcionan como marco general del programa, permite al profesor determinar y seleccionar el material que necesita cada vez, convirtiéndose en la base para diseñar intervenciones focalizadas, individualizadas, estructuradas e inclusivas, integradas en los programas de Educación Especial (Christakis, 2013). Consta de las áreas de preparación para el aprendizaje, habilidades escolares básicas, adaptación social, actividades creativas y preparación preprofesional. Estas áreas específicas incluyen áreas generales e individuales que constituyen objetivos pedagógicos específicos y se analizan en objetivos de enseñanza claros con actividades indicativas (Drosinou, Korea & Grigoropoulou, 2016).

Se registraron las siguientes categorías por trimestre:

Habla (participación en el diálogo, expresión clara y precisa), Psicomotricidad (motricidad general y fina, orientación en el espacio, orientación en el tiempo, lateralidad), Habilidades mentales (memoria visual, memoria auditiva, concentración de la atención, pensamiento lógico-matemático, razonamiento), Regulación de las

emociones (sentimiento de sí mismo, interés por aprender, cooperación con los demás), Funciones perceptivas (percepción visual, percepción auditiva, percepción audiovisual, funciones perceptivas multisensoriales), Funciones Mnemónicas (memoria funcional-memoria secuencial, memoria a largo plazo-memoria funcional, memoria a corto plazo-memoria funcional), Espacio Gráfico (orientación espacio-temporal, movilidad gráfica y conquista del espacio gráfico), Función Lectora (parte fonológica, prelectura, lectura, escritura, ortografía-morfología, semántica, expresión escrita), Comportamiento (apoyo emocional, desarrollo de la capacidad de organización, mejora de la autoimagen lectora).

3. Entrevistas informales: un conjunto de preguntas (en cierto modo) predeterminadas para proporcionar una guía sobre los temas que es importante tratar en el marco de la entrevista. (Con el tiempo, las preguntas se reformulan para responder a las necesidades que surgen).

La entrevista no estructurada es abierta y no incluye preguntas predeterminadas, sino temas generales sobre los que se invita a los participantes en la investigación a hablar o posicionarse libremente y en sus propios términos. En concreto, el investigador suele confeccionar una lista de 7 u 8 temas que considera importantes y sobre los que se forma la interacción entre el entrevistador y los participantes en el proceso de investigación. Una ventaja especialmente importante de este enfoque es la aparición de nuevos temas a través del propio discurso de los participantes, que no estaban predeterminados por los investigadores.

La entrevista cualitativa permitió al investigador

- Profundizar en las percepciones, opiniones y valores.

- Comprender la complejidad que caracteriza la experiencia y el comportamiento humanos.

- Ver el fenómeno estudiado a través de los "ojos" de los entrevistados y hacer aflorar la "voz" y el discurso de los propios participantes en la investigación.

- Mantener una comunicación interactiva con los participantes.

- Explorar cuestiones que no estaban predeterminadas de antemano.

- Modificar incluso el diseño inicial del proceso de investigación. (Isari, & Pourkos, 2015)

4. Diario de investigación: el proceso, las dificultades, los pensamientos y los sentimientos de los participantes se registran regularmente con fechas y descripciones detalladas. De este modo, las dificultades, así como los éxitos, las inspiraciones, las ideas y las interpretaciones se muestran en una progresión cronológica.

En la investigación, es útil registrar regularmente los progresos, las dificultades, los pensamientos y los sentimientos en un diario de investigación, con fechas y descripciones detalladas. De este modo, las dificultades, así como los éxitos, las inspiraciones, las ideas, las interpretaciones, se destacan claramente en una progresión cronológica. Además, la influencia del investigador en el curso de la investigación se hace clara y consciente. La investigación se entiende como algo que hacemos, el

resultado de nuestras propias decisiones y acciones. El término "diario" hace referencia a la descripción de un texto de carácter personal que contiene registros sistemáticos de los acontecimientos más significativos de la vida personal y posiblemente de la vida pública de una persona durante un periodo concreto de su vida. La revisión de la literatura muestra que el registro y la evaluación de la experiencia humana tal y como se vive en la vida privada o pública cotidiana no es un fenómeno moderno, sino que se remonta a la antigüedad.

El propósito del diario reflexivo como herramienta de aprendizaje y desarrollo es profundizar en nuestra comprensión del "qué", el "cómo" y el "por qué" actuamos como lo hacemos en el ámbito educativo-profesional con el fin de provocar cambios significativos y eficaces en nuestra vida educativa o profesional. El diario reflexivo permite cultivar y desarrollar habilidades y funciones metacognitivas, y contribuye al desarrollo del conocimiento científico y profesional a través de un proceso reflexivo crítico continuo de cuestionamiento de las creencias arraigadas y de los conocimientos y experiencias preexistentes.

- **Investigar a través de Internet**

Al final del capítulo de metodología, informamos sobre la elección de la tecnología y los programas informáticos en nuestra investigación cualitativa. Los programas de software de análisis cualitativo no sólo procesan datos en forma de texto, sino también otras formas de información, como imágenes, archivos de audio, vídeos, películas organizadas en documentos digitales. En esta tesis los datos serán analizados a través del programa ATLAS.TI, que se consideró el más adecuado para decodificar los datos recogidos, tras la larga investigación de la investigadora sobre el gran tema de la depresión infantil. (ATLASTI: Software (con suscripción) para el tratamiento de datos de investigación cualitativa.

2.2 Muestra de Investigación

A continuación, el capítulo dedicado al análisis de los datos incluye todas las herramientas metodológicas mencionadas anteriormente. En esta sección, describimos nuestro método de investigación cualitativa basado en un estudio de casos tal y como se describe en. El estudio de casos se identificó como la opción más adecuada porque tiene los criterios adecuados para respetar las características individuales de cada niño y, éticamente, no dirigirse a sus necesidades educativas especiales. La duración total de la investigación es de 5 años y abarca desde el año 2016 hasta el 2021. Durante este periodo, interactuamos diariamente con los niños deprimidos. Esta interacción tiene lugar en la escuela o en su casa durante una du-ración de aproximadamente cuatro horas. El tiempo total necesario para ganar la confianza y la atención de los participantes fue de una media de 2 años. Tras este periodo, iniciamos el nuevo método pedagógico propuesto en este trabajo.

La muestra de investigación seleccionada para participar en el estudio fueron niños diagnosticados de depresión infantil de una institución pública de Grecia. Se trata de dos niñas de 7 y 8 años y un niño de 6 años. Para asegurar la fiabilidad de los resultados,

a los tres niños se les administró el test de Raven. Los resultados mostraron que los niños considerados tienen una inteligencia media, por lo que se consideran capaces de pensar con claridad y de tratar información compleja. Por lo tanto, podemos considerar que el principal factor que bloquea su capacidad de aprendizaje es la depresión. El enfoque de la investigación adoptada se centra en el curso de lengua griega, con especial atención a la lectura, la escritura y la ortografía. En esta tesis, los datos se analizaron mediante el programa ATLAS.TI, que se consideró el más adecuado para descodificar los datos recogidos, tras la larga investigación de la investigadora sobre el gran tema de la depresión infantil. La versión utilizada fue la 6.0.15.

2.3 Análisis de datos

En primer lugar, se creó una carpeta denominada Análisis, en la que se colocaron los tres niños que constituían la muestra de la investigación. En la carpeta de cada niño de la muestra había cuatro carpetas distintas que contenían los instrumentos de investigación utilizados. Los datos se analizaron por trimestres, de modo que quedara clara la evolución positiva de cada niño. Es decir, cada año constaba de cuatro trimestres y la duración de la investigación se fijó en 5 años.

Primer instrumento de investigación: Observación participativa

Los siguientes datos se registraron por trimestre y se dividieron en dos partes.

Parte A:

1. la historia individual

2. la historia familiar

3. la historia escolar

4. visión general del niño a partir de la observación durante la clase de griego

5. objetivo de la enseñanza

Parte B:

1.   Formulario de registro de la interacción docente

2.   Informe de tres meses de observación de los participantes.

Secondo instrumento Herramienta de investigación: Evaluación pedagógica informal

En Grecia, a través de la reflexión sobre el desarrollo de programas de intervención pedagógica eficaces, el Instituto Pedagógico (P.I.) desarrolló y estableció, mediante el Decreto Presidencial 301/1996, el PAPEA. El PAPEA (Marco Curricular de la Educación Especial), con su clara descripción de propósitos, objetivos y contenidos, que funcionan como marco general del programa, permite al profesor determinar y seleccionar el material que necesita cada vez, convirtiéndose en la base para diseñar intervenciones focalizadas, individualizadas, estructuradas e inclusivas, integradas en los programas de Educación Especial (Christakis, 2013). Consta de las áreas de preparación para el aprendizaje, habilidades escolares básicas, adaptación social,

actividades creativas y preparación preprofesional. Estas áreas específicas incluyen áreas generales e individuales que constituyen objetivos pedagógicos específicos y se analizan en objetivos de enseñanza claros con actividades indicativas (Drosinou, Korea & Grigoropoulou, 2016).

3ª Herramienta de investigación: Entrevistas informales

En este punto, las preguntas que se formulan en forma de entrevistas van variando de año en año, con el fin de abordar las preguntas de investigación que surgen en función del desarrollo de cada niño. Se registran por trimestres, con el fin de revelar la evolución positiva de cada niño tras el contacto con el Nuevo Método Pedagógico.

4ª Herramienta de investigación: Diario de investigación

El investigador registra los acontecimientos diarios que tuvieron lugar; experiencias, dificultades abordadas, preocupaciones y reacciones. El diario también se registra por trimestres, ya que el material que surgió fue especialmente amplio.

De acuerdo con lo mencionado, la forma en que la depresión afecta negativamente al niño se identifica en los códigos: comportamiento, proceso educativo y reacciones emocionales. Se registra y analiza la debilidad del proceso educativo clásico, y tras la intervención del nuevo método pedagógico se registra y analiza también la evolución positiva de los códigos.

En este punto se comenzará a registrar los datos que se hicieron trimestralmente, de manera que se pueda ver claramente el progreso educativo y emocional de cada niño antes y después de la intervención del Nuevo Método Pedagógico. Además, se registrará el análisis de los datos cualitativos por año para revelar la interacción de las cuatro herramientas metodológicas y su importancia.

Es importante decir que los tres niños han sido diagnosticados de depresión infantil por los Centros de Diagnóstico y Apoyo K.E.D.Y. (organismo público de diagnóstico en Grecia). Evalúan a los estudiantes que no han cumplido los 22 años. La evaluación la lleva a cabo un equipo multidisciplinar de cinco miembros, compuesto por un profesor de Educación Especial y Formación (preescolar, primaria o secundaria), un psiquiatra o pediatra especializado en neurología pediátrica o un neurólogo especializado en neurología pediátrica, un trabajador social, un psicólogo y un logopeda. El equipo multidisciplinar puede incluir también a un terapeuta ocupacional o a un miembro del Personal Educativo Especializado (SEP) de la rama de PE 31, según proceda, por recomendación del Jefe del CECI correspondiente. Los graduados mayores de dieciocho (18) años, que no han sido evaluados como personas con discapacidad y necesidades educativas especiales, no entran en la jurisdicción del CECS. Este equipo interdisciplinar emite un dictamen que proporciona una definición y descripción de la discapacidad del alumno y recomendaciones de apoyo. También propone el contexto escolar al que es preferible que asista el alumno (escuela especial, departamento de integración, apoyo paralelo) y un Programa Educativo Individualizado (PEI) para el profesor, que identifica los objetivos para el apoyo más eficaz del alumno. Los servicios del CPS se prestan de forma gratuita y el expediente del alumno es confidencial y sólo pueden acceder a él los padres, el director y los profesores de la escuela que participan en la educación del alumno (Avramidou, 2016).

Antes de tomar cualquier medida, también le administramos el test de Rivan para asegurarnos de que la indiferencia-abandono educativo que presenta no se debe a una capacidad intelectual reducida, sino que es el resultado de una depresión infantil, que tiene. Los resultados del test de Rivan confirman que tiene un coeficiente intelectual normal y, por tanto, entiende perfectamente las clases de griego y matemáticas.

El sujeto 1 es una niña de 7 años, físicamente desarrollada para su edad, que asiste al primer grado de la escuela primaria. Vive con su padre y su abuela. Se le ha diagnosticado una depresión infantil debido a la repentina muerte de su hermana gemela en un accidente de tráfico. Le gusta dibujar y hacer puzzles. No tiene muchos amigos y novios en la escuela. Con los niños de su clase discute constantemente con ellos y a veces se dirige contra ellos de forma amenazante. Sólo tiene una amiga que no siempre se sienta con ella, lo que provoca su enfado. Es una niña muy reservada en sus reacciones y no expresa fácilmente su preferencia por otro amigo. Es claramente una niña que tiene "rigidez" emocional y tiene dificultades para adaptarse a la vida cotidiana.

Su comportamiento parece afectar a su progreso, consistencia, concentración y rendimiento. Además, muestra una total desmotivación y apatía a la hora de la lección mientras el resto de la clase está trabajando y participando en la entrega. No pide salir de su aula con ninguna excusa y sin embargo permanece callada e inactiva en su pupitre. Cuando se aleja completamente de la entrega de la lección, entonces juega y dibuja en su escritorio como si estuviera en su habitación. Desde mi observación personal, el sujeto 1 es una niña preparada que "parece" llevarse mejor con los adultos. Sin embargo, se sale de la norma con facilidad, a menudo utiliza la frase "es aburrido" y su primera reacción es hacer lo contrario de lo que se le dice. Sus aparentes dificultades en el rendimiento escolar no provienen de una baja capacidad intelectual -percepción o capacidad reducida-, sino que todo proviene de una falta de motivación e interés.

Se niega a escribir porque tiene una debilidad por el diseño gráfico. Además, no sabe leer y no organiza su mochila escolar, por lo que no lleva los libros correctos según el horario semanal de su colegio. En su comportamiento, muestra un fuerte problema en el apoyo emocional y en la mejora de su imagen cognitiva. Completa falta de motivación por la vida. Ha perdido completamente su orientación en la vida y el resto de la familia ya no puede manejarla porque todavía está en la fase de duelo. Al mismo tiempo, se encuentra en un entorno familiar crítico y difícil que no la ayuda a expresarse, a crear vínculos, a sentirse segura y a volver a confiar en sí misma. El entorno escolar, que tiene un ritmo y unas exigencias determinadas, no es el refugio que ella busca y, en consecuencia, lo rechaza. Además, es incapaz de seguir a los niños de su edad e integrarse en el grupo social de la clase, por lo que se vuelve agresiva porque cree que la rechazan.

Al sujeto 1 le cuesta mucho seguir las normas del colegio, se niega completamente a coger el lápiz y cuando se siente un poco presionado se remite a su hermana, que era mejor estudiante que ella, y de esta forma elude sus responsabilidades. No sabe coger el lápiz, no quiere hacer lectura de textos y cuando se siente presionada se pone agresiva y tira los libros al suelo (cuando está en casa). Cuando se aclimata al ritmo de la clase y se da cuenta de que necesita pensar y estudiar para obtener mejores resultados en su

rendimiento escolar, me informa inmediatamente de que, de las dos, su hermana era la buena estudiante y no ella, por lo que no debería tener grandes expectativas para ella.

El sujeto 1 generalmente muestra una desorganización en sus movimientos, pensamientos y la forma de expresarse. La depresión ha afectado por completo a su forma de pensar, sentir y actuar. Es una niña que se vuelve muy agresiva en cuanto se siente presionada y otras veces, para evocar la piedad de su interlocutor, se refiere a su hermana perdida. Actúa como si fuera una niña de parvulario y retrocede con fuerza a fases pasadas.

Lo único que el sujeto 1 parece disfrutar es dibujar en la tableta con el investigador a través de una aplicación de dibujo. El uso de las TIC en general fue fácilmente aceptado por el sujeto 1, ya que forma parte de su vida cotidiana. Pasa varias horas del día frente a su ordenador haciendo búsquedas en Google o jugando a juegos de su elección. El sujeto 1 respondió fácil y rápidamente a la incitación del investigador a dibujar en la aplicación de la tableta, mientras que se negaba a seguir cualquier instrucción de su profesor en la escuela. Esto ha provocado que permanezca inactiva desde el punto de vista educativo sin mostrar ningún interés. En cambio, la pintura a través de la tableta y la videollamada que establecimos como forma de comunicación una vez a la semana parece ser aceptada fácilmente y ella parece seguir el proceso.

En el segundo año de seguimiento, el sujeto 1 no muestra ningún cambio positivo en el trato que recibe en el entorno escolar. Todavía se niega a escribir porque muestra debilidad en el Espacio Gráfico. Además, no sabe leer y no organiza su mochila escolar, por lo que no lleva los libros adecuados según el horario semanal de su escuela. En su comportamiento, muestra un fuerte problema en el apoyo emocional y en la mejora de su imagen cognitiva. Falta total de motivación para progresar. Su nuevo profesor expresa su ignorancia en cuanto a cómo tratarla para ayudarla y teme darle más tiempo para que no haga mal a otra compañera.

El sujeto 1 es un niño cerrado, intensamente melancólico que no expresa su mundo emocional, todavía le cuesta comunicarse con su familia y con sus compañeros en la escuela. La relación que ha establecido con la investigadora es diferente a todas las que ya tiene, por lo que a veces sacude esta relación, realizando comportamientos extremos para confirmar en sí misma que es real. No quiere estar sola, pero no sabe en quién puede confiar y comprenderla. Es una niña intensamente agresiva porque al hacerlo siente que se está apoyando a sí misma. No tiene amigos, no busca el contacto social, durante la clase permanece en silencio y no participa. Tanto en los descansos como en casa tiende a jugar como si tuviera a su hermana al lado. Pinta con gran facilidad, dividiendo siempre su papel en dos mundos, el de los vivos y el de los muertos. Todas las actividades extracurriculares que ha realizado en el pasado no quiere discutirlas ni continuarlas. Tampoco hace ejercicio en el colegio, siempre poniendo alguna excusa a su profesor. Es difícil para sus profesores y padres manejarla, por lo que permanece esencialmente "sola", volviéndose cada vez más silenciosa o agresiva a diario.

Es una niña obesa que come mucho en casa y esconde golosinas en su habitación. Ninguno de sus profesores tiene la forma y el conocimiento para llegar a ella, por lo que el sujeto 1 permanece educativamente crudo y completamente inactivo. No sigue las reglas básicas de la escuela, no quiere hacer los deberes, no quiere escribir ni leer

en la escuela (y en casa), por lo tanto no hay ninguna señal de cómo despertar al sujeto 1 para que se supere. La mayoría de sus profesores ponen en su boletín de notas escolares calificaciones que no merece o que no se ha ganado con sus conocimientos proyectando su compasión por lo que ha vivido y está viviendo. Pero este comportamiento le da la excusa para hundirse cada vez más en la depresión y seguir perdiéndose. Su obra sigue siendo solitaria, le cuesta socializar.

De acuerdo con lo anterior, es comprensible que cualquier intervención educativa siga pareciendo difícil. Sin embargo, a pesar de todas las dificultades, la investigadora consiguió ganarse la atención y la confianza del sujeto 1 durante el segundo año de seguimiento, por lo que el año siguiente fue el pistoletazo de salida del Nuevo Enfoque Pedagógico, que tiene como objetivo el despertar educativo del sujeto 1, que sufre a diario los síntomas de la depresión. De acuerdo con lo anterior, es comprensible que cualquier intervención educativa siga pareciendo difícil. Sin embargo, a pesar de todas las dificultades, la investigadora ha conseguido ganarse la atención y la confianza del sujeto 1 durante el segundo año de seguimiento, por lo que el año siguiente es el punto de partida del Nuevo Enfoque Pedagógico, que tiene como objetivo el despertar educativo del sujeto 1, que sufre diariamente los síntomas de la depresión. Lo único que queda por seguir como pauta es el uso de las TIC en la aplicación del dibujo, así como nuestro contacto una vez a la semana, que se hace por videollamada. No trata de evitarlo, ni crea falsos escenarios para evitar el encuentro con el investigador. Está familiarizada con la tecnología y no la trata como a través del aprendizaje simplemente como a través del juego. El uso de las TIC ayudó a crear intimidad y vínculo entre el investigador y el sujeto 1.

El sujeto 1 en el 3er grado de la escuela primaria y con el nuevo enfoque pedagógico muestra un interés inicial en los datos cognitivos que antes no le preocupaban. Todavía no está dispuesta a coger un lápiz, no tiene guión y teme las críticas negativas, además de negarse a leer. Buscamos centrarnos en su desarrollo positivo a través del juego del nuevo método para que se quede aplaudiendo y abrazando después de cada respuesta correcta. Es precisa y obedece todas las reglas. Todavía no muestra emoción como posiblemente otros niños de su edad, pero responde a mi llamada cada vez que le pido que se mueva a la zona del balcón, donde sabe que es donde jugaremos nuestro juego. Se mantiene firme en sus citas y siempre se centra en datos creativos que captan la atención del NIÑO 1 inicialmente, aunque sea por poco tiempo. Su reunión por videollamada una vez a la semana sigue siendo constante y el sujeto 1 la acepta.

El objetivo es despertarse motivado para aprender. Le pedimos al sujeto 1 que se dirija a la zona del balcón de la casa y una vez que pase un coche decimos primero los números de la matrícula. Entonces encontramos la suma de los números de la matrícula. Llegados a este punto, debemos aclarar que la suma resultante debe ser siempre menor o igual a 24, porque ese es el número de letras que tiene el alfabeto griego. Por lo tanto, la suma de números hasta llegar a un número menor o igual a 24. Esta suma nos lleva a una letra específica del alfabeto griego y luego buscamos el nombre de un Animal a partir de esta letra. Cuando decimos un animal, utilizamos la tecnología para buscar en Google una imagen de ese animal. Este proceso le gusta especialmente al sujeto 1 porque entiende que es bueno usando la tecnología, así que trabaja con confianza sin darse cuenta. La recompenso con un celo exagerado y parece sorprendida porque el

proceso fue fácil y los números sencillos. Le encantan los animales, sobre todo, por lo que su juego parece sencillo. Conoce la mayoría de los nombres de los animales, por lo que completa esta etapa con gran éxito. Mi entusiasmo es intenso y va acompañado de palmas y un abrazo para crear una nueva experiencia agradable para ella a través de la programación neurolingüística. Ahora, cuando llega el momento de la recompensa, está lista para recibirla, abriendo los brazos para darme un abrazo. Llegados a este punto, debemos subrayar que pedimos este procedimiento exactamente en el mismo orden a los tres niños que participaron en la investigación.

Su respuesta inicial cuando se le dijeron los números de las matrículas fue relativamente fácil porque estaba dispuesta a seguirme en un "nuevo juego". Cuando añadimos la adición de los números a nuestro juego, mostró su miedo a su escaso conocimiento diciéndome que lo que yo sugería era aburrido. Sin embargo, hice la primera adición y lo celebré por mí mismo con el suficiente fervor como para llamar su atención. Cuando se decidió a hacer su primera incorporación, celebré con fuerza su éxito y su valentía, concluyendo sus elogios con un aplauso y un abrazo. El propósito de esta respuesta es crear, a través de la programación neurolingüística, un nuevo acoplamiento de neuronas en su cerebro que le confiera una emoción placentera que resulte de la celebración cuando complete su intento de sumar los números. Entonces, la adición del alfabeto no la estresa porque está encantada con los nombres de los animales que se le pide que encuentre a partir de la Carta resultante. Cada vez un número diferente, cada vez una letra diferente, cada vez un nombre de animal diferente. En el segundo trimestre del año añadimos el hallazgo de un nombre de Maestro que, una vez encontrado, celebramos intensamente y abrazamos. Como siguiente paso definimos la necesidad de crear una frase con las palabras que ya hemos encontrado. Para resumir, creamos frases que tienen un número, un animal, un nombre (Sujeto) en ellas y con nuestra imaginación surge "un acto". Por ejemplo: El número 4 nos lleva a la letra D, nombre del animal Delfín, nombre principal Dimitri y finalmente creamos una frase principal. "Dimitris y los 4 delfines están nadando en el mar". Se alegra de ver que está haciendo una acción correcta y busca este juego porque ve claramente que es bueno. De este modo, el sujeto 1 muestra su confianza en el investigador, que la acepta, la apoya y la elogia en cada paso del camino.

El sujeto 1 está acostumbrado a un fuerte estado de ánimo crítico por parte de su entorno familiar y cada momento de recompensa que experimenta en nuestro nuevo juego, le provocaba una vergüenza que no sabía manejar y que además le costaba expresar. La investigadora le recordaba a menudo que se dejara llevar por la alegría de nuestro nuevo juego y, sobre todo, que permitiera que el sentimiento de alegría la llevara por nuevos caminos de amor, creatividad y risas. A veces, aunque es muy pronto, parece estar contenta de formar parte del juego pero todavía no lo expresa, simplemente sigue estando en el espacio. Cuanto más hable, sea parte del juego y entienda que está logrando el éxito, más querrá jugar y se llevará el crédito. Todos los pasos se completan con éxito, pero aún no se siente lo suficientemente seguro como para anotarlos en el "cuaderno especial". El "cuaderno especial" es un cuaderno que tiene colores vivos y alegres en la portada, es un regalo que la investigadora le hizo al sujeot 1 para que cuando empiece a escribir tenga un cuaderno singularmente diferente en el que registrar sus progresos, sus logros y, cuando todas las páginas estén llenas, tendrá un registro

maestro que le recordará todo lo que puede hacer, todo lo que ya ha logrado y, gracias a ello, se sentirá orgullosa de sí misma con confianza y aplomo. Cuando decimos un animal, utilizamos la tecnología para buscar en Google una imagen de ese animal. Este proceso le gusta especialmente al sujeto 1 porque entiende que es bueno usando la tecnología, así que trabaja con confianza sin darse cuenta.

Su rendimiento escolar no ha alcanzado el nivel de exigencia del tercer curso de primaria, pero está claro que el sujeto 1 ha recuperado el ánimo y tiene una actitud diferente mientras está en el aula. Su nueva profesora tiene un verdadero interés en el sujeto 1 y está decidida a integrarlo en toda la clase. Varias veces menciona su nombre durante la clase para llamar su atención. Cabe destacar que la postura de este ha variado y sus reacciones son más tranquilas. No muestra reacciones extremas en su comportamiento, sino que durante los recreos observa los juegos de sus compañeros y no parece encerrarse en "su" mundo.

A partir del cuarto año de seguimiento sistemático, el sujeoto 1 adquiere un claro contacto verbal con su profesor que le anima también. Durante las sesiones de tutoría individualizada con la investigadora-educadora especial, responde correctamente y a veces sonríe cuando su recompensa va acompañada de una palmada y un abrazo. El sujeto 1 es un niño que necesita sentirse atendido por sus compañeros y sentirse seguro por los adultos que le guían. Su socialización se ha activado ya que no busca perderse en "su" mundo pero aún le falta valor y conocimiento para seguir al resto de la clase en el proceso de aprendizaje. Sin embargo, el juego que esconde el nuevo enfoque pedagógico le entusiasma y afirma que le gustaría jugar con otros niños de su edad para demostrar que ella misma es "buena" en algo.

Aunque la escritura se ha integrado ahora en el programa del Nuevo Enfoque Pedagógico y la sujeto 1 ha respondido positivamente al "cuaderno especial" desde el primer trimestre, en el aula sigue negándose a escribir porque se siente avergonzada y tiene miedo de cometer un error y de que se burlen de ella. En su comportamiento muestra una evolución positiva siempre que su entorno se mantenga tranquilo. Hay veces que discute con sus compañeros pero el profesor restablece rápidamente el equilibrio y cuando el profesor no está delante de un incidente entonces el sujeto 1 tiene más paciencia que antes para explicar y resolver cualquier problema. Su profesor es optimista sobre su progreso y siempre está dispuesto a trabajar con el investigador.

La seguridad y la confianza que se ha desarrollado entre el investigador y el sujeto 1 es de particular importancia porque mejora positivamente el desarrollo del niño. Descifra con relativa fluidez palabras sencillas y frases simples que contienen palabras que le son familiares. Demuestra comprender su contenido, ya que conoce todas las letras, grandes y pequeñas. En el lenguaje oral es más eficiente, ya que con el nuevo método pedagógico ahora suma los números con facilidad, dice el alfabeto griego con rapidez y encuentra fácilmente los nombres de los animales, los sustantivos y crea frases. El investigador con paciencia, perseverancia y pasión está siempre al lado del sujeto 1 para fortalecer adecuadamente su psicología y recordarle el valor del conocimiento. Además, el propósito de la singularidad del "cuaderno especial" que registra y detalla los pasos del Nuevo Método Pedagógico, es porque cuando se desanima y pierde su motivación para desarrollarse y aprender, esto funciona como un estímulo a su

sentimiento ya que ve lo mucho que ha escrito ella misma y la enorme cantidad de su potencial.

En esta fase nos centramos en su confianza hacia la escritura, un sentimiento que puede consagrarse mediante la práctica y la fricción. Para evitar las sílabas "perdidas", el investigador añadió la ortografía de los nombres de los animales y los nombres que se grababan. El calendario y la finalización del nuevo Enfoque Pedagógico dependen del sujeto 1 y de los progresos que realice.

Su rendimiento escolar es cada vez mejor, de modo que al quinto año de asistencia es evidente que el sujeto 1 ha alcanzado un nivel superior y ahora comprende la importancia de la escuela y los conocimientos que ésta proporciona. Es evidente que el sujeto 1 ha recuperado su valor y tiene un comportamiento diferente mientras está en el entorno escolar. El dominio de la escritura de este en el entorno escolar muestra su decisión de liberarse y convertirse en uno con sus compañeros. El nuevo enfoque pedagógico ha captado el interés de sus profesores en lo que está ocurriendo durante su tiempo de tarea y hay este desarrollo positivo en el sujeto 1. Es notable que la postura del mismo ha cambiado y sus reacciones son más tranquilas. No muestra reacciones extremas en su comportamiento, sino que durante los recreos observa los juegos de sus compañeros y no parece encerrarse en "su" mundo.

Ya se ha empezado a combatir la depresión infantil con el arma del aprendizaje y el niño está respondiendo positivamente. El sujeto 1 parece sentirse seguro a través de la relación que ha desarrollado con la investigadora y está receptivo a probar el nuevo juego con ella, es decir, el nuevo enfoque pedagógico destinado a despertar a esta de la depresión. Todos los que trabajan con ella están contentos con sus progresos y entusiasmados con su evolución positiva.

El nuevo método pedagógico se convirtió en el pistoletazo de salida para que el sujeto 1 saliera del torbellino de la depresión infantil y recuperara su interés por la vida. La vida cotidiana de esta ha cambiado para mejor, ya que ahora tiene una ocupación a través de la cual aprende, actúa, se comunica y se desarrolla. La innovación del nuevo Método radica en el concepto de "juego" donde cada niño prefiere y responde positivamente. Desde el rechazo total al aprendizaje, la incapacidad de socializar, el dolor que produce la soledad y las dificultades que existían en la comunicación familiar, es un momento notable en el que el sujeto 1 se activa a través de una actividad. El nuevo método pedagógico a esta la motivación para dar el "siguiente" paso. La confianza que se ha desarrollado entre la investigadora-educadora especial y la niña es crucial en esta fase porque se invita a seguir sus instrucciones. El cuadro actual del sujeto 1 es descrito por los padres como un gran logro, ya que ahora parece reaccionar con fluidez, comunicarse y no pensar en el pasado. Ssocialmente, académicamente y personalmente, está progresando sin problemas y de forma constante. Su imagen depresiva es ya cosa del pasado y en el presente tenemos a una niña que anhela vivir.

El sujeto 2 es un niño de 6 años y medio que asiste al primer curso de la escuela primaria. Vive con su madre y sus abuelos. Se le ha diagnosticado una depresión infantil que se debe al divorcio de sus padres que está en curso y experimenta estados emocionales extremos. Le gusta jugar con animales de plástico, preferentemente dinosaurios. Es un niño intensamente agresivo que experimenta una intensa tristeza. El

aislamiento es una de sus reacciones habituales porque le resulta difícil adaptarse a la vida cotidiana. Con sus compañeros le resulta difícil encontrar puntos en común, por lo que o bien habla con ellos de forma ofensiva o se sienta solo. No contiene sus emociones, constantemente siente que está a la defensiva por lo que no tiene amigos.

La asistencia del sujeto 2 al jardín de infancia tuvo varias dificultades durante el año. Las intensas peleas y los gritos repentinos de los padres tuvieron un efecto muy negativo en él y, como resultado, fue un niño solitario que tuvo dificultades para socializar. El entorno escolar y sus compañeros no se convirtieron en su refugio, sino que prefirió quedarse solo. Según la información de su profesor, además de su aislamiento emocional, el sujeto 2 mostraba una completa indiferencia educativa. Tenía un fuerte rechazo tanto a dibujar como a coger el lápiz y a seguir las instrucciones de su profesor para escribir su nombre. El conocimiento le deja completamente indiferente porque está emocionalmente afectado por la mala comunicación que tienen sus padres. Se encierra fácilmente para sentirse seguro y no reacciona a ningún estímulo externo. Cuando el profesor se dirige a él solo, sin la presencia de sus compañeros, percibe que entiende los conceptos y las operaciones aritméticas, pero sigue negándose a participar en cualquier actividad escolar.

De acuerdo con lo anterior, se puede entender que el sujeto 2 tiene dificultades en el primer curso de primaria para mantener su atención en la clase. Al mismo tiempo, presenta una fuerte desorganización emocional, concretamente en "Sentimiento propio" y "Cooperación con los demás". Se niega a escribir porque tiene una debilidad en el Espacio Gráfico. Además, no sabe leer y no organiza su mochila escolar, por lo que es obligación de la madre prepararle la mochila. En su Comportamiento, muestra un fuerte problema en el Apoyo Emocional y en la mejora de su Imagen Cognitiva. Falta total de motivación para el aprendizaje. De hecho, no tiene ninguna motivación para recurrir al conocimiento porque tiene dolor emocional. Bloquea todo lo nuevo aunque parece entenderlo. Sabe las respuestas correctas a las preguntas del profesor, pero se niega a coger un lápiz y escribir. El divorcio de sus padres parece estar tan presente en su mente que no tiene motivos para ser un buen estudiante porque nadie en su entorno familiar se centra en este ámbito.

El profesor de su clase le trata como al resto de los niños, tratando de imponer algunas actividades mediante el rigor y los límites. Sin embargo, hay días en los que permanece en el aula como un niño invisible, porque su profesor no conoce otra forma de acercarse a él. Sin embargo, con este comportamiento, el sujeto 2 se aleja cada vez más, de modo que no tiene motivos para ir a la escuela todos los días. El conocimiento no le preocupa, de hecho no lo ha entendido, por lo que su sentimiento depresivo triunfa y se sumerge cada vez más en un nuevo mundo que él mismo crea para sobrevivir. El entorno escolar y el personal docente parecen incapaces de hacer frente a esta situación, por lo que la necesidad de una intervención especializada es urgente. No tiene especial apetito por la comida, es un niño débil y pequeño. No tiene la altura adecuada para su edad, aunque sus padres son altos.

Lo único que parece gustarle al sujeto 2 es dibujar en la tableta con el investigador a través de una app de dibujo. El uso de las TIC en general fue fácilmente aceptado por este, ya que forma parte de su vida cotidiana. Pasa varias horas del día frente a su

ordenador haciendo búsquedas en Google o jugando a juegos de su elección. El niño respondió con facilidad y rapidez a la incitación de la investigadora a dibujar en la aplicación de la tableta mientras se negaba a seguir cualquier instrucción de su profesor en la escuela. Esto ha provocado que permanezca inactiva desde el punto de vista educativo sin mostrar ningún interés. En cambio, la pintura a través de la tableta y la videollamada que establecimos como forma de comunicación una vez a la semana parece ser aceptada fácilmente y ella parece seguir el proceso.

En el segundo año de seguimiento sistemático el sujeto 2 no hace ningún progreso positive, pero la investigadora se gana con paciencia, perseverancia y pasión su confianza para que se vuelva receptivo y la siga en el "nuevo juego" que el enfoque pedagógico esconde en él. En su vida diaria se abstiene de cualquier actividad social. No es un niño al que le interesen los deportes, ni los paseos, ni ninguna forma de socialización. Permanece aislado y suele mirar hacia abajo. El sujeto 2 tiene una tristeza que se exterioriza fácilmente con nerviosismo y enfado. No es fácil que sus profesores se acerquen a él, con la consecuencia de que no saben cómo ayudarle.

De acuerdo con lo anterior, es comprensible que cualquier intervención educativa en los dos primeros años de seguimiento sistemático fuera difícil. Sin embargo, a pesar de todas las dificultades, la investigadora en el segundo año de seguimiento consiguió ganarse la atención y la confianza del sujeto 2, por lo que al año siguiente se dio el pistoletazo de salida al nuevo enfoque pedagógico que pretende despertarlo educativamente, ya que sufre a diario los síntomas de la depresión.

El sujeto 2 en el 3er grado de la escuela primaria y con el nuevo enfoque pedagógico muestra un interés inicial en los datos cognitivos que antes no le preocupaban. Muestra su interés hacia el nuevo método pedagógico, que le llama la atención en forma de "juego" en el que se basa. Desde el rechazo total al aprendizaje, la incapacidad de socializar, el dolor que soporta por su soledad y las dificultades de comunicación familiar, es un momento notable en el que el niño se active a través de una tarea. La confianza que se ha desarrollado entre la investigadora y el sujeto 2 es crucial en esta fase porque se invita al niño a seguir sus instrucciones. La depresión sigue teniendo fuertes elementos sobre este, pero de nuevo surge una esperanza.

El sujeto 2 ha desarrollado especialmente una relación con el investigador. Es una relación diferente a todas las que ya tiene, así que el niño ya está preparado para seguirla en su acercamiento al nuevo método pedagógico. Su socialización aparentemente no ha cambiado pero esencialmente el sujeto 2 se ha calmado, no está jugando tan intensamente por su cuenta y, en vez de eso, observa a sus compañeros jugar. Desde el tercer trimestre del año durante la lección ya forma parte de la clase aunque todavía no levanta la mano. El semblante del niño es evidentemente más tranquilo, más receptivo y empieza a coincidir más con el de sus compañeros. Todavía no quiere hacer ejercicio con estos porque está débil debido a sus poco peso.

Parece preferir el enfoque individualizado del investigador porque le genera seguridad, pero por primera vez muestra interés por algo nuevo. La forma en que se le ha presentado el nuevo enfoque pedagógico es tan especial que quiere compartirlo con otros niños. Lo siente como un logro propio que lo hace especial y por ello quiere mostrárselo a otros para que lo acepten y lo "quieran" por esta novedad que les presenta.

Afronta su escolarización con tranquilidad porque sigue teniendo defensas, pero también escucha y aprende. Se enfrenta más fácilmente al aprendizaje mediante el nuevo enfoque porque se le presenta en forma de juego. Este hecho es nuevo y lo acepta. El estrés causado por el aprendizaje en su forma clásica se reduce y, por tanto, es más cooperativo.

El objetivo del nuevo enfoque pedagógico de la depresión infantil es despertar al sujeto 2 a través del aprendizaje. La enseñanza es individualizada de forma divertida para captar la atención y estimular el interés. El gran paso que emerge claramente a través del contacto visual que tiene con su profesor ahora es que entiende completamente todo lo que escucha en el momento de la entrega. Durante las sesiones de enseñanza individualizada con el investigador, el niño responde correctamente y a veces sonríe cuando su recompensa va acompañada de una palmada y un abrazo. Esta familiaridad empieza a mostrarse poco a poco con el profesor del colegio, que le trata igual que a los demás niños de la clase. A la hora de dejarle, asiste a clase, toma nota de los deberes y, en general, se muestra cooperativo y tranquilo en sus reacciones. Su maestra de escuela expresa su sorpresa por el tremendo cambio que ha hecho el sujeto 2 y trabaja muy bien con la investigadora para continuar el pogreso positivo. El gran progreso que este ha hecho desde la administración del nuevo enfoque pedagógico es visible para el personal docente de la escuela y la familia.

Con el nuevo enfoque pedagógico, el sujeto 2 muestra ahora un gran interés por datos cognitivos que antes no le preocupaban. Es elocuente y obedece todas las reglas. Ahora levanta la mano con valentía a la hora de la lección, centrándose en la pregunta que quiere hacer y no en la imposibilidad de un error que puede cometer razonablemente. Ha dejado de ser tan crítico consigo mismo y disfruta del "hoy" con un infantilismo propio de su edad. Al principio, en el nuevo método pedagógico nos propusimos sumar los números que se ven en un cartel de coche. Luego, la adición nos llevaba a una letra del alfabeto griego y esta letra completaba esta fase con el nombre de un animal y, finalmente, un nombre maestro. Por ejemplo: 1558, suma 19, letra T, Animal Tauro, Nombre Tasoula. Cuando esta acción se estableció y se introdujo en su rutina diaria, el método se completó generando frases a partir de los datos existentes. Buscar en Google una foto del animal que ha encontrado es un proceso agradable que nunca se salta. Está muy familiarizado con la tecnología, por lo que las imágenes de colores vivos y el hecho de que complete esta fase con facilidad le ayudan a mantenerse firme en nuestra lección. Cuando el sujeto 2 menciona el nombre de un animal siempre recurrimos a usar google para encontrar una imagen del animal a través de una búsqueda. En este momento, la niña parece disfrutar porque los dibujos le gustan y está contenta de completarlo sola. El uso de la tecnología está en su vida diaria, por lo que la familiaridad con todos los medios es grande. En esta fase nos centramos en su confianza hacia la escritura, un sentimiento que se puede afianzar con la práctica y la fricción. Para evitar las sílabas "perdidas", el investigador añadió la grafía de los nombres de los animales y los nombres encontrados a partir de la letra resultante de la suma de los números de una matrícula de coche.

El registro de los datos se hizo siempre en el "cuaderno especial" que, al final de este año escolar, fue un botín para el fortalecimiento mental del niño, ya que ahora podía ver claramente su progreso sustancial. De esta manera, se enorgullecía y enfatizaba su

alegría. Recompensar particularmente ayudó a todo el proceso porque a través de la programación neurolingüística el sujeto 2 comenzó a buscar reacciones positivas después de cada respuesta correcta mientras creaba la creencia de que "merezco recibir crédito porque soy inteligente y capaz". La programación neurolingüística ayudó a crear un nuevo acoplamiento de neuronas en el cerebro del niño que le confirió un sentimiento placentero que resulta de la celebración cuando completa su tarea. Además, el objetivo era debilitar el sentimiento de ansiedad y el complejo de inferioridad que habían creado las situaciones anteriores. Ahora, cuando llega el momento de la recompensa, está dispuesto a aceptarla abriendo los brazos para abrazar al propio investigador. Las faltas de ortografía se corrigen en el momento para que queden fotografiadas en su memoria. Este tipo de ejercicio también se ve reforzado por la repetición de las palabras.

En el cuarto y quinto año de observación sistemática, el sujeto 2 escribe los números, los nombres de los animales y los sustantivos de forma rápida y consistente utilizando letras mayúsculas y minúsculas. Aliado también a la nueva programación neurolingüística creada por el investigador cuando el niño respondió correctamente en cada fase, sus respuestas fueron diferenciadas. Insistimos en la escritura, la aritmética, la lectura y el pensamiento creativo. Le costaba agarrar el lápiz correctamente, se avergonzaba de sus letras, no sabía la ortografía de todas las palabras, pero de nuevo el investigador se mantuvo cerca de él con apoyo, ánimo y animando intensamente, lo que creó un ambiente feliz. La creación de frases a partir de los datos que tiene de los números y las letras tenía como objetivo mejorar su escritura y su lectura. Ahora, cuando llega el momento de la recompensa, está dispuesto a aceptarla abriendo los brazos para abrazar al propio investigador. Las faltas de ortografía se corrigen en el momento para que queden fotografiadas en su memoria. Este tipo de ejercicio también se ve reforzado por la repetición de las palabras. La confianza que se ha desarrollado entre la investigadora y este es crucial en esta fase porque se le pide al niño que siga sus instrucciones. El cuadro actual del sujeto 2 es descrito por los padres como un gran logro, ya que ahora parece reaccionar con fluidez, comunicarse y no pensar en el pasado. El discente se desarrolla social, académica y personalmente sin problemas y con pasos firmes. Su imagen depresiva es ya cosa del pasado y en el presente tenemos a un niño que anhela vivir.

El sujeto 3 es una niña de 6 años que está en 1º de Primaria que vive con su padre. La niña ha sido diagnosticada de depresión infantil debido a la repentina muerte de su madre por cáncer. Es una chica que no tiene aficiones especiales, no tiene ganas de dibujar ni de hacer manualidades. Le encantan los osos de peluche que tiene en su habitación y la mayor parte del tiempo permanece tranquila, silenciosa y revoltosa. No tiene amigos en su clase porque fue a un jardín de infancia diferente, por lo que todo el tiempo en su escuela primaria es nuevo para ella. Es una niña muy reservada en sus reacciones y no expresa fácilmente su preferencia por alguien o algo. Es claramente una niña que tiene "rigidez" emocional y le cuesta adaptarse a nuestra rutina diaria. Sus necesidades educativas especiales no son fáciles de satisfacer en esta etapa, en cambio, le gusta utilizar la aplicación de pintura en su tableta. De esta manera, el investigador se gana la confianza de la niña en el día a día para que sea receptivo a nuestra intervención educativa.

El sujeto 3 generalmente muestra una desorganización en sus movimientos, pensamientos y la forma de expresarse. La depresión ha afectado por completo a su forma de pensar, sentir y actuar. Actúa como si fuera una niña de parvulario y retrocede con fuerza a fases pasadas. Sin embargo, su comportamiento parece afectar a su progreso, consistencia, concentración y rendimiento. Además, muestra una total desmotivación y apatía a la hora de las clases mientras los demás niños de la clase trabajan y participan en la entrega. No pide salir de su aula con ninguna excusa y sin embargo permanece callada e inactiva en su pupitre. Se niega a escribir porque muestra debilidad en el Espacio Gráfico. Además, no sabe leer y no organiza su mochila escolar, por lo que no lleva los libros correctos según el horario semanal de su escuela. En su comportamiento, muestra un fuerte problema en el apoyo emocional y en la mejora de su imagen cognitiva.

Lo único que parece gustar a la niña es dibujar en la tableta con el investigador a través de una app de dibujo. El uso de las TIC en general fue fácilmente aceptado por el sujeto 3, ya que forma parte de su vida cotidiana. Pasa varias horas del día frente a su ordenador haciendo búsquedas en Google o jugando a juegos de su elección. La estudiante respondió fácil y rápidamente a la incitación del investigador a dibujar en la aplicación de la tableta mientras se negaba a seguir cualquier instrucción de su profesor en la escuela. Esto ha provocado que permanezca inactiva desde el punto de vista educativo sin mostrar ningún interés. En cambio, la pintura a través de la tableta y la videollamada que establecimos como forma de comunicación una vez a la semana parece ser aceptada fácilmente y ella parece seguir el proceso.

Está claro que la niña necesita un enfoque especializado que responda a sus necesidades particulares y que se adapte a su propio tiempo de respuesta. Sus aparentes dificultades en el rendimiento escolar no se derivan de una baja capacidad intelectual -percepción o habilidad reducida-, sino que todas ellas se derivan de una falta de motivación e interés. Y en el segundo año de seguimiento sistemático, el sujeto 3 no muestra ningún desarrollo positivo porque no hay nada del modelo clásico de educación que llame su atención y lo active. Lo positivo es que al final del 2º año la investigadora se ha ganado la confianza de esta y, en consecuencia, está dispuesta a aceptar la nueva intervención pedagógica.

En este sentido, parece que prefiere el enfoque personalizado del investigador porque le genera seguridad y por primera vez muestra interés por algo nuevo. La forma en que se le ha presentado el nuevo enfoque pedagógico es tan singular que quiere compartirlo con otros niños. Lo siente como un logro propio que la hace especial con la consecuencia de que quiere mostrárselo a otros niños para que la acepten y la "quieran" por esta novedad que les presenta. Está abordando su escolarización con calma porque todavía tiene defensas pero también está escuchando y aprendiendo. Se enfrenta más fácilmente al aprendizaje a través del nuevo enfoque pedagógico porque se le presenta en forma de juego. Este hecho es nuevo y ella lo acepta. La ansiedad provocada por el aprendizaje en la forma tradicional se reduce y, por tanto, se muestra más cooperativa. Aunque manifiesta su deseo de compartir su "nuevo juego", aún no se atreve a decirlo porque sabe que no ha completado la fase de escritura.

El sujeto 3 nota una diferencia con respecto a los otros dos niños. Al final del tercer año del seguimiento sistemático, aunque se han presentado todos los pasos del nuevo método pedagógico y la niña reacciona positivamente a todos los pasos, se niega a escribir en la escuela. En casa escribe en su "cuaderno especial" todas las frases que genera su maravillosa mente, pero en el colegio aún no está preparada para mostrar su escritura. Al comienzo de su cuarto año de asistencia, ya escribe, lee, participa en la impartición de clases y sigue todas las instrucciones escolares de su profesor.

Su comportamiento en la escuela ha cambiado porque no se encierra tanto en "su propio" mundo. Durante los recreos ahora está en el patio de la escuela y no se sienta sola. Observa los juegos de sus compañeros y cuando escucha chistes parece sonreír. Se ha desbloqueado y no guarda las distancias con tanta fuerza porque se siente mejor y quiere presentar su "nuevo juguete" a sus compañeros y a su familia. Hay momentos en los que siente la "ansiedad del fracaso", pero la gestiona con la investigadora centrándose en el esfuerzo, el valor y su singularidad. El objetivo del nuevo enfoque pedagógico para abordar la depresión infantil es despertar al sujeto 3 a través del aprendizaje. La enseñanza se personaliza de forma divertida para captar su atención e interés.

La niña en su rutina escolar puede entender el currículo escolar en el momento de la entrega pero todavía no levanta la mano, ni reproduce los nuevos conocimientos. En la palabra hablada, su profesor subraya que se percibe que tiene conocimiento y comprensión. El nuevo enfoque pedagógico ha sido la motivación para que esta vuelva a la vida y se integre en el entorno escolar. El nuevo enfoque pedagógico estimula positivamente su espíritu porque se basa en reglas de juego y termina con un aplauso y un abrazo. Esta fue la promoción inicial del nuevo método para atraer el interés del sujeto 3 que había sido diagnosticado con depresión infantil. El tacto calienta la sensación de "congelación" y la ayuda con la incertidumbre emocional que está experimentando. Se siente satisfecha al poder hacer sumas de números por sí misma y utilizar el resultado para llegar a un nombre de animal, un nombre de pila y luego deletrear todo esto y registrar en su "cuaderno especial" una frase completa. De este modo, el sujeto 3 ya es totalmente capaz de leer y escribir.

Su rendimiento escolar es cada vez mejor, por lo que es evidente que la niña ha alcanzado un nivel superior y ahora comprende la importancia de la escuela y los conocimientos que ésta proporciona. La estudiante ha recuperado su valor y tiene un comportamiento diferente mientras está en el entorno escolar. El dominio de la escritura de esta en el entorno escolar muestra su decisión de liberarse y convertirse en uno con sus compañeros. El nuevo enfoque pedagógico ha captado el interés de sus profesores por lo que ocurre durante su tiempo de deberes y hay esta evolución positiva en el sujeto 3. Es notable que su postura ha variado y sus reacciones son más tranquilas. No muestra reacciones extremas en su comportamiento, sino que durante los recreos observa los juegos de sus compañeros y no parece encerrarse en "su" mundo.

Ya se ha empezado a combatir la depresión infantil con el arma del aprendizaje y la niña está respondiendo positivamente. La estudiante parece sentirse segura gracias a la relación que ha desarrollado con la investigadora y está dispuesta a probar el nuevo juego con ella, es decir, el nuevo enfoque pedagógico destinado a despertar al sujeto 3

de la depresión. Todos los que trabajan con ella están contentos con su progreso y entusiasmados con su desarrollo positivo.

El sujeto 3 escribe sus propios deberes en la pizarra del colegio, anota los deberes que tiene para casa y participa en toda la clase. Este movimiento fue recompensado por el investigador en forma de abrazos y estímulos mentales. La discente obtuvo la satisfacción de que a través de la Acción positiva, surge la Reacción correcta. En la palabra hablada, su profesor hace hincapié en que se percibe que tiene conocimiento y percepción.

La estudiante está en 5º de primaria y con el nuevo enfoque pedagógico se ha despertado su interés por los hechos cognitivos que antes no le preocupaban. Es elocuente y obedece todas las reglas. Ahora levanta la mano con valentía a la hora de la lección centrándose en la cuestión que quiere resolver y no en la imposibilidad de un error que puede cometer razonablemente. Al principio, en el nuevo método pedagógico nos propusimos sumar los números que se ven en un cartel de coche. Luego, la adición nos llevaba a una letra del alfabeto griego y esta letra completaba esta fase con el nombre de un animal y, finalmente, un nombre de Maestro. Por ejemplo: 1558, suma 19, letra T, Animal Tauro, Nombre Tasoula. Cuando esta acción se estableció y se introdujo en su rutina diaria, el método se completó generando frases a partir de los datos existentes. Un momento especialmente agradable es cuando el buscador encuentra imágenes de animales. La familiaridad con la tecnología también es muy alta en el sujeto 3 por lo que esta etapa nos ayuda a relajarnos con el uso de la tecnología pero al mismo tiempo a no salirnos de nuestro método. En esta fase nos centramos en su confianza hacia la escritura, un sentimiento que puede establecerse mediante la práctica y la fricción. Para evitar las sílabas "perdidas", el investigador-educador especial añadió la ortografía de los nombres de los animales y los nombres que se grabaron.

El registro de los datos se hizo siempre en el "cuaderno especial" que, al final de este año escolar, sirvió como botín para el fortalecimiento mental del sujeto 3, ya que ahora podía ver claramente su progreso. De este modo, se enorgullecía y destacaba su alegría. Recompensar particularmente ayudó a todo el proceso porque a través de la programación neurolingüística la niña comenzó a buscar reacciones positivas después de cada respuesta correcta mientras creaba la creencia de que "merezco recibir crédito porque soy inteligente y capaz". La programación neurolingüística ayudó a crear un nuevo acoplamiento de neuronas en el cerebro del sujeto 3 que le confirió una emoción placentera que resulta de la celebración cuando completa su tarea. Además, el objetivo era debilitar el sentimiento de ansiedad y el complejo de inferioridad que le habían creado las situaciones anteriores. Ahora, cuando llega el momento de la recompensa, está preparada para recibirla abriendo los brazos para abrazar al investigador. Las faltas de ortografía se corrigen en el momento para que queden fotografiadas en su memoria. Este tipo de ejercicio también se ve reforzado por la repetición de las palabras.

El nuevo método pedagógico se convirtió en el pistoletazo de salida para que la estudiante saliera del torbellino de la depresión infantil y recuperara su interés por la vida. La rutina escolar del sujeto 3 ha cambiado para mejor, ya que ahora tiene una ocupación a través de la cual aprende, actúa, se comunica y se desarrolla. La innovación

del nuevo Método radica en el concepto de "juego" para atraer la atención, "empatía" para coronar el éxito y "recompensa" para potenciar la confianza del niño y que aprenda a premiarse y apoyarse. Desde el rechazo total al aprendizaje, la incapacidad de socializar, el dolor que produce la soledad y las dificultades que existían en la comunicación familiar, es un momento notable en el que el sujeto 3 se activa a través de una actividad. El nuevo método pedagógico dio a la estudiante la motivación para dar el "siguiente" paso. El disfrute de la creación y sus resultados positivos han tenido un efecto catalizador en la psicología de esta. La confianza que se ha desarrollado entre la investigadora y el sujeto 3 ha sido crucial porque el niño ha tenido que seguir sus instrucciones. La discente se ha desarrollado social, académica y personalmente de forma fluida y constante. Su imagen depresiva es ya cosa del pasado y hoy tenemos una niña que no se queda atrás en comparación con otros niños de su edad.

3. Resultados

En la siguiente etapa siguen los resultados obtenidos de nuestra investigación cualitativa, un estudio de casos. La depresión infantil es el principal factor que afecta negativamente a las funciones básicas de los niños. Afecta a su comportamiento, a la forma en que reciben la educación, determina sus reacciones emocionales y es la verdadera razón por la que están marginados. Con la intervención del método "Freedom" se produce un desarrollo positivo en estas áreas.

La sección de historia personal es única porque aborda la razón por la que cada niño fue llevado a la depresión, así como la forma única en que cada niño fue abordado por el investigador para ganar su atención, confianza e interés. La sección observación de los participantes desempeñó un papel fundamental en el desarrollo de esta fase.

La educación está completamente bloqueada por la depresión; afecta al comportamiento, haciéndolo agresivo o inactivo, y crea fuertes reacciones emocionales. Con la administración del nuevo método pedagógico, la educación vuelve a las reivindicaciones básicas de cada niño ha permitirles desarrollarse sin problemas y tener las mismas oportunidades en el aprendizaje.

El comportamiento está determinado por la depresión y bloquea la capacidad de aprendizaje. Debido a esta peculiaridad, las intensas reacciones de los niños no son manejables por sus profesores. El nuevo método pedagógico ayuda a los niños a restablecer sus reacciones normales de comunicación.

Las reacciones emocionales de los niños que sufren de depresión y que no son manejables por sus profesores en el aula funcionan según el mismo patrón. Son cómplices de su incapacidad para aceptar cualquier forma de educación y les llevan a la marginación. Con el nuevo método pedagógico se han producido reacciones positivas, se ha mitigado la depresión y se ha diferenciado positivamente el estado de ánimo que ahora demuestra cada niño.

El nuevo método pedagógico surgió debido a la necesidad de educación y socialización normal de los niños que sufren de depresión. Factores importantes de su correcta aplicación son la perseverancia, la paciencia y la voluntad de la investigadora durante

todos los años de intervención. A través del nuevo método pedagógico, se redujo el comportamiento extremo de los niños, se normalizaron las reacciones emocionales y se logró el objetivo de la educación en la vida de cada niño. Con la finalización de la investigación, la vida de los niños ha vuelto completamente a la normalidad.

La Autoridad Estadística Helénica nos informa de que entre 2009 y 2014 la incidencia de la depresión aumentó un 80,8% y sigue aumentando, lo que no debería ser posible dada la dieta mediterránea, la intensa luz solar y las condiciones climáticas de la región (Hellenis Statistical Authority (ELSTAT, 2021). Por esta razón, se prefirió Grecia como país del que se debería tomar una muestra para la encuesta. Según el Dr. Panos Efstathiou (administrador del Centro Nacional de Salud del Ministerio de Sanidad) hay al menos un niño griego que sufre depresión en cada clase. A principios de los años 80, muchos psiquiatras creían que los niños no podían sufrir depresión porque carecían de madurez emocional. Sin embargo, la realidad actual desmiente esa afirmación.

Los objetivos de esta investigación son: 1) identificar si existe, y en qué medida, un desarrollo cognitivo de los niños deprimidos a través del proceso educativo existente, y 2) crear un nuevo enfoque pedagógico para lograr el derecho humano a la educación.

Para cerrar esta sección, es necesario hacer algunas observaciones importantes. La investigadora se ganó la confianza de los niños al final del segundo año de la interacción. Esto condujo al desarrollo de una nueva relación social que permitió la transición fluida hacia la intervención con el nuevo método pedagógico. Se observa una reacción positiva después de un corto período (dentro del primer trimestre) de la aplicación de este método. En una fase muy temprana, los niños empezaron a utilizar palabras de forma oral. Los sujetos 1 y 2 fueron capaces de escribir frases completas en su cuaderno especial al final del primer trimestre del segundo año de intervención con esta metodología. El sujeto 3 empezó un poco más tarde, en el segundo trimestre del segundo año. Una vez que fueron capaces de escribir frases completas en sus cuadernos especiales, se observó que después de aproximadamente tres meses empezaron a escribir en los cuadernos escolares convencionales. Al final del segundo año de la intervención con el nuevo método pedagógico, el comportamiento de los tres niños mejoró significativamente y sus reacciones emocionales se suavizaron y fueron más fáciles de manejar. Como resultado, los niños eran generalmente aceptados por los demás alumnos. Una vez establecida su integración en el entorno escolar, aproximadamente a principios del quinto año, los niños mostraron un rendimiento positivo estable en la escuela, siendo capaces de leer, escribir y participar durante los cursos.

La duración de la investigación se registra en 5 años, desde el año 2016 hasta el 2021. Durante los dos primeros años del estudio, la observación participante fue especialmente útil para comprender plenamente el clima en el que vivía cada niño y para observar sus necesidades educativas particulares. Observamos la vida cotidiana de los niños en el entorno escolar, sus reacciones, su comportamiento hacia sus compañeros, profesores y padres. En el tercer año de media se inició la administración del nuevo método pedagógico y sus influencias positivas se registraron diariamente en el diario de investigación. Al mismo tiempo, se registraba el desarrollo pedagógico de

los niños, que iba acompañado de una socialización fluida. Las entrevistas informales tenían como objetivo consultar a los padres y tutores.

El registro de los acontecimientos y el contacto con la muestra se llevó a cabo diariamente durante 5 años en el contexto de una dinámica de aprendizaje. El desarrollo pedagógico de la muestra se registró con gran detalle en el lenguaje oral, la psicomotricidad, las habilidades cognitivas, la organización emocional, las funciones perceptivas, las funciones mnemónicas, el espacio gráfico, la función lectora y finalmente el comportamiento. El nuevo método pedagógico tiene como objetivo hacer que el aprendizaje funcione como motivador en el niño que sufre de depresión infantil y devolverlo a la luz de la vida de forma ordenada. Las dificultades se trataban junto con los padres de los niños que, debido a sus dificultades personales, no siempre colaboraban.

4. Descripción del Nuevo Método Pedagógico (Método Libertad)

En el siguiente capítulo se menciona por separado el nuevo método pedagógico, que se administró a niños que sufrían depresión infantil. El nombre dado esta metodología es "el Método de la Libertad". Registra paso a paso todo el proceso educativo que se realizó para llegar a sus resultados positivos. En esta tesis doctoral, la investigadora ha elegido la investigación cualitativa y el estudio de casos en particular, como el método más adecuado. Los niños que fueron seleccionados para participar en el estudio habían sido diagnosticados de depresión infantil desde una institución pública-estatal. Para garantizar la fiabilidad de los resultados, la investigadora administró a todos los niños las Matrices de Raven (test de inteligencia y aptitudes), con el fin de conocer sus capacidades mentales y centrarse en el método pedagógico como forma de afrontar la depresión infantil. Todas las herramientas científicas mencionadas forman parte de la investigación y sus resultados se presentarán a continuación paso a paso. El objetivo era que, utilizando el proceso de aprendizaje como motivación, los niños discapacitados utilizaran el método particular desarrollado por la investigadora, y comenzaran de nuevo a escribir, leer textos y volver a ser niños funcionales, libres de cualquier forma de disfunción mental. Junto con las herramientas de investigación y durante el desarrollo de la tesis doctoral, se proporcionó asesoramiento a los padres de los niños, con el fin de que conocieran los resultados de cada semana y para orientarles sobre cómo comunicarse con el niño y afrontar el fenómeno. Después de 5 años de estudio e investigación, los resultados son positivos, y los niños depresivos son hoy alumnos integrados en el sistema educativo y tienen las ansiedades consideradas normales para los niños que asisten a la escuela primaria. Los estudios científicos realizados hasta la fecha ponen de relieve el fenómeno de la depresión infantil y buscan nuevas formas de abordarlo. La necesidad de esta investigación queda demostrada por los elevados índices de depresión presentes en los niños pequeños, lo que resulta especialmente preocupante. El objetivo de esta tesis doctoral es presentar un nuevo método pedagógico innovador, a través del cual la investigadora ha conseguido con paciencia, perseverancia, fuerza de voluntad y pasión ayudar a los niños a volver a la vida y a reintegrarse en su entorno escolar. El estudio de casos fue reconocido como la opción más adecuada debido a que posee los criterios correctos para respetar las

especificidades personales de cada niño y no dirigirse éticamente a las necesidades educativas particulares.

Durante los dos primeros años del estudio, la atención se centró en la comprensión del entorno en el que vivía cada niño y en la identificación de sus necesidades educativas particulares. Hemos observado su vida cotidiana en el entorno escolar, sus reacciones y su comportamiento hacia sus compañeros, profesores y padres. En el tercer año, por término medio, comenzó la administración del nuevo método pedagógico. En el siguiente apartado se describe el método. En los dos primeros años el uso de la aplicación para dibujar fue el único punto como actividad que los 3 niños hicieron sin traer reacciones. El uso de la tecnología y el hecho de reunirse una vez a la semana por videollamada fue siempre un momento divertido. Ninguno de los niños trató de evitarla, sino que utilizó las funciones de la aplicación con facilidad.

En la lengua griega, la palabra "juego" (παιχνίδι) es la raíz de la que deriva la palabra "niño" (παιδί), lo que lleva a la conclusión de que ambas están entrelazadas de manera tan fundamental que una siempre completa a la otra. Siempre que oímos la risa de un niño, el pensamiento que nos viene inmediatamente a la mente es el de un niño jugando. El nuevo método pedagógico, llamado método Freedom, se basa en un juego. Su objetivo es utilizar un juego estructurado para atraer la atención del niño deprimido, despertar su infancia y reintegrarlo en el entorno escolar de forma natural.

Durante este juego, el objetivo inicial del investigador y del niño es observar los coches que pasan delante de ellos, centrándose en sus colores. Esta etapa sirve para atraer la atención del niño y centrarse en los colores, que tienen el potencial de estimular el cerebro y preparar al niño para la siguiente etapa. A continuación, se observa el número de la matrícula y los números son reportados por el niño con la ayuda del investigador, si es necesario. Al principio, sólo ven y dicen los números en voz alta. Después de que el niño diga cada número, el investigador le recompensa celebrando alegremente esta pequeña victoria, ya que ayuda a la potenciación mental del niño. Otro elemento que se hace evidente con la participación del niño en el juego y que también debe ser recompensado es su acuerdo de cooperar y convertirse en un equipo con el investigador. El siguiente paso se centra en la adición de estos números y su suma que da lugar a un nuevo número. Por ejemplo, una matrícula con el número 1120 conduce al número $1+1+2+0 = 4$. Cuando el niño completa con éxito la suma, el investigador le recompensa con una intensa celebración para imprimir en su mente que con su primer acto exitoso en relación con el proceso de aprendizaje, obtuvo una reacción feliz y un elogio. A continuación, se pide al niño que encuentre la letra correspondiente en el alfabeto, que es la letra "d" del ejemplo anterior. Si la matrícula da lugar a un número mayor que el número de letras del alfabeto griego, se vuelven a sumar los números de forma que proporcionen un número y una letra adecuados. Es decir, los números se suman hasta que la suma resultante sea menor o igual a 24, que es el número de letras del alfabeto griego.

Posteriormente, se pide al niño que encuentre un animal que empiece por la letra "d", por ejemplo "perro". Cuando eligió el nombre de un animal, nuestro siguiente paso fue buscar en el motor de Google una imagen del animal. Este momento fue especialmente importante porque los niños estaban disfrutando con el uso de la tecnología y, como

resultado, estaban descansando un poco del proceso del nuevo Método y pasábamos felizmente a la siguiente etapa. Cuando el niño completa esta tarea, el investigador vuelve a centrarse en la recompensa con intensidad, para que el niño reciba los elogios resultantes de su respuesta correcta, pero también para que no sienta la tensión mental de este proceso de aprendizaje. No hay que olvidar el hecho de que estos niños, debido a la depresión infantil, se cansan fácilmente y, debido a su corta edad, su respuesta positiva a cualquier proceso educativo se registra por primera vez. El proceso continúa pidiendo al niño que encuentre un nombre que empiece por la letra "d", por ejemplo "Diana". Tras dar la respuesta correcta, el niño es recompensado de nuevo por el investigador. Como siguiente paso, se le pide al niño que escriba las dos palabras que ha encontrado en un cuaderno especial. Al aceptar completar esta etapa, el niño conquista su desarrollo en el Espacio Gráfico y la celebración que sigue es intensa porque, según su historia escolar, es la primera vez que acepta escribir. La última etapa consiste en la creación de una frase completa con estas palabras, que también debe anotarse en el cuaderno especial. El investigador regala el cuaderno a los niños. Se elige una cubierta bastante colorida para que pueda llamar fácilmente la atención del niño y crearle emociones agradables.

Una vez finalizado todo el proceso, el niño tiene un cuaderno activo con sus logros y su desarrollo en la escritura. Esto es muy importante, si tenemos en cuenta la inactividad del niño durante el proceso de aprendizaje convencional. Cabe destacar que durante todo el proceso, la realización de una tarea es recompensada con una alegre celebración, con el fin de captar eficazmente la atención del niño y, a través de la Programación Neurolingüística (NLP), hacerle redefinir el proceso de aprendizaje y suspender cualquier sentimiento personal negativo, y permitir que prevalezca la alegría resultante en su vida de este nuevo proceso educativo. El objetivo de las recompensas es reforzar la confianza en sí mismo de cada niño, la necesidad de volver a creer en su propio potencial y hacer frente a la depresión mediante la alegría, la risa, la creatividad y el sentido del desarrollo.

A través de este capítulo entendemos que el proceso educativo se adaptó a las necesidades educativas específicas de los niños que sufren depresión y obtuvimos resultados positivos. El "Método Freedom" tenía el potencial de captar la atención de los niños de forma sencilla y comprensible inicialmente y, combinado con la confianza que ya se había establecido en el investigador, los niños pudieron tener una progresión positiva en su aprendizaje. Su entorno familiar, padres y tutores, también fueron apoyados al mismo tiempo para limitar cualquier comportamiento fuerte o negativo que pudiera afectar negativamente a la psicología de los niños.

5. Conclusiones y discusión

Por último, se registraron las conclusiones y la discusión. Un punto especialmente importante para nosotros porque pudimos reunir los informes científicos que animaron a los jóvenes investigadores a estudiar el candente tema de la depresión infantil y, al mismo tiempo, discutir el nuevo método que acabamos proponiendo para el despertar educativo de los niños enfermos.

Según la literatura, la importancia de la educación como bien público está confirmada desde hace muchos años. Existe un acuerdo generalizado de que el desarrollo económico, social y cultural de un país se correlaciona en gran medida con la calidad de la educación pública. El objetivo principal de este trabajo es proporcionar un método para el despertar educativo de los niños que sufren depresión. Cuando se logran los objetivos de la educación, el individuo se realiza y desarrolla su inteligencia. Sin embargo, hay casos de niños que tienen dificultades para integrarse en este proceso, no por elección sino por debilidad.

Como se ha mencionado anteriormente, la depresión es una anomalía del cerebro que afecta al individuo en su conjunto, es decir, a su forma de sentir, pensar y actuar (Ioannidou, 2016). El fenómeno de la depresión es, por tanto, un factor inhibidor del proceso de aprendizaje. Así, el niño deprimido pierde su derecho básico al conocimiento. Los profesores y los padres suelen justificar el comportamiento apático del niño en el aula o en casa diciendo que son indiferentes, mientras que si son agresivos, es probable que los castiguen. Pero la realidad es especialmente dura para estos niños. Por un lado, porque no pueden seguir la progresión natural de la educación y, por otro, porque se minimizan las posibilidades de que se socialicen sin problemas en el entorno escolar. Los niños que sufren depresión constituyen una categoría distinta de alumnos que requieren un tratamiento especial para que sus necesidades educativas estén suficientemente cubiertas. Es evidente que las funciones cerebrales básicas están "bloqueadas", lo que hace imposible absorber, comprender y procesar nueva información. Por tanto, el aprendizaje se "detiene" para el niño afectado. Watson, Emery y Bayliss, con Boushel y McInnes (Watson et al., 2012) se centran en el hecho de que, hoy en día, los niños presentan tasas especialmente altas de depresión, por lo que es inevitable la necesidad de investigar sobre el tema.

El estudio de casos se identificó como la opción más adecuada porque tiene los criterios adecuados para respetar las características personales de cada niño y, éticamente, no dirigirse a sus necesidades educativas especiales. La muestra de la investigación seleccionada para participar en el estudio fueron niños con diagnóstico de depresión infantil de una institución pública-gubernamental de Grecia; concretamente, dos niñas de 7 y 8 años y un niño de 6 años. La investigación se centró en el curso de lengua griega, centrándose en la lectura, la escritura y la ortografía. Como primer paso para garantizar la fiabilidad de los resultados, se administró a todos los niños el test de Raven (prueba de inteligencia y razonamiento) para tener la certeza de las capacidades intelectuales de los niños y centrarse en el método pedagógico como forma de tratar la depresión infantil.

El presente estudio reveló el papel negativo crucial que desempeña la depresión en la vida de todo niño y, concretamente, en el proceso educativo. La interacción con el niño deprimido requiere un manejo especial y un conocimiento especial por parte de los profesores, lo que dificulta mucho su trabajo diario en el aula. Las necesidades educativas especiales de los niños que sufren depresión deben ser atendidas por educadores especiales que, a través de un método individualizado como el que se propone en este trabajo, puedan realmente ayudar a los niños y devolverles a su vida cotidiana. La metodología se basa en una investigación cualitativa con una muestra de tres niños deprimidos. El objetivo era convertir el proceso de aprendizaje en una

motivación mediante el uso de un juego que implicara tareas y recompensas sencillas. Según Gray (P. Gray, 2013), los juegos desempeñan un papel vital en la vida del niño y su ausencia contribuye al aumento de las reacciones psicopatológicas. Esta ha sido la principal inspiración para el desarrollo del nuevo método pedagógico. Junto con las herramientas de investigación, también se llevó a cabo un asesoramiento a los padres de los niños, con el fin de comunicarles los resultados cada semana y orientarles sobre cómo comunicarse con el niño y tratar el fenómeno de la depresión infantil. En conclusión, tras este estudio de 5 años, los resultados son positivos y los niños que estaban deprimidos son ahora estudiantes que se han integrado en el sistema educativo.

Los estudios científicos realizados hasta la fecha hacen hincapié en el fenómeno de la depresión infantil y buscan nuevos métodos de tratamiento. La necesidad de esta investigación queda demostrada por los altos índices de depresión que se dan en los niños pequeños, lo cual es especialmente preocupante. Bernaras, Jaureguizar y Garaigordobil (Bernaras et al., 2019) citan la depresión como la principal causa de enfermedad y discapacidad en todo el mundo. Los estudios que documentan el aumento del fenómeno en la infancia informan de altas tasas de síntomas depresivos. Además, Maughan, Collishaw y Stringaris (Maughan et al., 2013) destacan especialmente la necesidad existente de la creación de nuevas formas de abordar la depresión infantil y adolescente porque ahora las tasas registradas son muy altas. Haygeman (Haygeman, 2017), en su investigación, subraya la necesidad de seguir investigando sobre el gran tema de los trastornos mentales en la infancia y la adolescencia. Gajre, Meshram, Soares, Nidhi, Anagha (Gajre et al., 2016), en su investigación cuantitativa, dejan claro que la aparición de la depresión a una edad tan temprana revela claramente la necesidad urgente de crear un nuevo marco en el que se pueda ayudar cognitivamente a estos niños y no se les bloquee el proceso de aprendizaje.

El presente estudio indica que el uso de juegos puede permitir la mejora significativa de la capacidad de aprendizaje del niño deprimido, lo que puede conducir a su reintegración en el entorno escolar. Las limitaciones se referían a los problemas emocionales a los que se enfrentaba la familia, que fue la razón por la que surgió la depresión en el niño. Posteriormente, la investigadora, con gran paciencia y perseverancia, permaneció junto a estos niños durante 5 años consecutivos, con el fin de establecer en ellos la confianza necesaria para que aceptaran cooperar con ella. Aunque el Nuevo Método Pedagógico se aplicó junto con el curso de lengua griega, también pueden considerarse otros cursos. En este punto, surge la necesidad de seguir investigando en otros cursos. Esto podría acelerar el desarrollo positivo del niño.

6. Referencias bibliográficas

Alesi, M., Rappo, G., & Pepi, A. (2014). Depression, Anxiety at School and Self-Esteem in Children with Learning Disabilities. *Journal of Psychological Abnormalities in Children*, *03*(03), 64–72. https://doi.org/10.4172/2329-9525.1000125

Anagnostopoulos, D.K., Lazaratou, E., Giannakopoulos, G. (2016). Early Detection and Treatment of Adolescent Mental Health Problems in Primary Care. *Athens Medical Society*, *28*(2), 25–39. 10.13140/RG.2.1.2914.5204

Anagnostopoulos, D.K.; Soumaki, E. (2012). The impact of socio-economic crisis on mental health of children and adolescents. *Psychiatry*, *23*(1), 13–16. http://www.ncbi.nlm.nih.gov/pubmed/22549037

Anastasiadou, R., & Arapi, E. (2014). *Learning difficulties and behavioural problems.* [University of Ioannina]. https://doi.org/https://doi.org/10.12681/jret.20789

Arifin, S. R. M. (2018). Ethical considerations in qualitative study. *International Journal of Care Scholars*, *1*(2), 30–33. https://doi.org/10.1177/019394598801000204

Avramidou, E. (2016). The impact of children's psychosocial disorders in the learning process: A case study of the 5th grade (In Greek). *Panchellenic Conference of Educational Science*, *2014*(2), 505. https://doi.org/10.12681/edusc.289

Bartzis, D. A. (2016). *Adolescent Depression and Suicide. The role of the nurse. (In Greek)* [Higher Educational Institution of Western Greece]. http://repository.library.teimes.gr/xmlui/handle/123456789/5227

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, *2*, 8–14. https://doi.org/10.1016/j.npls.2016.01.001

Bernaras, E., Jaureguizar, J., & Garaigordobil, M. (2019). Child and adolescent depression: A review of theories, evaluation instruments, prevention programs, and treatments. *Frontiers in Psychology*, *10*(MAR), 12–14. https://doi.org/10.3389/fpsyg.2019.00543

Birmaher, B., Axelson, D., Yorbik, O., Williamson, D. E., & Ryan, N. D. (2004). disorder. (2004). Clinical characteristics of depressive symptoms in children and adolescents with major depressive. *Journal of Clinical Psychiatry*, *65*(12), 1654-1659.

Christakis, K. (2013). *Programs and teaching strategies for people with special education needs and severe learning difficulties (Vol.A)*. Diadrasis.

Chrysi Hadjichristou, Fotini Polychronis, Elias Bezevegis, K. M. (2020). Investigation of developmental characteristics of school and psychosocial adjustment of preschool and school-age children based on the weighted test of Psychosocial Adjustment. *Psychology: The Journal of the Hellenic Psychological Society*, *18*(4), 503. https://doi.org/10.12681/psy_hps.23737

Drosinou - Korea, M., & Grigoropoulou, S. (2016). Creation of a special education programme with a focus on emotional difficulties. *Panhellenic Conference of Education Sciences*, *2015*(1), 449. https://doi.org/10.12681/edusc.218

Gajre, M., Meshram, H., Soares, N., & Anagha, M. (2016). Prevalence of Depressive Disorders in Children with Specific Learning Disabilities. *Journal of Behavioral Health*, *5*(3), 105. https://doi.org/10.5455/jbh.20160324111100

Gatsis, A., & Sikioti, E. (2016). *Manic depression in childhood and the role of the nurse* [University of Patras]. https://doi.org/http://dx.doi.org/10.12681/eadd/48827

Giavrimis, P., Papanis, E., & Papanis, E.-M. (2011). Information and Communication Technologies and Development of Learners' Critical Thinking: Primary School Teachers' Attitudes. *International Education Studies*, *4*(3), 150–160. https://doi.org/10.5539/ies.v4n3p150

Gray, P. (2013). Definitions of play. *Scholarpedia*, *8*(7), 30578.

https://doi.org/10.4249/scholarpedia.30578

Gray, Peter. (2011). The decline of play and the rise of psychopathology in children and adolescents. *American Journal of Play*, *3*(4), 443–463.

Hansen, T., & Slagsvold, B. (2017). The East-West divide in Late-life depression in Europe: Results from the Generations and Gender Survey. *Scandinavian Psychologist*, *4*, 3–5. https://doi.org/10.15714/scandpsychol.4.e4

Hatziara, V., & Petraki, I. (2015). *Depression* [Technological Educational Institute of Kalamata]. https://doi.org/http://dx.doi.org/10.12681/eadd/48827

Haygeman, E. A. (2017). *An adaptation of the Mindful schools curriculum for adolescents: feasibility and preliminary effectiveness on stree, depression, and mindfulness of adolescent in an after-school setting.* [University of Utah]. https://doi.org/10271420

Hellenis Statistical Authority (ELSTAT). (2021). *HEALTH SURVEY 2019: CHILDREN'S HEALTH 2 TO 14 YEARS OLD*. Http://Www.Statistics.Gr/.

Ioannidou, L. (2016). *Depression in Children and Adolescents*. Available Online: Https://Www.Paidiatros.Com/Paidi/Psychologia/Depression-Adolescents .

Isari, F., Pourkos, M. (2015). *Qualitative research methodology* (1st ed.). Kallipos. http://hdl.handle.net/11419/5826

Katsiana, M., Vereraki, A., & Stathoudaki, A. (2017). Teachers' perceptions of acceptance/rejection of children with learning, emotional and behavioural difficulties. [TECHNOLOGICAL EDUCATIONAL INSTITUTION OF CRETE]. In *Hellenic Mediterranean University*. http://hdl.handle.net/20.500.12688/8120

Katsiana, A., Galanakis, M., Saprikis, V., Tsiamitros, D., & Stalikas, A. (2021). Psychological Resilience and Burnout Levels in Occupational Therapists in Greece. An Epidemiological Nationwide Research. *Psychology*, *12*(01), 86–106. https://doi.org/10.4236/psych.2021.121006

Kavanozi, M. (2014). *Depression in adolescence (causes and therapeutic intervention)* [TEI of Eastern Macedonia and Thrace]. https://doi.org/http://dx.doi.org/10.12681/eadd/10379

Marín-Díaz, V., Riquelme, I., & Cabero-Almenara, J. (2020). Uses of ICT tools from the perspective of chilean university teachers. *Sustainability (Switzerland)*, *12*(15), 12–32. https://doi.org/10.3390/su12156134

Markou Dimitra. (2019). *From the traditional game to the electronic game: social and educational approach and impact on childhood* [University of Western Macedonia]. https://dspace.uowm.gr/xmlui/handle/123456789/1452

Martinsen, K. D., Neumer, S. P., Holen, S., Waaktaar, T., Sund, A. M., & Kendall, P. C. (2016). Self-reported quality of life and self-esteem in sad and anxious school children. BMC psychology. *BMC Psychology*, *4*(1), 1–10. https://doi.org/10.1186/s40359-016-0153-0

Maughan, B., Collishaw, S., & Stringaris, A. (2013). Depression in childhood and adolescence. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, *22*(1), 35–40. https://doi.org/10.1097/00005053-198307000-00004

Metaxaki, M., Karapidaki, A., & Karchilaki, A. (2020). *Children's mental illnesses and the nurse's role.* [Hellenic Mediterranean University]. http://hdl.handle.net/20.500.12688/9552

Milioni, I., & Matzoglou, D. (2010). *Adolescents and depression* [TECHNOLOGICAL TRAINING INSTITUTE OF CRETE]. http://hdl.handle.net/20.500.12688/1457

Papadimitriou, Th. A., & Sarantoglou, A. A. (2015). *Mental health and depression* [T.E.I. of West Attica]. http://repository.library.teimes.gr/xmlui/handle/123456789/4110

Papanis, E., Yavrimis, P., & Viki, A. (2011). *Research and Educational Practice in Special Education.* (1st ed.). Sideris.

Petridou, E., Emporiadou, M., Chroussos, G., & Bakopoulou, F. (2015). *Children and adolescents in Greece in crisis.* (1st ed.). Kallipos Publications. http://creativecommons.org/licenses/by-nc-nd/3.0/gr

Ross M.G. Norman, Deborah Windell , Jill Lynch, R. M. (2011). Parsing the relationship of stigma and insight to psychological well-being in psychotic disorders. *ELSEVIER*, *133*(1–3), 3–7. https://doi.org/10.1016/j.schres.2011.09.002

Sburlati, E. S., Lyneham, H. J., Schniering, C. A., & Rapee, R. M. (2014). Evidence-based CBT for anxiety and depression in children and adolescents: A competencies-based approach. In *Evidence-Based CBT for Anxiety and Depression in Children and Adolescents: A Competencies Based Approach*. wiley. https://doi.org/10.1002/9781118500576

Souzana Panteliadou, Georgios Mpotsas, G. S. (2000). Explaining reading performance based on phonemic awareness, family environment and social level: A preliminary analysis with first grade children. *Exploring the World of the Child*, *4*, 53. https://doi.org/10.12681/icw.18133

Svolopoulou, D., & Tzomaka, E. (2018). *Mental disorders in adolescents, treatment and the role of the nurse* [T.E.I. of West Attica]. http://repository.library.teimes.gr/xmlui/handle/123456789/7002

Theodoropoulou, O. (2010). *Psychological problems of children and adolescents* [HIGHER TECHNOLOGICAL EDUCATION KALAMATA INSTITUTION]. http://nestor.teipel.gr/xmlui/handle/123456789/13008

Traianou, A. (2014). The centrality of ethics in qualitative research. In *The Oxford handbook of qualitative research* (1st ed., Vol. 1, pp. 62–77). Oxford University PRESS.

Tsarouchas, N. T., Antoniou, A. S., & Polychroni, F. (2021). OCCUPATIONAL STRESS, DEPRESSION AND JOB SATISFACTION OF SPECIAL EDUCATION TEACHERS. *European Journal of Education Studies*, *8*(4), 37-52. https://doi.org/http://dx.doi.org/10.46827/ejes.v8i4.3685

Tsiakalos, G. (2008). The Promise of Pedagogy. In *Observer (1st edition).* Epikentro.

Walter Berka , Jan De Groof, H. P. (2013). *Special Education: Yearbook of the European Association for Education Law and Policy* (2000th edi). Kluwer Law International. https://books.google.gr

Watson, D., Emery, C., & and Bayliss M. and McInnes, K., P. with B. (2012). Children's Social and Emotional Wellbeing in Schools: a Critical Perspective . By D. Watson, C. Emery and P. Bayliss with M. Boushel and K. McInnes. *British Journal of Educational Studies*, *60*(4), 439–441. https://doi.org/10.1080/00071005.2012.742274

1. Introduction

In the qualitative research that will follow, individual cases of children suffering from depression are studied. The method chosen was considered the most appropriate because it is believed that each individual is unique, has their own values and particularities; a report of results in descriptive form will be presented at the end. This work is expected to create a new pedagogical method which will aim at the spiritual awakening of depressed children. It will prove that learning can be a particularly powerful motivation for life. In particular, it will present methods of learning through games and activities which aim firstly to combat melancholy, dysthymia, aggression and general denial in depressed children, and then to acquire knowledge.

According to the Hellenic Statistical Authority, 34.6% of the Greek population now lives below the poverty line, a fact which amplifies the phenomenon of depression. The economic crisis, which affects the whole of Europe, destroys the dreams of our children like a fiery whirlwind, shakes the foundations of the family and creates depressed people who in turn raise depressed children. In Greece, after the phenomenon of hyper-consumerism mania, comes the economic crisis, which reduces revenues and increases unemployment. The economic deadlocks and the inability of people to meet their basic needs sharply increase the rates of depression, which cannot leave children unaffected.

Depression is a mental illness that can cause many problems to the individuals suffering from it, to their families and the society. By 2020, depression is projected to become the second most prevalent disease in the world, with the World Health Organization (WHO) ranking it as the fourth most prevalent disease and predicting that by 2030 it will be the most important one. Depression has been shown to be strongly correlated with morbidity, use of health care services, and increased mortality, while it has also been linked to a decline in patients' wellbeing and quality of life. Therefore, the study of depression and the factors that determine it is of particular interest and attracts researchers from many disciplines, not only from the medical field but also from the field of psychology, education and social sciences, etc. (Serafetinidou, 2020).

Mental health is defined as the search for balance in all aspects of human life, whether it is the physical, mental and emotional, or the spiritual aspect of human life (Ballon, 2003). It is a term which expresses symptoms and experiences that affect and cause problems in human thinking, feeling and behavior, as well as communication with fellow human beings (Ross M.G. Norman, Deborah Windell , Jill Lynch, 2011). It is the ability to enjoy life and to cope with difficulties that will arise with ease, a fact which requires making the correct decisions and appropriate choices. Depression is an unpleasant emotional mood of a person which is summarized in a state of pathological (intense and prolonged) sadness and accompanied by a significant decrease in the feeling of personal worth and a painful awareness of deceleration of mental,

psychomotor and organic processes (Angelini, V., Klijs, B., Smidt, N., & Mierau, 2016).

Studies have shown that the burden of mental disorders on global health reaches 12% and, by 2020, the loss of human life due to mental disorders will rise to 15%. Recently, the World Health Organization (WHO)(World Health Organization, World Health Organization. Department of Mental Health, Substance Abuse, World Psychiatric Association, International Association for Child, Adolescent Psychiatry, 2005) announced that over 4% of the world's population suffers from depression, with higher prevalence rates in women, young people and the elderly. It has been estimated that there were 322 million people suffering from depressive disorders in 2015, which represents an increase of 18.4% over the last decade. In addition, 250 million people suffer from stress disorders, experiencing panic attacks and phobias. Other studies have shown that, on a global level, 121 million people suffer from depression, 70 million from alcoholism-related problems, 24 million from schizophrenia and 37 million from dementia. Young adults are particularly affected, causing a major blow to the productive part of the population. In Europe, out of a total of 466 million people, at least 21 million suffer from depression (Sobocki et al., 2006).

It is worth noting that the Mediterranean way of child development, due to cultural and climatic conditions did not dictate such rates of depression, unlike children growing up in Northern Europe. Knowing that children are the future and hope of any society, we have to protect them by giving them the best possible care at all stages of life and offering them the best possible education. Education constitutes a spark in the children's souls, filling them with dreams, creativity and optimism for their future. A society which decimates its education system, using transient social phenomena as an excuse, it automatically condemns its future as well. The phenomenon of childhood depression, which tends to characterize our century, is a scourge that we must rein in every possible way and by any means. Education and learning are two invaluable weapons in the life of every human being, which can provide solutions where this is possible.

Through education, the child is refined and strengthened by giving up inertia and emptiness, enjoying the pleasures of life and facing its adversities with fortitude. This is because the child becomes accustomed to thinking, accepting criticism, making choices, making efforts to strengthen their relations with the rest of society for the exchange of opinions, ideas, for the instillation and transmission of ideals. The appearance of the Information and Communication Technologies (ICT) in education has brought with it changes which have affected the two main factors of the education process, students and educators (Marín-Díaz et al., 2020). The tablet applications that children use in their lives every day, the information and picture search engine, as well as drawing games have helped the development of the research because children are now very familiar with them.

1.1. Problem Phrasing – Query Discovery

The problem that will be investigated in this doctoral thesis is the phenomenon of childhood depression and the way it affects children's education, as well as treatment means. Childhood depression, which has been on the rise in Greece since 2009 until today, is still affecting Europe as a whole, due to the economic crisis (Anagnostopoulos, D.K.; Soumaki, 2012). Daily collaboration with depressed children has revealed their educational and social needs, therefore the main target is their proper education and smooth social integration, so that they become active and useful members of society. Self-confidence and strong incentives for creativity and life in depressed children are key features that are absent from their emotional world. (Economou et al., 2012). This is a sensitive portion of the student population that has particular educational needs.

Depression is an unpleasant emotional mood of the person which is summed up in pathological (intense and prolonged) grief and is accompanied by a significant reduction of the sense of personal value and by the painful consciousness of slowing mental, psychomotor and organic processes. Depression is a disorder belonging to the group of Mood Disorders. When someone is depressed, they usually describe themselves as sad, desperate, discouraged. Childhood depression, i.e. before the age of 12, presents the therapist with a multitude of diagnostic and therapeutic problems. (Markou Dimitra, 2019)

The diagnostic and taxonomic manuals ICD-10 (World Health Organization, 1992) and DSM-IV (APA, 1994b) recognize the major depressive disorder and dysthymic disorder with similar clinical features in children, adolescents and adults. The major depressive disorder with episodic character and varying degrees of severity is characterized by depressive mood and loss of pleasure from everyday activities (anhedonia) for several weeks. Other symptoms, such as thoughts with depressive content, feelings of inferiority, suicidal thoughts, sleeping problems, difficulty in attention concentration, decreased appetite and weight loss, are often observed. Children usually experience irritability, rather than depressive moods. Both taxonomic systems recognize psychotic and non-psychotic episodes, the first of which are rarer before mid-adolescence (ICD-10, World Health Organization, 1992, DSM-IV, APA 1994b).

Dysthymic disorder is characterized by depressive mood during most days, during most hours of the day, for at least two years. Children usually experience irritability rather than depressed mood, while the required duration of symptoms, in contrast to adults, is one year. During periods of depressive mood, at least two additional symptoms are observed, including reduced appetite or overeating, insomnia or excessive sleepiness, energy loss or low self-esteem and poor concentration of attention or difficulty in making decisions, and feelings of despair. Children have a similar clinical picture to adults concerning symptomatology, duration and severity of the depressive episode, as well as similar rates of recovery, relapse, co-morbidity, and family history of mental disorders. Some symptoms, such as physical and social withdrawal, are particularly common in children, while delusional ideas are rare. (Birmaher, B., Axelson, D.,

Yorbik, O., Williamson, D. E., & Ryan, 2004). Children demonstrate depression and appear to be abject, unhappy, they deny food, are irritable, and often cry. The diagnosis of the disorder requires an adaptation of the assessment, according to their developmental level, because low self-esteem, despair, and recurrent thoughts of death are difficult to recognize in young children (Spanou, E., & Morogiannis, 2010).

In childhood and mainly in adolescence, suicide is referred to as the second or third cause of death for children aged 14-18 in Europe. It has been estimated that 2-4% of children suffer from depression. The rate increases with age and reaches about 13% for children 10 years of age and about 10-30% for adolescents and post-adolescents. It is also known that there is a positive correlation between children and adolescents with a major depressive episode and suicide (Laggari, V., Diareme, S., Christogiorgos, S., Deligeoroglou, E., Christopoulos, P., Tsiantis, J., & Creatsas, 2009).

The term "depressed children" refers to:

1. *a normal mood or feeling*, such as when a significant loss or death of a loved one occurs,
2. *a symptom*, in the case that depression is a form of reaction or a secondary reaction to stress, in patients with organic or psychiatric problems and,
3. *a psychopathological disorder or syndrome*, such as Major Depressive Disorder, Dysthymic Disorder or Bipolar Disorders which are classified, according to both ICD-10 (World Health Organization, 1993) and DSM-IV (APA, 1994), as Mood Disorders.

According to the above, the children's inability to gain knowledge is understandable. Learning is transformed into a process that is difficult and unpredictable in their minds, with the result that they slowly start abstaining from it. Disturbance of attention during their course makes them bad students in the beginning, and teachers either load the child, who still cannot cope, with more study, or punish them so as to set an example. But at the same time as learning, in the school life of depressed children, their smooth integration is also shaken. School integration is a distinct and big chapter in special education because its purpose is to integrate the pupil into society, in life and later in employment. In the specific situation emotionally experienced by children suffering from depression, this integration often seems impossible. Either because of their complete isolation or because of their intense aggression, they easily become unwanted in their peers' groups and easy targets for reprimands by their teachers.

1.2. Study Necessity

According to the General Principles of Education, the classroom should:
- cultivate the student's skills and highlight their interests
- ensure equal opportunities and learning abilities for all students

- raise awareness of the necessity of protecting the natural environment and the adoption of similar behavioral patterns
- achieve their physical, mental and social development, and
- raise awareness in matters of human rights, global peace and maintain human dignity. (Giavrimis et al., 2011).

Depression, however, is a condition that affects the individual in the overall way they feel, think and act. Therefore, the necessity of this research is revealed in order to propose a new learning plan, a new educational process, which will concern this particular student population. At the same time, it is extremely important to prevent childhood depression in the school environment because then, there will be more chances to limit this phenomenon. A valid diagnosis of childhood depression increases the rates of effective treatment through learning. Learning, transformed into an incentive for life, has the power to create new goals and aspirations for young people so that they can escape the "darkness".

The originality of this research lies in the fact that, with pedagogic methods of learning and the power of knowledge used as a tool, aims at remedying depression wherever possible. The results of the survey are clearly addressed to Special Educators and Teachers - Teachers working in Special Education Schools. In addition, it is a burning issue that until now has not concerned the research arena, even though childhood depression rates are on the rise.

1.3. The education of children suffering from depression – Term Clarification

Depression is an abnormality of the brain that affects the individual as a whole, i.e. how they feel, think and act. The main difference between childhood and adolescent depression is that it can be expressed in an irritable mood during the day and not with depressive mood as in adults (Ioannidou, 2016).

According to scientific studies which will be examined later on, it has been reported that a large percentage of children nowadays suffers from childhood depression, a disorder that generally affects emotion. Most children have trouble expressing what they feel, resulting to parents and teachers suddenly observing the intense changes in their behavior, but without being able to understand the cause. Their joy is replaced by grief, disillusionment and carelessness by constant reflection, liveliness by aggression, and play by alienation and isolation. Laughter, which plays an important role in a child's life (they laugh more than 400 times a day), ceases to be apparent on their face.

Let us define depression. Depression is an unpleasant emotional disposition of the person that is summarized in a pathological (intense and prolonged) grief and is accompanied by a significant reduction in the sense of personal value and by the painful consciousness of slowing mental, psychomotor and organic processes. (Angelini, V., Klijs, B., Smidt, N., & Mierau, 2016). According to Birmaher (Birmaher, B., Axelson, D., Yorbik, O., Williamson, D. E., & Ryan, 2004), children and adolescents have a

similar clinical image to that of adults in regards to the symptomatology, duration and severity of the depressive episode and similar rates of recovery, relapse, co-morbidity, and family history of mental disorders.

Many children experience sadness, but when an individual is depressed, low emotion also affects their normal activities. According to Efstathiou (2017) there is at least one Greek child suffering from depression in each classroom. In the early 1980s, many psychiatrists believed that children were unable to experience depression because they lacked emotional maturity. Today's reality, however, refutes that statement.

Indicatively, a depressed child often has problems with their feelings, thoughts, as well as physical and behavioral problems, and risk of suicide. More specifically, the basic features of childhood and adolescent depression include:

- continued feelings of grief, despair and hollowness

- low self-esteem and self-respect

- concentration difficulties

- difficulty in simple decision-making

- remembering basic things (memory)

- completing homework

- controlling negative thoughts

- suffering from headaches, bellyaches and stomachaches

- lack of energy, physical fatigue

- sleeping problems

- intense weight increase or decrease

- increased motor activity or sluggish mood

- excessive crying

- aggressive verbal behavior with frequent anger outbursts – destructive behavior

- thoughts of death, suicide and other morbid subjects.

According to Child Psychiatrist Efstratios Pallis (Euroclinic of Athens) it is not easy to diagnose depression in children and adolescents. For this reason, it is necessary to interview the child without the presence of parents, who often do not know how their child feels, as well as being unaware of suicidal thoughts. It is clear from testimonies that Mental Disorders are a taboo issue in Greece. The majority of parents are afraid of the idea that the Disorder will be found out and they will be held accountable. For this

reason, they appeal to an expert when they are unable to cope with their child and their daily routine has become a nightmare.

Depressive emotion can reach up to 20%, while diagnosis with all DSM-IV criteria is estimated at 4-5%. Suicide attempts and deaths occur with high frequency across the whole of Europe. According to the "Adolescent Health Unit" (A.H.U.) study of the 2nd Pediatric Clinic of the University of Athens and the Children's Hospital - Panagiotis & Aglaia Kyriakou, the seriousness of suicidal behavior in adolescence is assessed epidemiologically as suicide is the third largest cause of death among adolescents, while its percentages have increased by 300% over the last 40 years. Deaths by suicide are six times more common in boys, while girls outmatch them in suicide attempts.

In Greece, 12.5% of pupils (6.6% of boys and 17.6% of girls) reported suicide attempts, with the corresponding deaths of 100.000 children, 3.8 for boys and 0.8 for girls. These figures place Greece in the lowest position in terms of deaths and suicides in Europe, however, the above figures may be higher, as religious and social prejudices cause many parents to keep the suicide attempt of their child a secret, even from the doctor. In 2006, the Greek Poison Center received 513 calls for suicide attempts in adolescents from 10 to 18 years of age in a 6-month period.

At the same time, in every person's life, education is the cornerstone for their smooth integration into society, their upward course in the field of life as well as the achievement of their personal aspirations. Education is defined as the development of the physical, mental and moral forces of the individual, upbringing and culture. It broadens the spiritual horizons of the individual and opens up prospects for enriching their stimuli, a process by which they constantly learn and change their personality to the highest possible level. The human being is refined and strengthened by abandoning inertia and emptiness by enjoying the graces of life and by treating its adversities with impunity and vigor. This is because the human being - the child is accustomed to thinking, accepting criticism, making choices, trying to tighten relationships with the rest of the community to exchange views, ideas, instilling and transmitting ideals (Markou Dimitra, 2019).

According to the above, it becomes evident that education and human development are two synonymous concepts. Knowledge complements life and thus they are inextricably linked to each other. However, the phenomenon of depression is an inhibiting factor in this process. Hence, the child loses their basic right to knowledge and in the year 2016 it is possible to tend to illiteracy. Teachers and parents often justify the child's apathetic behavior in the classroom or at home, saying they are indifferent and if they become aggressive, the parents like to punish them. But reality is particularly tough for these children. On one hand, because they cannot follow the speed of education's natural development of education, and on the other, because they minimize the chances for their smooth socialization in the first form of society that is the school environment.

Education is the basic physical, mental, moral and psychological culture of the child, which is carried out in a variety of modes which are regulated or not, and it concerns

children up to adulthood. From then on, its content differs in relative terms and expands. We are talking about education and general culture and education of the human being, which is conducted all through their life (Solon, excerpt 18: I am aged a lot of learners). According to international literature, the importance of education as a public good has been confirmed for many years. All relevant surveys estimate that a country's economic, social and cultural development largely depends on the breadth and quality of public education (Markou Dimitra, 2019).

O'Connor (1957) says the goals of education must be:

1. To provide people with the basic skills (e.g. reading, writing, numeracy) that they need: a) to take their place in society; and b) to seek more knowledge.

2. To equip them with vocational training that will help them secure the necessities of life.

3. To awaken their interest and love for knowledge.

4. To make them acquire critical thinking.

5. To bring them in touch with the culture and achievements of man and to train them how to appreciate them.

6. The ethical elevation of the person, development of moral conscience and morality.

When the purposes of education are attained, then the individual is complete and develops their intelligence. There are, however, cases of children who find it difficult to integrate in this process, not by choice but by weakness. As mentioned above, depression is an abnormality of the brain that affects the individual as a whole, namely how they feel, think and act (Ioannidou, 2016).

There is, therefore, the need for a new way of approaching learning for these children, so that they evolve at their own pace and potential. Basic skills such as reading, writing and arithmetic should be taught to depressed children in such a way that knowledge becomes the driving force they need so much. Their exclusion from education denotes at the same time their marginalization from life, without return.

Additionally, Empathy will play an important role in this research. Empathy is emotionally relating to another person. Recognition and understanding of someone else's position, sentiment, thoughts, or situation. A person using empathy can recognize, perceive and feel what another person feels. In this way, they can put themselves in the position of the other, understand their behavior and recognize their motives. To see the world through their eyes. This is, in short, an extremely powerful communication tool. For an ability that, although we all have it, we ignore it. This is why it is untapped (Isari, F., Pourkos, 2015). For example, when there is a child in the classroom that has a different behavior, the other children marginalize them and often mock them. Unfortunately, many educators allow this phenomenon because they do not

distinguish the pathological problem and focus on childlike behavior. Knowledge of this will save fostering empathy, primarily for teachers.

One of the greatest supporters of this theory was Leo Tolstoy. Empathy is a very important factor in emotional development, and it has been shown that children are able to express sensitivity to others from pre-school ages. Empathy seems to be cultivated, through strong bonds, from the very first two years of our lives. Not much is necessary in order to "experience the feelings of the other". With a simple touch, with a head movement, with a caress, or even with absolute silence, empathy can be achieved. And often, a discreet attitude is much preferable to a typical answer which usually stems from sympathy (Zacharoula Smyrnaiou, Panagiota Argyri, 2020).

Empathy has the power to achieve the following:

- Creating trust and respect

- Expression of emotions

- Decreasing tension

- Information demonstration

- Creating a safe environment which favors problem solving

- Development of tolerance towards the different, to the opinions of others, even though they might not coincide with our own

In education, it improves the relationship between teacher and student, resulting in better learning conditions. By understanding the feelings of their student, the teacher can get closer to them by transmitting knowledge and achieving greater collaboration with them (Isari, F., Pourkos, 2015).

Depression in childhood and adolescence is not uncommon but it often goes unnoticed. According to the above, the particular educational and social needs of children suffering from depression become apparent. Therefore, the aim of this research is their proper education and integration into the school environment, so that they can be useful and active members of society throughout their lives. Self-confidence and strong motivation for creativity and life in depressed children are key features that are absent from their emotional world. At this point, empathy plays a key role because it makes the need for help evident (Papanis, E., Yavrimis, P., & Viki, 2011).

The "mentally disturbed" child is the child whose emotional responses to the tensions and crises of life are such that their normal development is obstructed and whose creation of relationships with the environment, which are necessary for their further development, deteriorate. Many childhood difficulties reach their peak during school years, because at school, the child's inadequacies and "crimes" are much more visible to others. Also, there is always the risk that the child's mental difficulties may impede

the smooth progress and adaptation of the child in school. Between the ages of 6 and 10 is the stage in which many of the permanent personality traits are shaped: characteristics that continue from childhood into adulthood. Awareness of the differences presented is the basis for any attempt to treat problematic behavior in children (Tsiakalos, 2008).

Of course, children are not always able to explain exactly what they feel to others. They cannot always clearly express their emotions, their disappointments, their anxieties, their fears, their doubts and uncertainties, their insecurities. They cannot easily tell us what concerns and troubles them. But children have another "language" that the adults can and should learn to decode: the language of manifest behavior. Some behaviors which are characterized as "problematic" represent a cry of an unfortunate child for help (Tsiakalos, 2008).

A staple of those so-called "mental problems" are "mood disorders", the "affective disorders". There is a plethora of emotions and emotional reactions which may be classified as pathological. Some of them have a strong "negative connotation" such as anxiety, feelings of guilt, hostility and awkwardness. And these are often the ones which seem to color the mood and the child's personality when facing difficulties. These temperamental reactions have a high probability of being characterized as pathological. (Renaud & Zacchia, 2012)

Emotional reactions of great intensity (forms of highly temperamental behaviors) which have negative consequences for others are usually perceived as manifestations of mental disorders. Therefore, if an aggressive –within reason- child presents a behavior of higher temperamental intensity with destructive or sadistic elements, this aggressive behavior will be characterized as pathological. (Renaud & Zacchia, 2012)

However, the exact opposite might apply. A child may suffer, not because they are overly aggressive or restless, but because they are hypotonic and overly timid or, finally, because certain behavioral patterns which are characteristic of their age are completely absent from their repertoire. Such problems, which are called "emotional deficiencies", are often interpreted as manifestations of mental disorders. (Mumtzi, 2016).

Another important point concerning the temperamental side of psychological problems is that many childhood problems have a compulsive and impulsive nature. Problematic children, for example, feel that something is forcing them or pressuring them to act the way they do, without wanting it themselves, even though they know that this behavior will cause certain disapproval or even punishment on the part of parents or teachers. Emotions are the power that activates the individual, and it is a fact that we all often feel that we are staggering between emotions. In essence, our feelings are closely linked to the motives of our actions. (Mumtzi, 2016).

Nowadays, there is a common belief that the serious and insurmountable difficulties that a child presents in acquiring school knowledge are factors that stem from the peculiarity of the child's own developmental pathway, as well as from the family and

educational circumstances in which they develop. Interaction and mutual reinforcement of these factors make up the clinical picture of each child. In addition to the phenomenological characteristics of their difficulties, the mental and cognitive processes in which each child attempts to process or counter its deficits is depicted. As well as in the situations that all of this creates in their daily life. (Sakellariou, 2018).

Evaluating this clinical picture and understanding it through a therapeutic perspective often reveals the coexistence of learning disorders with other disorders. Included in the wide range of mental functions, these disorders manifest either at the level of general behavior, at the level of functionality during the learning process, or at the level of emotion. This finding generally raises the issue of the co-morbidity of learning disorders and, in particular, their coexisting psychopathology. (Papanis, E., Yavrimis, P., & Viki, 2011).

Pre-existing or subsequent to the difficulties, the coexisting psychopathology supports them, but is also supported by them, reinforces them and is reinforced by them. The dynamics of this relationship, which is present in the mental reality of many children who fail at school, is the one which exaggerates their deficits - genetic and / or developmental reasons - but is also formed and / or maintained through them, fueled or weakened, based on the attitude of the family environment towards it and the educational handling of the school (Sakellariou, 2018).

Consequently and according to the above, as divergent behaviors we can define "schematized" behaviors that deviate from the "normal" and "socially acceptable". Research data showed that during infancy 33% of children manifest such social behavior, of which only 12% of cases seem to require pedagogical intervention. The above rate increases rapidly with the child entering the school, rising to 32-34.4%. The divergent behavior manifests mainly in the psychomotor and social "mobility" of the child, i.e. in actions that have to do with the active participation of the child in events (school, play, social contact, etc.). (Oprea, T. I., Bologa, C. G., Brunak, S., Campbell, A., Gan, G. N., Gaulton, A., ... & Zahoránszky-Köhalmi, 2018)

Symptoms or consequences of divergent social behavior are observed both in the child's mobility, as well as in their body and soul. More specifically, the following are observed (Tsiakalos, 2008):

Motor Symptoms, such as flaccidity of movement, the emergence of various tics, head movement, hair-pulling.

- Physical Symptoms, such as sleep disorders, bowel and stomach discomfort, enuresis, emergence of allergies, asthma.

- Mental symptoms, such as mood swings, fear, depression, aggression.

- Performance related symptoms, such as inability for activity, concentration and attention disorders, reduced endurance.

The disease of the time we live in, as strange as it sounds, is **depression**. The demands of life force individuals to be in constant struggle. Under these undoubtedly difficult circumstances, it appears that people who have not developed the skills and abilities required to solve problems may become depressed more easily, as they fail to overcome the impact and uncertainty, both on professional and social levels. (Ioannidou, 2016)

Depression is the unpleasant emotional mood of a person, which is summed up as a pathological (intense and prolonged) sadness, which is accompanied by a significant reduction in terms of personal value and by the painful awareness of slowing mental, psychomotor and organic processes. It is worth noting here that the exact translation of the term "mental disorder" is "mental-spiritual disorder". In Greece, however, the term "mental (or psychiatric) disorder" has prevailed. Finally, we need to clarify that the word "depression" is used for a wide range of emotional states that may be either normal or pathological. Therefore, the word "depression" can be used to state: (Ioannidou, 2016)

1. A psychological mood or emotion, such as a significant loss or the death of a loved one (bereavement)
2. The symptom of intense and prolonged grief (or depressive emotion) either in the context of a Depressive or Bipolar Disorder or within another Disorder or condition that may be the focus of clinical attention.
3. The Mental Disorder (or Syndrome)

Depression is the disease of disappointment. It begins with sadness over something lost and goes as far as resignation from life. The individual begins to suffer from sluggishness caused by sorrow and a brain dysfunction occurs in the neurons, mainly due to the lack of serotonin, noradrenaline and opiate substances called endorphins. In order to meet its needs, the body becomes attracted to antidepressant foods, such as chocolate and bananas which contain a lot of serotonin. Saturated fats, which are rare in nature and are considered snacks, are sought after in chips, cheesy puffs, etc. Water, carbohydrates and sweets phenomenologically replace the "hug" that the individual needs. There is also a tendency to drink alcoholic beverages, leading towards psychotropic mixtures which create lost and dependent havens. There is an inability to sleep and anorexia, as well as abstention from meat (Markou Dimitra, 2019).

In addition, there are general symptoms of depression, which are the following:

1. EMOTION
- Depressive – "bad" mood
- Anhedonia (lack of pleasure)
- Anxiety
- Emotional Dullness (lack of emotions e.g. lack of tears, loss of smile)
- Emotional weakness

The increased ability of children to persist in negative thoughts about the future causes them intense mental stress and emotional inactivity, which can therefore lead to depression.

2. AUTONOMOUS NERVOUS SYSTEM
- Sleep disorder
- Appetite disorder, changes in diet
- Fatigue, exhaustion, lack of energy
- Reduced libido
- Psychomotor deceleration
- Psychomotor stimulation

A dysfunctional family, parents' mental health problems, spouses' arguments or divorce, as well as financial difficulties, can lead children to depression and behavioral disorders.

3. MOBILIZATION
- Loss of interest
- Helplessness, lack of hope
- Negligence of personal responsibilities or personal care
- Suicidal thoughts or attempts

Low school performance tends to lead to depression. While boys in such cases manifest disruptive behavior, girls do not seem to be affected.

4. THOUGHT – PERCEPTION
- Feelings – thoughts of guilt, worthlessness, low self-esteem
- Concentration difficulties, decreased attention to memory
- Psychotic symptoms

Low popularity at school, among peers, low self-esteem and unworthiness are associated with depression in adolescence and is one of the most potent predictors of depression in adults.

1. PHYSICAL DISTURBANCES
- Headaches, back pains, constipation, vomiting, cramps, breathing difficulties, hyperventilation, chest pains, menstrual disorders, …

The negative body image a child - adolescent has for themselves causes them such intense mental pressure that it is thought to lead to depression, as well as breathing disorders, food intake, and so on.

Depressed children lose interest in activities they previously enjoyed. They criticize themselves, they are pessimistic and feel that they have no hope for the future. They are irritable and sad. Problems arise at school due to their indecisiveness and their concentration difficulties. Depression in children reduces energy and creates sleeping disorders. They may experience headaches and stomach aches. The sad, negative thoughts of depressed children can evolve into suicidal ideas. Some of them even attempt suicide. (Ioannidou, 2016).

For various reasons, adults find it difficult to accept the fact that children can enter into unpleasant psychological conditions such as depression. Compared to available research literature on adults, the evidence available on the effectiveness of depression therapy in children is limited. Research in Australia showed that in children aged 6 to 12, 3.7% of boys and 2.1% of girls had at least one episode of depression in the 12 months preceding. Overall, 5.8% of children in this age group have a depression problem. The average duration of a depressive episode in young people is about 9 months. The probability of recurrence of the episode in the following 5 years is of the order of 70%. (Subcommittee on Attention-Deficit/Hyperactivity Disorder, 2011).

Childhood depression is usually the result of a combination of genetic predisposition, problems of early developmental experiences and exposure to stress, tension and anxiety. These children draw attention at school for a number of reasons, such as reduced performance, absences and problematic behavior. But many children with depression suffer silently. Symptoms go unnoticed because childhood depression usually begins with a treacherous manner and because the intensity of their symptoms tends to fluctuate. (O'connor, E., Bureau, J. F., Mccartney, K., & Lyons-Ruth, 2011).

At this point, we have to differentiate the two stages of depression, which are (1) the first stage of melancholy - dysthymia and (2) the stage of depression as a syndrome. The first is a neurotic stage which contains depressive elements. However, the second stage is psychotic and often accompanied by the required medical support. (O'connor, E., Bureau, J. F., Mccartney, K., & Lyons-Ruth, 2011).

1.4. Special education curricula

Recent years have seen significant growth in Special Education in our country. The legal framework, as developed by Law 2817/2000 (Walter Berka , Jan De Groof, 2013) in particular, has been modernized and harmonized with European policy in order to combat social exclusion and to integrate pupils with disabilities into common schools. Additionally, several different school structures have been created, such as Integration Departments within general education schools, Special Schools for various categories of pupils with disabilities, Co-Education Programs, Special Vocational Education and

Training workshops, Special Secondary Education, Diagnosis, Assessment and Support Centers for pupils with disabilities, etc. Furthermore, many awareness, training and specialization programs for primary and secondary teachers have been implemented, to assist in teaching pupils with different disabilities. Many problems remain unresolved however, while new ones constantly emerge in the operation of new special education structures and a population increase of students with disabilities within general education schools (Panagiotis, 2017).

Lack of aggregated data in the field of Special Education is one of the most important problems. For example, there are currently more than 300 special education units operating in the country, on which we have little information. Especially limited is the data on pupils with disabilities, specific problems that they face, as well as the characteristics of the programs they attend. The last report on the structure and population of Special Education was published in 1994, based on 1981 data (Gill, 1977). Since then, no systematic attempt has been made in mapping the field of Special Education.

The aforementioned situation, combined with the active and significant effort of the State to reorganize and improve Special Education in recent years, emphasizes the necessity and importance of mapping. Developing and implementing a serious development plan evidently requires knowledge of the population served, and its specific characteristics and needs. Allocation of resources, as a whole and in particular, establishment of new Special Education Units, selection school unit types, and specialization and training of appropriate staff requires the mapping of the Special Education field. The mapping of Special Education is also needed for any scientific study which will allow a national design for Special Education separated from mimicry, based on the real needs, characteristics and capabilities of Greek reality. (Walter Berka , Jan De Groof, 2013)

In recent years, globally and in our country, the opinion has been established that all pupils, regardless of any particular need or characteristic differentiating their national, cultural or social identity, must have equal opportunities for learning as do other pupils within a common school. Providing equal opportunities exceeds equality in education access, including the diversification-adaptation of the educational system as a whole. Namely, ensuring equal opportunities implies, on one hand, the integration of Special Education principles into those of the general curriculum and, on the other, taking measures in order to ensure the special needs of pupils and the conditions for successful implementation of integration / co-education. (Walter Berka , Jan De Groof, 2013)

This means that the Curricula for General Education are flexible, while differentiated or specialized curricula are provided for each category of students with special needs, as is the case with European countries. In Greece, despite the fact that Special Education has been operating for over 25 years, no appropriate curricula have been developed to meet the specific needs of the pupils. This results to the content and teaching objectives of various Special Education Units being significantly differentiated, or unsuccessfully attempting to implement the general education curriculum (Panagiotis, 2017).

These conditions bring the effectiveness of the Special Education provided in our country into serious question. Equal access to education is also contested on the basis that the same detailed curriculum does not apply to all Special Education school units. Contemporary conditions of education and integration of children with disabilities in the school, at work and in society as a whole, highlight the need for a meaningful and systematic approach to their education. Nowadays, Special Education is a global scientific field which has departed from the welfare-doctor-centric perceptions of the past (Walter Berka , Jan De Groof, 2013).

Research data from the last 20 years document the learning abilities of students with special needs and their educational, professional and social inclusion capabilities to the extent that they receive appropriate education. Special education schools are not a place for treatment or care for children with special needs, but a place for education and learning. Nonetheless, in order to be able to effectuate a systematic, scientific and appropriate education, it is necessary to produce appropriate curricula that meet the specific needs of each category, as well as each child in special education, so that personalized education can be implemented (Panagiotis, 2017).

Law 2817/2000 of Special Education clearly defines the categories of pupils with special needs, and it is the obligation of the school and the State to implement special programs, methods and material to facilitate their education in the context of general education. The Pedagogical Institute has recently developed a Single Cross-Thematic Framework and new Curricula. This effort was made to harmonize the curricula of general education with the new data of the information and knowledge society, its multiculturalism, as well as the recognition of special educational needs of pupils and their rights to integration and equal education within a comprehensive school.

For the first time, in these programs several references are made to students with disabilities. However, and while favorable conditions are being formed in the comprehensive school, students with disabilities without appropriate adjustments or differentiated SEC face enormous hurdles in their education. The Pedagogical Institute, in response to those needs in the field of Special Education, undertook the implementation of quite an ambitious program, aiming at a) complete mapping of the field of Special Education, and b) the study and preparation / adaptation of curricula (SEC) for different categories of special needs pupils. This program was included in the 2nd Operational Programme for Education and Initial Vocational Training (2nd EPEAEK) of the Ministry of Education, and was implemented during 2003-2004.

Due to lack of P.I. Consultants and Examiners specializing in different categories of special needs, the coordination of SEC for each category of students was assigned to field experts, mainly University professors, who set up authoring teams for each special needs category. The mapping results are included in a special volume available from the P.I. and the Ministry of Education (Directorate of Special Education). It includes a detailed record of a) the student population attending School Units of Special Education (SUSE), b) Special Education structures, c) Special Education Teachers and Workers, d) institutions active in Special Education, and e) relevant legislation.

The mapping data derives from the analysis of 1,192 questionnaires sent to all Special Education units, as well as interviews and data from other sources. The mapping volume is useful for stakeholders and Scientists. It contains several aggregated and detailed data, which are also digitally available. The specially designed, rich database can be installed on the P.I. or Ministry of Education websites, so that it becomes a source of information which is constantly enriched.

The development of Special Education Curricula comprises 6 categories of students with special needs: a) severe, and moderate to slight mental retardation, b) hearing impairments, c) visual impairments, d) motor disabilities, e) autism, f) multiple disabilities (deaf -blind). For the category of Pupils with Disabilities, SEC will be developed at a later stage, according to the design of the P.I. and the 2nd EPEAEK. For each of the above 6 categories of special needs, specific SEC were developed or appropriate adjustments or modifications were made to the general education curricula, in accordance with the specific needs of each category. Therefore, for students with disabilities, such as visual or hearing impairments and so forth, where it was deemed appropriate by the special curricula authorial teams, unaltered or with minimal modifications P.I. general education curricula were used. (Drosinou - Korea & Grigoropoulou, 2016)

This required all teams to carefully study and comprehend the general education curricula, as well as understanding the needs of each category. Any modification or development for some of the SEC courses were made only for categories of pupils deemed necessary by the experts. For some pupil categories, SEC for both primary and secondary education were developed (or modified), while for other categories, such as pupils with mental retardation, autism, etc., primary education, Special Vocational Education and Training Workshops, and Special Technical Vocational Training curricula were developed.

In total, 170 people worked on the project of mapping and Special Education curricula, most of them teachers working in various Special Education school units. Many of the participants have long-term studies and experience in the field of education of pupils with special needs. All colleagues with specialized knowledge in some category of special needs from the country's Universities were involved as well. Members of the Special Education Department of the P.I., as well as other experts from Greece and abroad, participated as evaluators. (Gill, 1977)

Overall, the theoretical philosophical background which was used as a frame for this work was acquired from new scientific data on the integration and equal education of pupils with special needs. The ultimate goal of this project was twofold: a) to collect mapping data which would allow planning of the integration of Special Education into our country's general education system, and b) to create, through SEC, prospects for high-quality, demanding, equal and appropriate education for all students with special needs who study in the various structures of our educational system. These goals comprised the main motivation of all those who worked collectively, collaboratively,

intensively and enthusiastically to complete this task with the support of the P.I., the Ministry of Education and the 2nd EPEAEK. (Togia, A. S., & Koretsi, 2018).

The purpose of the Special Education Curriculum Framework (P.A.P.E.A.) is the support of People with Special Educational Needs (PWD), in order to help them advance physically, mentally, emotionally, socially, morally and aesthetically, to the extent that their abilities allow them, and to eventually integrate into the school and social environment, in a climate of equality, freedom, security and respect for their personality.

Specific objectives of the Special Education Curriculum Framework by scope are:

A) School readiness:

Children should

– Develop the ability to communicate by speech or other, alternative forms of communication.

– Develop psychomotor skills.

– Cultivate their intellectual abilities.

– Organize their emotional world.

– Acquire readiness for their smooth introduction to basic school skills.

B) Basic school and academic skills:

Children should

– Master the mechanisms of writing and reading comprehension.

– Understand basic mathematical concepts and operations.

– Use school skills for both their school and social integration.

C) Social skills and adapting to the environment:

Children should

– Familiarize with the natural, social and cultural environment.

– Accept their environment and be accepted by it.

– Reach the highest possible level of autonomy.

D) Creative activities:

Children should

– Experience the joy of creation and aesthetic pleasure.

– Master school skills.

– Utilize their free time correctly.

E) Pre-professional readiness

Children should

– Organize their personality.

– Realize their strengths and their weaknesses.

– Develop pre-professional skills.

– Become professionally oriented.

The notion that education is a commodity that should be offered to all is now established globally. For Special Education, there is the notion that there is no "child that cannot be educated" (Panagiotis, 2017) when education is systematic, accessible and provided by skilled staff in the least restrictive environment possible, has resulted in the adoption by many European countries, including Greece, of the policy of integrating and co-educating pupils with special educational needs into common schools of general education. The legal framework has been modernized and harmonized with the European Policy in order to combat social exclusion and to educate pupils with disabilities in common schools. Today, more than 1200 special education schools operate in our country, which are not a place of treatment or care for children with special needs, but a place for education and learning. (Walter Berka , Jan De Groof, 2013)

The purpose of the curricula is to clearly define the categories of pupils with special needs and, consequently, the obligation of the school and the state to implement specific programs, methods and materials in order to facilitate their education, mainly in the context of general education. In Greece, however, despite the fact that Special Education has been organized for more than 25 years, due to imperfections and inadequate adherence to curricula throughout all Special Education Schools, the provision of equal access to education and learning is seriously disputed. (Gill, 1977)

By carefully and thoroughly studying the curricula, it is understandable and evident that there is no existing study or report on childhood depression, even though these phenomena are currently on the rise. The latest Law on Special Education (Christine K. Syriopoulou Delli, Polychronopoulou et al., 2018) as well as its modifications, although consistent with European standards, does not include childhood depression.

The Curricula developed relate to the following categories of children:

1. With severe, and moderate to slight mental retardation.
   Central core of the SEC in the field of mental retardation is the maintenance and expansion of functional knowledge of basic classes: Language and Mathematics, due to their importance for the social and economic integration of these children. Guidelines are also given for carpentry workshops, as well

as plumbing, pottery, sewing, etc., in order for their vocational education and training to be a time of practice, joy and creativity.

2. With hearing impairments.

   With the SEC provision of the new Greek Sign Language lesson for deaf pupils, the implementation of the bilingual - intercultural approach to their education was facilitated, a fact which contributed to upgrading their overall education.

3. With visual impairments.

   The teaching-theoretical part of the SEC was adapted to the needs of blind students, along with added instructions to support them, in order for them to develop mobility and orientation skills, so that they can become autonomous people in the workplace and in society at large in the future.

4. With motor disabilities.

   The SEC for students with motor disabilities focuses mainly on the courses of Language and Mathematics. The additions focus on the Physical Education class, and help the teacher and special trainer develop personalized Physical Education programs.

5. With multiple disabilities (deaf-blind).

   This guide provides information on the particular educational needs of this population, the ways of teaching, and organizing the class and the curriculum. There are also several guidelines for the children to develop communication skills through various ways and systems.

6. With autism.

   The SEC for children with autism is an innovation in Special Needs Education, as it is a field with a complete lack of prior experience. Particular emphasis is placed on the basic needs of an autistic child who has significant communication difficulties. In addition, examples of specific activities with the special methodology resulting from the implementation of similar programs in the US and the EU are provided as well.

In conclusion, having studied all the Curricula and their modifications, a gap is revealed which this research aims to fill, by proposing a new learning plan for children suffering from childhood depression. This proposal could be an addition to the Curriculum corresponding to the Autism spectrum, as it is the only category in which the terms Mental Disorder and Mental Illness are referred.

The Curriculum is a program designed in such a way that organizing its content will lead to learning, according to a specific purpose (Triga-Mertika, 2010). The above definition does not specify the process of achieving learning, nor its purpose, or the implementation framework of the program. As framework, we can define the school or University environment, and as purpose, the broad formulation of "Pedagogical Purpose". Regarding the process by which learning can be acquired in order to serve a predetermined goal, it could be defined in terms of the lesson. If that is the case however, then we must admit that through the lesson, learning can occur, that is,

acquiring some knowledge which at least in this particular form did not exist before the lesson. The correlation is certainly efficient but not necessary, because there cannot be a lesson without knowledge, while we can have knowledge without a lesson (Triga-Mertika, 2010).

Children suffering from depression are a new category, and the urgent need to meet their particular educational needs is now evident. It becomes clear that since basic brain functions are "blocked", resulting in an inability to absorb and comprehend new data, learning "stops" for the sick child. In the Curricula, the category referring to autism is the most appropriate to incorporate the new educational methods relating to childhood depression. Therefore, this research aims to innovate on the pressing issue of depression, since its rates are particularly high, which is a matter great concern.

1.5 Dissertations

In the scientific community to date, there are few but very worthwhile studies that have been conducted on the burning topic of childhood depression, and we shall present their results here. Matzoglou & Milionis (2010), in a research entitled "Adolescents and Depression", a sample of 3 children with diagnosed depression aged from 10 to 15 years, had their school behavior monitored by specialized psychologists. In all three cases, there was academic failure, social withdrawal and lack of friendship. The children demonstrated suicidal tendencies, therefore the psychologists came to the following conclusions. Depression is not due to an individual's personal weakness, but it is a mental disorder that affects the whole body and has an impact on the way a person feels, thinks and behaves. When this disease is not treated with understanding and patience from the family and the school environment, then the student is led to academic failure which has the potential to lead to suicide. Psychiatrist Garo Esayan specifically mentions that "The behavior of a child at school is a mirror of their mental health".

Hantziara & Petraki (2015), in their research entitled "Depression", conclude that "Depressed children are 'lonely' not in the sense of a schizoid personality, but due to their depressed condition preventing them from forming relationships with others." In a sample of 9-12 year olds suffering from depression, apart from their phobias, despair, and monotonous speech, they all presented difficulty with focus-attention, resulting in each one's academic failure and suicidal tendencies. A child learns to internalize their academic incapability and to experience their despair silently. In their findings, these researchers propose education and parent counseling as a means to treat depression, but no further details are available.

Lazaratu & Anagnostopoulos (2001), in the study "Adolescence and Depression", emphasize the fact that prior to 1980, childhood depression was rarely reported, but the spectacular increase in adolescent suicide led to studies. Using contemporary data, the purpose of their bibliographic research is to prove that adolescent depression is common, and poses many risks to the adult life of the suffering individual. The results

of the study place emphasis on fear of school, which presents itself as a depressive syndrome. The adolescent seems reluctant to go to school, making excuses and complaints that eventually lead them to school refusal. Stressful life events such as death, divorce, school failure, etc., are closely associated with the appearance of childhood depression, which in turn is associated with many cognitive impairments. At this point, the studies of Lewinsohn, Pine & Rao are worth mentioning, as they all conclude the importance of timely intervention and treatment of childhood depression because there is a risk that this emotional disorder will become fixed in the individual.

Bartzis (Bartzis, 2016)(2016), in the study "Adolescent Depression and Suicide", reports that studies conducted in the European Union have shown that over 58% of adolescents have attempted suicide due to:

1. Bad domestic situations (divorce, conflict-arguments)

2. Personal disappointment

3. Academic failure

The purpose of this research is to present the scourge of our times called Childhood Depression, and to properly inform parents and teachers about this major issue. This bibliographic study demonstrates the frequent characteristic of adolescence, which is emotional instability that results in abrupt changes. These changes are related to learning difficulties or school refusal as well. Depression also affects the levels of activity and concentration, the child's self-esteem, and how they see and feel about themselves. This mental disorder affects the entire body and has a negative impact on how an individual feels, thinks and behaves. If not treated with the program in a timely manner, it will lead the child to academic failure. His conclusions emphasize that many parents and educators do not understand the problem in time, therefore the suffering child is marginalized and often veers towards suicide. The role of the school, working in the suffering pupil's best interest, is especially significant. (Bartzis, 2016).

Theodoropoulou (2010), in the quantitative study entitled "Psychological Problems of Children and Adolescents", reports on the psychological state of children and the problems that may arise. Depression, which contributes to the child's emotional exclusion, also leads to emotional decline. The necessary sample consisted of 37 educators, the 96.3% of whom believe that children are experiencing depression. They answered specific questionnaires about their students in three different classrooms. According to the results of the study, the percentages of depressed children are as follows:

- 50% of fifth grade children have depression rates of 0-19.99%
- 46.2% of sixth grade children have depression rates of 20-49.99%
- & 36% of children in the first grade of high school have depression rates of 50-69.99%

This study proves that many children suffer from Depression, which is not easily recognized due to the belief that children are always happy. Depression is an

abnormality of the brain which affects the person as a whole, in how they feel, think and act. As particularly stated, academic failure is an anticipated problem which requires attention and care.

The purpose of the bibliographic study by Papadimitriou & Sarantoglou (2015) in the thesis entitled "Mental Health and Depression" is to inform about the disease of Depression. In a recent study conducted in Greece over a sample of 1316 adolescents, aged 12-17 years, the results showed that 20.3% were suffering from depression. Therefore, its conclusions refer to the necessary and prompt prevention and treatment of Depression, as the purpose of every person's life is to focus their mental and physical health on the desired goals which will satisfy and fulfill them.

Kavanozi (2014), in her thesis entitled "Depression in adolescence (Cause and therapeutic intervention)", once again aims to inform on the disease, to describe its symptoms and provide ways of coping. This bibliographic review also highlights that there are no effective ways to deal with Depression thus far, resulting in children suffering, being led to academic failure, substance and alcohol abuse, all of which have the potential to turn them to suicide. The role of the family and the school environment is greatly significant, but, unfortunately, it does not exist.

Gatsi & Sikioti (2016), in their thesis on "Manic Depression in Childhood and the role of the therapist", also aim to inform on the phenomenon, its importance as a disease, and the need to treat all of these of children. When childhood became the sample of this study, it was reported that 60-80% of primary school children present learning disabilities in conjunction with Depression. A common characteristic children present is concentration and attention difficulty. Therefore, academic failure is inevitable.

Kokkori, Katopoulou & Maladaki (2015), in their thesis entitled "Depression (a modern-day disease) and suicide", openly refers to the gravity of the disease. It is pointedly emphasized that in their daily lives, people often use the term Depression wanting to identify a state of sadness which is usually transient. Sadness, grief and melancholy are normal feelings that all people feel at times. However, clinical depression is reported when these feelings become more intense. Clinical depression is characterized by symptoms which last for more than two weeks and are so severe that they interfere with an individual's daily life, and disrupt it.

Nowadays, Depression is one of the most common, serious mental illnesses, and according to the World Health Organization (World Health Organization, World Health Organization. Department of Mental Health, Substance Abuse, World Psychiatric Association, International Association for Child, Adolescent Psychiatry, 2005), it is projected that by 2020 it will be the biggest health problem in the developing world, potentially affecting more than 25% of the population. Suicide develops within the same context, having risen by 60% worldwide over the last 45 years and steadily rising. Therefore, the frequency with which both depression and suicide appear nowadays makes the necessity for solutions clear. According to the bibliographic review conducted and the ICD-10 Diagnostic and Statistical Manual of Mental Disorders, as

well as the DSM IV, Depression is defined as a long-term mental illness. In addition to that, 7 out of 10 patients would prefer that their illness is not revealed, out of fear of social stigma. In conclusion, and according to ICD-10 2008, patients are unable to perform their activities. It is defined as a "brain disease", because some disorder is identified in the neurotransmitter system.

Respectively, Anagnostopoulos, Lazaratou & Giannakopoulos (2016), in an article published by the Athens Medical Society, entitled "Early Detection and Treatment of Adolescent Mental Health Problems in PFY (Primary Healthcare Services)", list the main characteristics of children suffering from depression.

- Depression in adolescence is a serious disorder with a high risk of suicide, relapse and chronicity.
- Major depressive disorder (MDD) is a specific diagnosis that includes symptoms of depressive mood, anhedonia, and other neurophytic symptoms (e.g. insomnia, decreased concentration, low energy).
- In primary healthcare services (PFY), a less severe clinical image of depression is more common.
- The clinical picture of depression in adolescents is similar to that of adults, but with differences due to the stage of physical, emotional, mental and social development.
- Adolescents may exhibit mood instability, irritability, low tolerance for cancelation, bursts of anger, physical discomfort, and / or social isolation instead of verbalizing their feelings of depression. In addition, adolescents often have other psychiatric disorders, such as behavioral disorders or substance use problems.
- Approximately 8% of adolescents aged 12-17 years in the general population experience at least one episode of MDD in the span of one year. In comparison to boys (4%), girls (12%) experience MDD more often, with a severe reduction in functionality.
- Despite the relatively high frequency of depression in adolescence, the disorder is often unrecognized and not adequately treated. Only 50% of adolescents with depression will be diagnosed before they reach adulthood.
- Detection of depression in adolescents at risk, adolescents with symptoms of depression, or those with emotional distress as a predominant ailment, should be routinely conducted through interviews with the adolescent, interviews with the parents/carers, as well as through the use of weighted, psychometrically reliable depression detection tools.
- There are many approaches to the treatment of depression in adolescence (e.g. systematic monitoring, psychotherapy, pharmacotherapy, psychosocial interventions).
- Management of depressed, suicidal or potentially suicidal adolescent patients should always include a plan to ensure the life and security of the patient.

Depression in adolescence is a serious disorder with a high risk of suicide, relapse and chronicity1,2. Major depressive disorder (MDD) is a specific diagnosis that includes symptoms of depressive mood, anhedonia, and other neurophytic symptoms (e.g. insomnia, decreased concentration, low energy)3. MDD is characterized by the presence of five or more of a set of nine symptoms which persist for a period of more than two weeks and constitute a change in previous functionality. At least one of the symptoms is 1) depressive mood or 2) loss of interest or enjoyment in activities that were previously interesting or enjoyable. The nine categories of symptoms include: (Anagnostopoulos, Lazaratou, Giannakopoulos, 2016).

1. Depressive mood for the better part of the day, almost daily, as indicated by the individual's own reports (e.g. emotions of unhappiness or emptiness) or other people's observations (e.g. cries easily).
2. Markedly reduced interest or enjoyment in all or almost all activities for the better part of the day, almost daily (as indicated by the individual's own reports or observations by others).
3. Significant weight loss while the person is not on a diet or weight increase (e.g. over 5% of body weight in the span of a month), appetite increase or decrease almost daily.
4. Daily insomnia or hypersomnia.
5. Psychomotor agitation or deceleration almost daily (as indicated by observations of others and not only by reports of the individual themselves).
6. Fatigue or loss of energy almost daily.
7. Feelings of worthlessness, or excessive or inappropriate guilt almost daily.
8. Decreased ability to think or concentrate, or indecisiveness, almost daily (as indicated by the individual's own reports or observations by others).
9. Repetitive thoughts of death (not fear of death), repetitive suicidal ideation without a specific plan or suicide attempts, a specific plan to commit suicide.

Apart from recognizing five or more of the nine symptoms needed to diagnose MDD, the doctor should also review the adolescent's history to detect other primary causes of depression. Symptoms must not meet the criteria for mixed bipolar disorder, they must not be caused by the direct physiological effects of a substance (e.g. substance abuse, medication) or a general medical condition (e.g. hypothyroidism). Symptoms must not be caused by mourning following the loss of a loved one; they must persist for more than two months or be characterized by marked functional impairment, morbid preoccupation with ideas of worthlessness, morbid ideation, suicidal ideation, psychotic symptoms or psychomotor slowdown. Finally, the symptoms cause clinically significant discomfort or decline in social, occupational (school) or other important areas of functionality. (Anagnostopoulos, Lazaratou, & Giannakopoulos, 2016).

In primary healthcare (PFY), a less severe clinical presentation of depression is more common. Depression is defined as mild when five or six of the aforementioned symptoms are present, which are mild in severity with only mild functional impairment. In contrast, severe depression is present when the patient experiences all nine of the above-mentioned symptoms. Depression could also be considered severe when the patient is experiencing a severe decline in functionality (e.g. they cannot leave the house). An adolescent who meets five criteria of symptoms could also be considered as suffering from severe depression if they have a specific suicide plan, a clear intention or a recent attempt, or psychotic symptoms. Moderate depression is placed between mild to severe depression. (Anagnostopoulos, Lazaratou, & Giannakopoulos, 2016)

Furthermore, research investigating the phenomenon of depression and the school performance of children suffering from depression has also been found.

Avramidou (2016), in a case study entitled "The impact of children's psychosocial disorders in the learning process: a case study of the 5th grade", specifically states that school is not and should not be the only place of knowledge transfer. It is the environment in which healthy personalities are shaped, both physically, as well as intellectually and mentally. The integrity of one's mental functions determines their capacity for an orderly life. However, during childhood, which corresponds to the school period, problems and disorders may be observed that play a decisive role in an individual's psycho-emotional, psychosomatic and social development and advancement. According to Rutter, mental disorders are defined as the child's emotional disorders which create stressful situations for the individual and their social environment (Rutter et al., 1970). According to Community child psychiatry surveys, conducted on children samples, the prevalence of pre-adolescent mental disorders is higher in boys than girls (Mc Gee et al., 1988). However, this changes during adolescence (ages 15-16), as an increase in the rate of depression in the female sex is noted (Cambridge University Press, 2001). There is also a higher percentage in urban centers than in rural areas.(Avramidou, 2016).

The following table refers to prevalence rates of mental disorders in children and adolescents and was conducted by W.H.O. in 2001 (World Health Organization, World Health Organization. Department of Mental Health, Substance Abuse, World Psychiatric Association, International Association for Child, Adolescent Psychiatry, 2005).

Table 1:
The prevalence of mental disorders in childhood and adolescence

Country	Age (years)	Frequency (%)

Ethiopia	1-15	17,7	
Germany	12-15	20,7	
India	1-16	12,8	
Japan	12-15	15,0	
Spain	8, 11, 15	21,7	
Switzerland	1-15	22,5	
U.S.A.	1-15	21,0	

Note: **The table below refers to prevalence rates of mental disorders in children and adolescents and was produced by the WHO in 2001** (World Health Organization, World Health Organization. Department of Mental Health, Substance Abuse, World Psychiatric Association, International Association for Child, Adolescent Psychiatry, 2005)

The rates of mental disorders in children and adolescents, according to recent studies, range between 10-20% (Forbonne, 2002). Moreover, it has been observed that the prevalence of the disorders occurs at higher rates during the ages of 9-10, decreases at the age of 12 years and then gradually increases (Costello & Partners, 2003).

According to epidemiological studies in Greece, the majority of pupils were found as having more severe mental disorders with symptoms of anxiety, discomfort, insecurity and mood disturbances, ranging from 8,7% to 29%. (World Health Organization, World Health Organization. Department of Mental Health, Substance Abuse, World Psychiatric Association, International Association for Child, Adolescent Psychiatry, 2005)

Table 2:

Epidemiological estimates of the prevalence of psychological-psychiatric disorders in adolescents in Greece.

Author	Year	Age sample	Type of study	Result
Madianos, Giannaka, Madianou	1980	231 girls (14-17) in boarding schools in Athens	Personal interview. Langner scale	43% reduction of mental health
Aggelopoulos, Oikonomou	1985	1.080 (14-17) in Tripoli	Anxiety and depression symptoms self-assessment scale	14% boys 31,1% girls High percentagess of anxiety and depressive symptoms
Kokkevi, Madianou, Madianos, Stefanis	1984	9.663 panhellenic school sample of 12-17	Depressive and anxiety symptoms self-assessment scale	13-22% of students experience symptoms of anxiety and sorrow. 3,2% of boys and 13,0% of girls reported suicide attempts. 4,8% of boys and 2,5% of

					girls reported trying or using illegal substances
Madianou, Madianos, Stefanis, Kokkevi	1984	1.325 panhellenic general population households sample	(12-17)	Langner scale, CES-D and structured questionnaire	8,7% boys, 20,0% girls mental health reduction 13% boys, 29% girls - many depressive symptoms. 0,86% boys, 3,0% girls – self destruction attempts. Use-abuse of illegal substances. 27% boys, 2,9% girls. Pills without prescription. 3,9% boys, 6,1% girls
Kokkevi et al.	1993	9.102 panhellenic sample	(12-17) school	Structured questionnaire	Use-abuse of illegal substances. 27% boys, 2,9% girls. Pills without prescription. 3,9% boys, 6,1% girls
Kokkevi et al.	1998	9.158 panhellenic sample	(12-17) school	Structured questionnaire	Trying or using illegal substances. 17,9% boys, 9,9% girls

Note: Above we see the rates of mental disorders in boys and girls in Greece.
(Avramidou, 2016)

An observational study of depressed children found that 36% of children developed a conduct disorder as a complication of depression (Fishbein & Gutwein, 1977).

The most common diagnoses of comorbidity are:
i. attention deficit,
ii. school refusal,
iii. hyperactivity,
iv. anorexia nervosa,
v. anxiety and conduct disorders.
(Wagner, 2002)

Regarding the relationship between depression and academic performance, it has been observed that many children with reduced learning performance present depressive symptoms (Kandas, 1987). After all, this low performance is one of the earliest manifestations of childhood depression (Blumberg & Izard, 1985).
More specifically, typical manifestations of depression at school are:
a) reduced cognitive ability and functionality of the student
(Alloy & Abramson, 1979), as interest and motivation are withdrawn and absent

b) concentration difficulty, a frequent symptom of depression (Mitchell et al., 1988), as well as

c). low self-esteem (Kazdin et al., 1983; Weisz et al., 1989), which is expressed as an individual's lack of faith in themselves. This results in children assessing their abilities and knowledge as inadequate and effective, and performing less well than other children. It is well known that low self-esteem is associated with depression, suicidal ideation (Rutter, 1986; Crockett & Petersen, 1993) and anxiety disorders (; (Kovacs, 1981; Greenberg et al., 1992)

Children with depressive symptoms demonstrate lower performance, that is, they underperform in tests of perception, motor, and cognitive skills, compared to children who do not have such symptoms (Kaslow et al., 1978; Mullins et al., 1985).

This is reasonable, as the child who is mentally and intellectually exhausted from the depressive feeling is called upon to face the difficult task of weathering the curriculum (Forness, 1998). However, a child suffering with depression is not only having difficulty responding to the learning process, but to other school activities as well (Puig-Antich et al., 1985). Activities such as athletic and artistic, during which the child either remains passive or adopts an aggressive and hostile behavior (Moulla, 2007). Consequently, depression requires immediate treatment, as a depressed child is most likely to evolve into a depressed adult. After all, children with depression present various and multiple problems (academic failure, impaired psychomotor functionality, co-occurring disorders) (Renaud, & Zacchia, 2012b).

Problems may occur in the school environment, which are not obvious in another environment. Teachers, having the opportunity to observe children in groups, should identify aspects of their students' functionality which are not apparent to parents, as they are not affected by domestic relationships. After parents, teachers are the most important adults in a child's life. Therefore, the quality of teacher-student interpersonal relationships makes a significant impact on both student performance and behavior within the school. According to researchers, the type of climate in the classroom affects student performance more than the type of teaching (Renaud, & Zacchia, 2012b).

Based on the above, it is reasonably concluded that the teaching staff should be trained on both learning and mental issues. In this manner, a timely and valid diagnosis can take effect, while addressing the difficulties a pupil may face in their school career.

Xiromerisiou (2009), in a thesis entitled "The connection of anxiety and Depression with automatic thoughts: a study of children in Primary & High School", offers a bibliographical presentation of what automatic thoughts are and how they function, and especially how they are associated with feelings of anxiety and Depression. The study concludes that automatic thoughts, when the serious phenomenon of depression is present, essentially organize around it. Thusly, the child feels weak and always experiences a sense of failure before they even take action, because it deprives them of confidence and self-esteem. It was initially thought that depressive disorders are rare in

young children, a fact that has been refuted nowadays. In the study, it was observed that the school performance of children who suffer from depression is lower than that of other children; they cannot easily manage the problems that arise with their classmates, and are disproportionately frustrated with the cause, becoming isolated and often lash out intensely. At the same time, these children complain that they do not have many interests, and often feel bored and not at all lively and energetic. This leads to the conclusion that depression turns automatic thoughts towards personal failure, therefore the child experiences the negative emotion so genuinely that they eventually believe it.

Anastasiadou & Arapi (Anastasiadou, R., & Arapi, 2014), in the thesis entitled "Learning Disabilities and Behavioral Problems", give a bibliographic presentation of Learning Disabilities, their types, and focus on the actual abilities of these children, who with special personalized assistance can advance intellectually. Learning difficulties are divided into different categories depending on where the difficulty is located. These categories are distinguished by specific characteristics, which are:

- Special developmental dyslexia

- Specific learning difficulty in reading (Dysanagnosia)

- Special learning difficulty in writing-spelling (Dysorthography)

- Special learning difficulty in mathematic-arithmetic (Dyscalculia) (Trigka-Mertika, 2010)

According to the latest classification of the American Psychiatric Association DSM-IV (APA, 1994), learning difficulties are reported as learning disorders (formerly school skills disorders) and are classified into the following categories:

- Reading disorder

- Mathematic disorder

- Written expression disorder

- Otherwise unspecified learning disorder

Finally, according to the latest classification of mental and behavioral disorders by the World Health Organization (ICD-10, 1992) and other scholars (Anagnostopoulos, D.K., Lazaratou, E., Giannakopoulos, 2016), learning difficulties are referred to as "Special developmental disorders of school skills", classified into 6 diagnostic categories:

- Special reading disorder
- Special spelling disorder
- Special arithmetic skills disorder
- Mixed school skills disorder
- Other developmental disorders of school skills and
- Unspecified developmental school skills disorder.

At the same time, students with learning disabilities do not present only weaknesses and difficulties. These children usually have great potential and special talents, such as:

- They have very good observational skills, and they often surprise others with the acuity of their observations.
- They use their hands with great ingenuity and dexterity.
- They have a practical spirit. They may know how to operate a computer before other students, and even repair it.
- They are athletic. They may be distinguished in individual sports.
- They have a rich imagination. As long as their long-term memory is efficient, they may be able to tell wonderful stories.
- They possess good critical thinking and can reach sensible conclusions after processing data.
- They have quick perception.
- They demonstrate special skills in architecture.
- They are skilled in engineering and other creative crafts.
- They perform well in acting, music, as well as humanitarian professions.
- They have good technical and construction abilities.

- They present interest in physics and other similar sciences.

- They have a fruitful imagination, sense of humor, creativity and ingenuity.
- They think mainly in images rather than words.
- They are highly intuitive and insightful.
- They can experience thought as reality.
- They think and perceive things multidimensionally, using all of their senses.
- They have an increased awareness of their surroundings. (Anastasiadou, R., & Arapi, 2014)

It should also be mentioned that if children with learning disabilities receive the necessary assistance, then they may proceed to great achievements or even obtain a university degree. Many of them have already done so (Panteliadou, & Botsa, 2007). Some of the most inspirational dyslexic individuals are Winston Churchill, Albert Einstein, Walt Disney. The athletes, scientists and politicians mentioned before are proof of the potential these individuals have for greatness (Hansen & Slagsvold, 2017).

Due to rejection from their environment for their academic failure, children with learning disabilities experience feelings of anger, which when turned against themselves, take the form of depression (Hansen & Slagsvold, 2017). Children with learning disabilities describe that, during failed academic attempts in the classroom, they feel deep sadness (Panteliadou, & Botsa, 2007). In addition, research has shown that success-oriented goals rather than achievement-related goals are associated with depression in students with learning disabilities (Antoniou, & Polychroni, 2011).

Depression is often diagnosed alongside learning difficulties. According to some researchers, the repercussion of major depressive disorder may be up to seven times higher

in children with learning disabilities than in the average child population (Anagnostopoulos, 2012 ; Soumaki, 2012).

Low self-esteem is mainly linked to reduced academic self-awareness, which is a basic structure of general self-awareness. Especially in a society where academic success is considered very important, learning difficulties affect the shaping of self-image even more (Polychroni, Chatzichristou, & Bibou, 2006). According to research, 70% of students with learning disabilities present as having low self-esteem (Antoniou, & Polychroni, 2011). Failure at school causes severe mental pain and it is common for children experiencing it to feel "marginalized", "stupid" or "crazy" and to receive contempt from their peers, as well as from adults. Erikson (1950) argues that school years are critical to the development of self-respect and industriousness. The danger at this stage lies in feelings of inadequacy and inferiority, both on a personal and a social level. Thus, a child with school difficulties shapes their personality around feelings of weakness, inadequacy and impotence, forming a negative image of themselves (Anagnostopoulos, Lazaratou, & Giannakopoulos, 2016).

Children with learning disabilities suffer from low motivation, usually adopt passive forms of learning, and are distinguished by an attitude of "learned helplessness". These characteristics, which constitute a motivational vulnerability for children with learning disabilities, interfere with and negatively affect the effectiveness of children's cognitive and metacognitive actions, making it difficult to generalize any results achieved. The recurring academic failure experienced by children with learning disabilities makes them believe that their mental capacity is too low and that their effort is futile and useless. (Anastasiadou, & Arapi, 2014)

In particular, children with learning disabilities present reduced intent towards learning and much less towards active learning, a reduced interest in school-related activities, a refusal or resistance to completing a task, a strong belief that they cannot learn or succeed at anything (learned helplessness), dependence on others and pursuit of social support, and finally, a preference for external support, versus the internal, resulting from a satisfying and successful performance (Panteliadou, & Botsa, 2007).

Amidst ways of coping with learning difficulties, reinforcing the self-image is suggested. As has been emphasized, learning difficulties lead to an abnormal academic-educative and general psychosocial development. Not only all these learning and adaptation difficulties should be identified as deficiencies or gaps in knowledge and skills of the academic-educative field, but also the emotional and social processes should be taken seriously into account while designing an integrated intervention (Hansen & Slagsvold, 2017).

As reported by Pumfrey and Reason, children with learning disabilities do not only have to deal with their personal sense of failure, but also with the attitude of rejection of their peers, some of their educators, and sometimes even of their parents. Therefore, the provision of special education should also be combined with counseling support for the teachers in order to be able for all the difficulties of the pupil to be addressed thoroughly. Interventions aim at: a) informing the child, their parents and their teachers of the learning difficulties they are experiencing. b) Preparing the pupil for dealing with their possible failures. c) Developing motivation and improving pupil perception. d) Removing guilt and reducing the

anxiety and fears that students with learning disabilities are likely to experience. e) Improving interpersonal relationships of the student. f) Improving parent-child-teacher relationships and promoting collaboration between the family and the school (Antoniou, & Polychroni, 2011).

Lastly, it is also worth noting the progress presented in this study when there is foresight, and the phenomenon is treated in a timely manner. Long-term studies on learning difficulties from preschool to adolescence have found that symptoms start to appear from preschool years, alter in school years, but unfortunately, in many cases, they persist throughout life, where they appear in new situations, such as university studies, change of work, and generally when procedures of speech are required. (Anastasiadou, & Arapi, 2014)

In recent times, good planning of diachronic research has greatly facilitated the understanding of the development of children with learning disabilities. These studies have shown that despite the fact that the difficulties of these children cannot be fully remedied, their development is superior to what experts believed in the past. (Anastasiadou, & Arapi, 2014)

Children with learning disabilities usually strongly experience their inability to meet school demands while, at the same time, not being able to understand why they are different from other children. For this reason, their daily experiences can lead them to displays of anger and disobedience, which may gradually reduce their motivation for learning as well as their levels of self-esteem. Most of the behavioral problems of children with learning disabilities seem to be a type of response to academic failure and the deprivation they experience due to their difficulties. Psychological support can lead to a positive development of these negative emotions.

The progress of children with learning disabilities is often slower than that of their peers, as they need more time, effort and support in order to achieve a satisfactory performance. Children who have the support, understanding and encouragement of the family, as well as of the school, and who receive specialized help in the lessons that they find particularly difficult, present a more positive development. Therefore, emotional and psychological support is a very important factor in the adaptation and positive outcome of the children's efforts. (Anastasiadou, & Arapi, 2014)

Early detection, as well as early and timely intervention, contribute significantly to a positive prognosis of learning disorders. There is optimism regarding the prognosis of the emotional problems of children with learning disabilities (Bartzis, 2016). With the passage of time and the transition to adulthood, individuals can be academically and professionally successful. If they are given the appropriate help, then they may achieve great accomplishments or even obtain a university degree. This is evidenced by the fact that many famous people have made remarkable achievements despite their dyslexia, or even because of it (Kavanozi, 2014).

Vererakis, Katsiana & Stathoudakis (2017), in a thesis entitled "Teacher acceptance / rejection perceptions of children with learning, emotional and behavioral problems", firstly clarify the terms: specific learning disabilities and emotional difficulties. It is an excellent

bibliographic study which constitutes an innovation in scientific research to date, because it focuses on the problem openly and on the part of the teacher, who clearly bears responsibility in the matter. The term Specific Learning Disabilities refers to problems where an individual has limited development in a particular area which relates to learning, language, or speech or motor skills that are not caused by mental retardation, autism, or any obvious physical problem, or to incomplete educational opportunities. Children with specific learning disabilities usually have average or above average intelligence, but find it difficult to learn a particular skill in the area where the problem is found, hampering their school performance.

Children who do not develop to the extent that one would expect based on their level of cognition in a particular area of learning, linguistic or motor skills, may have one of these disorders. Specific learning disabilities are often diagnosed and treated within the school system framework rather than in mental health clinics. Studies have shown that the incidence of these disorders is slightly higher in boys.

The educational assessment and diagnosis of learning difficulties in the Greek education system (assessment of performance in skills relating to reading, producing written word, and mathematics) presents several difficulties due to the lack of weighted early detection and diagnosis tests which correspond to needs of the Greek educational system. In order to address these difficulties and deficiencies, 12 investigatory-detecting tools (criteria) were developed for learning difficulties. These tools assess the level and pace of a child's development by providing a detailed image of the situation in key areas of development, and aim to identify, identify and determine weaknesses and deficit factors which are considered as being related to the child's learning difficulties. (Petridou, Emporiadou, Chroussos, & Bakopoulou, 2015).

Learning Disorders: learning disorders are divided into three categories, reading disorder (dyslexia), writing disorder and mathematics disorder:

- Children with a reading disorder, also known as dyslexia, have significant difficulty in word recognition, reading comprehension, and very often in simple spelling. When reading aloud, they omit or add elements, or distort the pronunciation of words to a degree unusual for their age. Problems in reading, comprehension and spelling can persist in adult life as well. This disorder, which occurs in 5 to 10 percent of school-age children, does not exclude success after intervention.
- The writing disorder concerns an individual's reduced ability to write (which includes spelling errors, grammatical errors and very bad handwriting), which is severe enough to significantly impede a child's learning performance or daily activities that require writing skills.
- The mathematics disorder concerns children's difficulty in recalling arithmetic data quickly and accurately, in measuring objects quickly and correctly, and in aligning numbers in columns (Oshima et al., 2010).

The term 'emotional difficulties' is used to refer to disorders of internalization, such as depression and various anxiety disorders, with particular emphasis on childhood depression. Research has shown that the distinction between depression and anxiety can be made in children and adolescents in about the same way as adults. This means that children with depression show a low level of positive emotion and a high level of negative emotion, whereas children with anxiety show a high level of negative emotion without showing a low level of positive emotion (Katsiana et al., 2021).

A) Anxiety Disorders

Almost all children experience fears and anxieties as part of their normal course and development. Frequent fears of children, who are often overcome as they grow up, are the fear of the dark and of imaginary beings (for children younger than five), and the fear of separation from parents (for children younger than ten). In general, as with adults, girls report having fears more frequently than boys do, although this difference between the sexes may be at least partly due to the social pressures that boys experience, which makes them reluctant to admit that they are afraid (Oshima et al., 2010).

The seriousness of childhood problems related to anxiety must not be underestimated. Apart from the fact that children, as well as adults, suffer from the mental distress caused by anxiety, anxiety can prevent children from acquiring the skills corresponding to the various stages of their development. Children who are too shy and who find interaction with their peers almost unbearable are more likely to become deficient in important social skills. This deficit persists as the child reaches adolescence, and becomes the basis for further social difficulties. Later, either at work or in university, the adolescent's worst fear (that "others will dislike and reject me") is likely to be realized, as their clumsy and possibly repulsive behavior leads others to avoid and reject them (Katsiana et al., 2021)

B) School phobia

One of the fears of childhood, school phobia, sometimes called school refusal, has serious consequences on a learning and social level, and can lead to significant disadvantages. Seeing as school integration is often the first occasion children are required to leave their parents regularly and for a sufficient period of time, separation anxiety often constitutes one of the main causes of school phobia (Oshima et al., 2010).

C) Social phobia

In most classrooms there are at least one or two children who are particularly quiet and shy. These children often play only with family members or with familiar peers, avoiding other children, but also adults who they do not know. Their shyness often prevents them from acquiring certain skills and participating in various activities enjoyed by the majority of their peers, as these children avoid playgrounds and do not participate in games with other children. Children with anxiety disorders overestimate the inherent risk in many situations and underestimate their ability to cope with them.

The stress caused by these thoughts impedes social interaction, which leads the child to avoid social situations and, consequently, not to practice social skills adequately. (Katsiana et al., 2021)

D) Post-Traumatic Stress Disorder (PTSD)
Children exposed to traumatic experiences, such as chronic abuse, violence within their community, and physical disasters, may experience symptoms similar to those experienced by adults who have suffered trauma.

The post-traumatic stress disorder requires exposure to some trauma caused by an incident that was either experienced by the individual themselves or occurred in their presence. Children who tend to experience stress may be at greater risk of developing PTSD after being exposed to trauma (Katsiana et al., 2021).

E) Depression
The symptomatology of children with major depressive disorder has both similarities and differences with the corresponding adult symptomatology. Both children and adolescents between the ages of seven and seventeen, and adults, tend to exhibit the following symptoms: depressive mood, inability to experience pleasure, fatigue, concentration problems and suicidal ideation. Children and adolescents differ from adults in the fact that they present a higher rate of suicide attempts and guilt, and a lower rate of waking up in the morning, early morning occurring depression, loss of appetite and weight loss (Serafetinidou, 2020).

Upon completing their thesis, they concluded that the more supportive and close the family environment is, the more difficult the child's educational exclusion by the teacher is. If the familial bond is of good quality, there will probably be no room for children to develop rejection notions. On the other hand, if this bond does not cover the children emotionally and does not provide them with the necessary care, the children develop solitary tendencies, and perceive rejection feelings even from the teachers, as new settings become a reproduction of their family experiences.
In addition, another notable finding is that the smaller the classroom population is, the stronger and more intense the bond and positive emotions are between pupil and educator.
The boys, due to not externalizing their emotions and adopting a more defensive stance towards educators, do not receive the same amount of acceptance as girls, who externalize their emotions of warmth and affection more easily.

In a study conducted at the National & Kapodistrian University of Athens by the Department of Mental Health of Children and Adolescents (2001), Professor Anagnostopoulos concluded that children with Learning Disabilities often present emotional disorders such as Depression. They demonstrate low self-esteem, become discouraged and their identity is often organized around feelings of weakness, inadequacy and inability, resulting in forming a negative image of themselves. The

combination of Learning Disabilities and Depressive Disorder can be up to 7 times more likely to have a negative impact on the child experiencing it than on the normal student population.

From all of the aforementioned studies, it is clear that Childhood Depression is at an early stage of research, but due to its extremely high rates in children, it has caught the attention of all of us. Most research is aimed at presenting the phenomenon and highlighting the educational necessity for new methods adapted to the specific educational needs of children with disabilities. Motivation as a concept is very often used in everyday life and in a variety of circumstances. However, it is not used one-dimensionally and this is an element which demonstrates the complexity of the term. (Anagnostopoulos, Lazaratou, & Giannakopoulos, 2016)

The interpretation of the content of motivation may seem easy at first, but trying to define it will either prove to be difficult or the definition we give will be too general. The concept of motivation has been often overlooked in educational practice, perhaps because it was not clearly observable or because it was not easy to identify, or perhaps because it was considered a given. This was until a few years ago, when the modern pedagogical concept of child-centeredness and the active involvement of students in the educational process had not yet prevailed. In order for a child to be actively involved in the educational process, the process and the subject being taught should be meaningful to them, as well as being able to spark their interest so that they may see the potential of gaining something new and useful, and ultimately be able to incentivize the child simply because of their nature. (Katsiana, Vereraki, & Stathoudaki, 2017).

Children enter the classroom with some already gained experiences which have shaped those desires, their preferences and pursuits up until that point. Teachers can distinguish them and further cultivate student motivation, until the motivation for learning has matured. This process may be more important than any other in the learning process, since it all begins with the curiosity and interest in involvement, which educators are called to activate. Once the kids discover the essence and importance of learning, they are capable of defining their educational course and navigate it successfully (Katsiana et al., 2021).

The role parents play regarding cultivating motivation in children is also significant. Even if educators manage to motivate children, if there is no continuity in the family environment, it is difficult to maintain high levels of motivation. Parents are aware of their children's interests and pursuits, and it is easier for them than it is for the educators to create favorable learning environments within the family environment, perhaps not as well organized as in the school environment, but the creation of bases for motivation will be formed, helping children to integrate more smoothly into organized educational systems. The educational process consists of many and complex issues that need to be addressed before it can be successful. One of those, which is of vital importance, is the interest and involvement of pupils in it. The purpose of this doctoral research is to

"arouse" the interest of a depressed child and to reintroduce them into the daily life they deserve. The innovation of this research lies in the fact that motivation for life resides within the Learning Process. Therefore, using the power of knowledge and learning in order to bring meaning back into the life of a child suffering from the disease of our time called Depression, is attempted for the first time. (Katsiana, Vereraki, & Stathoudaki, 2017).

Maughan, Collishaw and Stringaris (Maughan et al., 2013) in their research entitled "Depression in Childhood and Adolescence" dealt with the phenomenon of childhood depression in the individual before and after adolescence. The aim of the study is to examine recent findings on childhood and adolescent depression. The percentages of monopolar depression remain low before adolescence, but significantly increase as the individual goes through it. Particularly high are the percentages that girls present in contrast to those of boys. This research is based on a narrative review of the burning issue of childhood and adolescent depression.

The main way of dealing with the phenomenon of depression in adolescents is, essentially, psychotherapy or antidepressant medication, or a combination of the two, but their results are unfortunately mediocre in terms of an actual treatment. Despite significant progress in understanding the developmental pathway leading an individual to depression, more studies are needed in order to identify the mechanics of the disease which may serve as early intervention goals in the child's life. Ultimately, the need for creating new ways of dealing with childhood and adolescent depression is particularly emphasized, due to the percentages recorded now being very high. (Maughan et al., 2013).

Watson, Emery and Bayliss, with Boushel and Mclnnes (Watson et al., 2012) in their research entitled "Children's social and emotional wellbeing in schools: A critical perspective" emphasize the fact that nowadays children and adolescents present particularly high percentages of depression, therefore research on the specific subject is inevitable. The aim of this literature research is to clarify the concept of "wellbeing" and emphasize its necessity in the life of every child. Mental disorders unfortunately flourish greatly during childhood and adolescence, which act as a hindrance to their expression of childhood, resulting in erasing the smile from their lips. According to the National Institute of Health and Care Excellence of England, the feeling of "wellbeing" in humans is expressed through three essential features:

- "Emotional wellbeing" targets the genuine happiness of the person, as well as their self-confidence and the absence of a depressive feeling.
- "Psychological wellbeing" enhances the sense of autonomy so that the individual can have complete control over their life. In addition, they show resilience and endurance to sudden events that occur in their daily life. The individual's concentration levels are in excellent condition and they have the ability to solve their problems with a sense of certitude.

- "Social wellbeing" is the ability of the individual to establish good relationships with their peers – friends, as well as to avoid disruptive behaviors, delinquency, any form of violence or even bullying.

At the same time, "wellbeing" has extremely positive effects for the Education Sector. Let us have a brief look at the most important points:

➢ Inclusion – integration in the school environment
➢ Participation in decision making
➢ Enjoyment of learning
➢ Motivation enhancement
➢ Skills and functionality
➢ Autonomy
➢ The right to education and choices (Watson et al., 2012)

The above leads to the conclusion that the concept of "wellbeing" plays an important role in resolving mental disorders which occur in children and adolescents. In closing, the necessity for further investigation of the phenomenon in order to resolve this burning issue is emphasized once more.

Gray (2011) in the study entitled "The Decline of Play and the Rise of Psychopathology in Children and Adolescents" refers to the importance of play in a child's life. During the past half century in the USA, as well as other developed nations, research showed that the free play of children with other children decreased dramatically. As a result of this decrease, a sharp increase in mental disorders in children and adolescents arose. In particular, there has been a sharp increase in anxiety disorders, the phenomenon of depression, suicidal tendencies, feelings of helplessness and narcissism in children, adolescents and young adults. At the same time, this article by Peter Gray records these historical changes and suggests that the reduction of playing has contributed to the increase of psychopathological reactions in young people.

Play is generally of particular interest because it serves as a main developmental tool for children, for the following reasons:

➢ They develop inherent interests and competences. Competences are standard requirements for a person to be able to perform a predetermined task or function, *responsibly* and *autonomously*. Competence is based on a combination of knowledge, skills and behaviors (personal, social in the work environment). The effectiveness of their combined application in practice determines the level of competence. Competences develop and improve through training and experience, and may be *general* or *specific* to a specialized profession (professional skills, such as airworthiness for an aircraft pilot). As general, we consider the skills of learning, communication (in a native but also in a foreign language), behavior and sociability, the ability to comfortably use computers and electronic communication media, change, adaptability, leadership, decision making, decision making, creative expression, etc.

➢ They learn how to make decisions, solve problems, practice self-control and follow rules. Self-control is the individual's ability to control their emotions and desires during difficult phases of their life. Psychology interprets it as the ability to suppress impulses in order to achieve a long-term goal. Instead of giving in to temptation right away, self-control helps us control our emotions and refrain from actions that we will regret later.

➢ They learn to regulate their emotions. Emotion is a complex, subjective, conscious experience: the combination of mental states, psychosomatic expressions and biological reactions of the body. It is what an individual "feels", not as a simple sensation but as something deep, internal, which affects the body (e.g. heart rhythm) and the "soul", is almost always expressed (in the face, the voice, the posture of the body) and is observable by others. Emotion is encountered in all mammals, not humans exclusively. It is the result of complex hormonal influences and the unconscious mind. Emotions are very difficult to control, with conscious effort. They cause changes to the behavior of mammals depending on their state. In humans, emotions often cause an individual to not be able to live in a reasonably acceptable way.

➢ They make friends and learn how to co-exist with others as equals. Friendship is a platonic relationship between two or more people of the same or different gender, with the main characteristic of mutual devotion and understanding, without any benefit, motive or objective. It is characterized by mutual trust and honesty. Friendship is not determined by race, color, nationality or age. Friendship greatly helps in the socialization of children and in the development of healthy relationships in adults. Friendships begin to form during the coming of age, usually in adolescence. They play a role in the development of the individual, of the personality, of physical and mental health. Friendships are an important and integral part of our lives. It is known that friendship is not an easy or simple matter. For many people, starting or maintaining friendships is difficult. In a genuine friendship, there is mutual respect, so that there is time and space for everyone to express themselves. Contrarily, when we talk about "acquaintances", the motives are different. That is not a meeting where we can share life in its entirety, but only to enjoy some specific, temporary things, that we both happen to like.

➢ And, finally, they experience joy. Joy is the feeling of great pleasure and happiness. Clive Staples Lewis saw a clear distinction between joy, pleasure and happiness: "Sometimes I wonder if all pleasures are not substitutes for Joy", and "I call it Joy, which is a technical term here and should be sharply

distinguished from Happiness and Pleasure. Joy (by my logic) really has but one characteristic in common with them, the fact that someone who has experienced it, will want to do it again... I doubt that someone who has tried them, if both were in their power, would exchange it for all the pleasures of the world." The causes of joy have been attributed to various sources. "When the mind is clear, joy follows like a shadow that never leaves." says Gautama Buddha (Peter Gray, 2011).

According to the above, the importance of the existence play in the life of the child is composed. Through play, therefore, the child secures their mental health. The purpose of this study is to present play as the main tool for the normal Cognitive - Behavioral - Social & Psychological development of the child and raise points for further analysis and combat against stress and depression that children and adolescents now present.

Martinsen, Neumer, Holen, Waaktaar, Sund and Kendall (2016), in the research entitled "Self-reported quality of life and self-esteem in sad and anxious school children." prioritize the two main concepts of self-esteem and quality of life that an individual possesses in childhood. The researchers observed that when these two characteristics are incorrectly placed in the mental foundations of the child, then in the course of their life, they will show strong symptoms of anxiety and depression.

The concept of self-esteem is regularly confused with the concept of self-confidence. Self-confidence is the degree of belief that one has in their own abilities, that is, in their intelligence, knowledge, talents, etc. Self-esteem is the degree of faith that one has in the virtues required for the utilization of their potential, such as one's courage, diligence, willpower, etc. Self-esteem and self-confidence influence and are similar to each other. However, self-esteem refers to something incomparably more substantial than self-confidence: self-esteem refers to the very value of an individual, because one's value is judged not by how many capabilities they have, but by whether they utilize the (many or few) capabilities they have. A healthy self-esteem is what an individual really needs in life, because it ensures their happiness on a psychological level and the maximum possible utilization of their potential to fulfill their desires on a practical level. Of course, low self-confidence leads to low self-esteem, and vice versa. (Anagnostopoulos, Lazaratou, & Giannakopoulos, 2016)

In a sample of 915 children, aged 9-13 years, who presented higher levels of anxiety and depression, lower levels of self-confidence and quality of life, were recorded. This fact greatly impedes the child's fulfillment of small, everyday goals. Consequently, and according to the above, the need to combat the phenomenon, as well as using a individualized approach as the key to the substantial success of any intervention in the future, is emphasized. (Martinsen, Neumer, Holen, Waaktaar, Sund, & Kendall, 2016)

Furthermore, Haygeman (2017), in her research entitled "An Adaptation of the Mindful Schools Curriculum for Adolescents: Feasibility and Preliminary Effectiveness on Stress, Depression and Mindfulness of Adolescents in an After-School Setting" placed

special emphasis on mindfulness, which helps the individual maintain their focus on a situation.

Mindfulness is a basic human skill regarding the awareness of subjective experience and participation in the present. As a skill, it can be cultivated through systematic practice of the intentional focus of attention on a stimulus (e.g. breathing, the body, bodily senses, etc.), combined with a special approach to the experience characterized by receptivity, interest, acceptance and kindness towards what is present (pleasant or unpleasant) (Sburlati, & Lyneham, 2014).

Systematic mindfulness practice:

> Stabilizes the mind and reveals the process and patterns through which it operates, leading to mental health problems, as in the case of rumination and worry, which are at the foundation of depression and anxiety
> Leads to the achievement of metacognitive awareness, which is the ability to perceive thoughts solely as thoughts, as transient phenomena of the mind and not as faithful representations of reality
> Enhances a proper emotional self-regulation, as it facilitates disengagement from the content of dysfunctional thoughts, thus weakening their emotional load
> Enhances the conscious response to difficulties, over dysfunctional, acquired reactions, which occur automatically and unwittingly (Haygeman, 2017).

Mindfulness consists of two elements:

Self-regulation of attention

1. The awareness of the individual of all the experiences that have been recorded in their mind and the ability they have of bringing back every event in their memory, at any moment they wish.

The sample used in this study was of children 18 years of age and younger. 64% of the children who took part in the research showed positive results. From the research findings we can conclude that when an individual presents anxiety disorders and depression, if they learn to manage their "mindfulness" through training, then it is possible to successfully suppress the stress levels occurring. The purpose of this research is to demonstrate the importance of the phenomenon of depression, as its current percentages are very high. All the children who took part in the research are students, showing a burdened school performance. The need for further research on the major issue of mental disorders in childhood and adolescence is emphasized at the same time (Haygeman, 2017).

Moreover, Nilsen (2014), in the study entitled "Depressive Symptoms in Adolescence. A longitudinal study of predictors, pathways and consequences" examined the predictors of the effects of adolescent depressive symptoms in detail. Despite the amount of studies which have covered predictors of the effects of adolescent depressive symptoms, few have examined the interaction between different risk factors for

depression with the parallel use of several indicators of adolescent depressive symptoms.

In this quantitative research, several results were obtained through "The strengths and Difficulties Questionnaire" (Goodman, 1994, 1997) and it was revealed that children who demonstrated depressive disorder in the current school year, in the previous year, during which they did not have symptoms of depression, their school performance was clearly higher. At this point, it is worth mentioning that girls showed more intense depressive tendencies than boys. The main goal of the research was to help expand our knowledge on the effects of important factors which are present during childhood and adolescence and help in the development of symptoms. In conclusion, the need for further research on the major issue of depression, which manifests during childhood and adolescence in large percentages, is emphasized once again, a fact which cannot leave us unaffected (Nilsen, 2014).

Alesi, Rappo and Pepi (2014), in the quantitative research entitled "Depression, Anxiety at school and Self-Esteem in Children with Learning Disabilities" observe the effects of depression on school performance. The main comparison is between the levels of depression and school stress, and self-esteem among children who demonstrate learning difficulties and problems in calculations in contrast to students for whom knowledge and learning are not a stumbling block.

In a sample of 132 children, 52 were girls and 80 were boys, making the average age 9 years, i.e. 4th grade. The children who took part in the research were selected based on their score in an assessment test which aimed at revealing their learning difficulties. Overall, the analyses revealed that children with learning difficulties showed higher percentages of depression and school stress, as well as lower levels of self-esteem within the school than children with typical learning (Alesi et al., 2014).

The findings highlight the coexistence of symptoms of depression and anxiety in students with learning disabilities. A fact which also reveals the direct connection between mental disorders and dysfunction in the academic progress of the child. One of the issues arising from this research is the need to implement prevention programs, which aim at identifying children with high percentages of depression and anxiety, i.e. people at high risk at a young age. Furthermore, such findings emphasize the importance of discovering the most appropriate clinical and educational interventions, in order to reduce the ill-adapted cognitive strategies which exist for school-age children. (Alesi et al., 2014)

Gajre, Meshram, Soares, Nidhi and Anagha (Gajre et al., 2016), in the research entitled "Prevalence of depressive disorders in children with specific learning disabilities" examine the phenomenon of childhood depression and the particularly high levels occurring in school children in detail. It has been proven that children with learning disabilities are at risk of developing emotional disorders, including Depression.

The research sample was 200 children who showed low academic performance and were examined in the following subjects:

- ➢ Clinical and academic history
- ➢ Vision and hearing tests
- ➢ Additional psycho-educational and cognitive tests. (Gajre et al., 2016)

All children had a normal Intelligence Quotient, but the learning disabilities (SLD) which manifested were many and at high levels. The Hamilton Depression Rating Scale was used in the research methodology and was administered to children aged 8 to 12 years. The Beck Depression Inventory II was administered to children aged 13 to 14 years. The results presented a clear picture: children with learning disabilities showed low school performance, as well as low school-academic interest. This fact made it difficult for children to normally socialize in the school environment, resulting in depressive tendencies and a melancholy image. The emergence of depression in such young ages clearly shows the urgent need of creating a new framework in which these children will be helped cognitively and the learning process will not be blocked for them. (Gajre et al., 2016)

Sburlati, Lyneham, Schniering and Rapee (2014), in their research entitled "Evidence-Based CBT for Anxiety and Depression in Children and Adolescents. (A Competencies Based Approach) "clearly outlined the need for substantial education and training of specialists in CBT cognitive behavioral therapy and anxiety, and depression disorders occurring in children and adolescents. To this day and according to the above researchers, there are decent studies on the subject, but carrying out the necessary practical implementation outside the research location is difficult. Therefore, their absence is emphasized in order to create more practices which will aim at providing substantial help and covering the daily life of children who suffer from depression and face difficulties in their daily lives. The need is urgent as the phenomenon of depression is a very serious condition of out times, which needs to be resolved and eradicated immediately.

In this study, a main feature on which researchers focus is, primarily, the cognitive enhancement of special educators and psychologists, so that they are able to effectively respond to the real needs of children suffering from childhood depression. The sample taking part in the study consisted of children from early childhood to the last stages of adolescence.

The following two tools help researchers come to a conclusion concerning the manner of approach:

1. The ability to distinguish between various anxiety disorders, as well as the clarification between depression and anxiety disorders. This skill aims at each expert being able to respond to the personalized needs of a child or adolescent.

2. The ability to provide the correct treatment according to the personalized needs which arise based on age. Due to cognitive emotional and social maturity varying with the age of the individual, it is very important to take this into consideration in all treatments that this literature study is going to be implemented. (Sburlati, & Lyneham, 2014)

Graham, Phelps, Maddison and Fitzgerald (2011), in the quantitative research entitled "Supporting Children's mental health in schools, teacher views, Teachers and Teaching", the main goal is to record the views that teachers hold on the mental health of their students and the forced adaptation of education to the needs of mentally disturbed students. Particular emphasis is placed on the interaction between the teachers' views in relation to mental health in general, the importance assigned to the promotion of mental health in schools, matters of teachers' self-confidence, as well as matters relating to the mental well-being of the teachers themselves.

Mental health, according to the World Health Organization, is defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community, and not just the absence of a problem or disorder". From this definition, two main and essential conclusions are drawn. Firstly, Mental Health is not a clearly measurable goal, which means that it can be difficult to achieve, yet still remaining an ideal that each of us is trying to achieve (World Health Organization., 2015).

Therefore, defining it is of great theoretical utility but in order for it to be transformed into Mental Health systems, services and structures, more analysis is necessary. Such an analysis should be different for each country or organization undertaking to found such services, as it should take into consideration:

1. The different theoretical approaches and scientific data,

2. The cultural data (culture) of each society.

Hence, the full and indiscriminate acceptance of a single scientific approach is not sufficient and has no effect on the individual it is called to serve. Moreover, one country adopting Mental Health systems or services and structures which have succeeded elsewhere does not guarantee their success, as they do not take into account the habits, cultural elements, that is, the culture of the other society in which they are implemented (World Health Organization, 2015).

A second point to which special attention must be paid, is the fact that an examination conducted by a specialist is by no means enough to determine whether an individual is mentally healthy, regardless of how deeply knowledgeable the specialist is. Mental Health must be based both on the opinion of a specialist and -to the same extent- on the subjective view of the individual about themself (World Health Organization, 2015).

While a physical health diagnosis is accompanied by examinations and data, there is no clear laboratory examination for Mental Health, as any diagnosis is founded on assessments. This fact makes the subjective dimension, which is the view of the individual for themself, even more important. This subjective dimension of Mental Health, the individual's view of themself, must be taken into account in every service and in every treatment in the field of Mental Health. (World Health Organization, 2015)

The findings of this research highlight the particularly low percentages presented in the values, beliefs, perceptions and behaviors of educators. Consequently, according to those results, the imperative need for the inclusion of the course concerning "mental health issues" in the school environment, prioritizing the proper training of educators, is revealed. (Graham, Phelps, Maddison, & Fitzgerald, 2011)

Bernaras, Jaureguizar and Garaigordobil (2019), in the bibliographic research entitled "Child and Adolescent Depression: A Review of Theories, Evaluation Instruments, Prevention Programs and Treatments." refer to depression as the leading cause of illness and disability worldwide. Research documenting the surge of the phenomenon in childhood and adolescence reports high percentages of young people with depressive symptoms in both groups. This analysis examines the structure and explanatory theories of depression, and provides an overview of the main assessment tools used to measure the disorder in children and adolescents, as well as of the prevention programs developed for the school environment and different types of clinical treatments offered.

The literature analysis reveals that in mental classifications, the structure of childhood depression is not different than that of adult depression and that various explanatory theories must be considered in order to achieve a full understanding of depression. Hence, both the treatment and the prevention must be multifactorial by nature. Although general programs may be more appropriate due to the scope of their application, the results are not conclusive and fail to prove long-term effectiveness. In conclusion, we can state that:

A. There are biological factors affecting the occurrence of depressive disorders (such as tryptophan, which is a main ingredient of serotonin drainage).

What is tryptophan? Tryptophan, which may also be referred to as L-tryptophan, is one of the nine essential amino acids— the building blocks of proteins. The body cannot synthesize it on its own; therefore, it must necessarily be obtained from the diet.

The amino acid tryptophan is found naturally in several foods, especially foods which are rich in protein. It is very important for the development and function of many organs in the body. After L-tryptophan absorption from food, it is converted to 5-HTP (5-hydroxytryptophan), and then to serotonin, melatonin and vitamin B6 (nicotinamide) (Sailen Barik, 2020).

The benefits of tryptophan:

- It has calming effects on the central nervous system, helping to soothe problems of anxiety and depression
- It helps with insomnia
- It boosts memory
- It assists the proper function of the immune system
- It helps reduce pain caused from migraines
- It helps reduce appetite and regulate weight control
- It helps with premenstrual syndrome (PMS) and premenstrual dysphoric disorder (PMDD)
- It helps with arthritis and fibromyalgia

Tryptophan also contributes to the synthesis of niacin (vitamin B3), which in turn helps produce a hormone called serotonin. Serotonin is the "neurotransmitter of joy". Changes in the levels of serotonin in the brain cause changes in mood (Sailen, 2020)

The lack of tryptophan in the body causes anxiety, reduced critical ability and even violent tendencies. This is due to tryptophan not being absorbed and remaining in the bloodstream, resulting in it assimilating more easily in the Central Nervous System.

Some people may also become aggressive when they are hungry due to low tryptophan levels in the body.

According to the scarce studies that exist, it seems to reduce memory and thinking skills in older people, beyond what is considered normal for old age. However, the evidence is insufficient, so in order to be able to tell exactly how tryptophan affects memory, more research on the subject needs to be conducted.

As previously mentioned, L-tryptophan is converted to 5-HTP (5-hydroxytryptophan) and to melatonin afterwards. Melatonin is a hormone which is produced naturally by the body and is very important for sleep. Thus, tryptophan supplementary treatment may improve the quality of sleep, reduce symptoms of insomnia, but also help with various problems which may arise during sleep, such as sleep apnea (Sailen, 2020).

Why may an individual take an L-tryptophan supplement?

- In case of depression, up to 6 grams per day can help with mood improvement and even prevent mental health disorders.
- In severe PMS or PMDD symptoms, taking 6 grams per day seems to reduce mood changes, intensity and irritability in women with PMDD.
- In order to quit smoking, 50 mg/kg of body weight per day seems to help in combination with conventional therapy.
- Some research suggests that taking a tryptophan supplement a few days before exercising can improve strength during exercise. However, more research is needed to confirm this indication, due to conflicting results.

- For digestive system infections which can lead to ulcers (for example, Helicobacter pylori infection). According to studies, taking L-tryptophan in combination with medication seems to improve ulcer healing percentages.
- In case of sleep apnea, there is evidence that episodes may be reduced in some individuals. (Sailen, 2020)

In conclusion, tryptophan is an amino acid with multiple health benefits and is the main factor in producing the "essence of happiness", Serotonin. It is better absorbed by the body when obtained from the diet, therefore, foods rich in tryptophan are preferred. However, there are some supplements an individual could take, but taking them is better in cases where its use is appropriate, and always with the guidance of a specialist – scientist.

B. During this difficult period in the life of an individual, negative interpersonal relationships and the relationships of the individual with their environment, combined with the socio-cultural changes which occur, can provide an explanation for the increase observed in the phenomenon of depression.

C. Many tools can be used for the assessment of depression to this day. However, it is necessary to continue to adapt various tests which already exist for the diagnosis of Depression at younger ages. The surge of the phenomenon and the very high percentages which are now being recorded in childhood and adolescent depression present a great challenge in the scientific arena, in order to deal with the matter thoroughly.

D. Furthermore, new prevention programs for childhood depression must be created and developed to be implemented at young ages.

E. The majority of the already existing treatments are becoming more and more intense, strict and effective.

Given that the initial manifestations of depression may occur from an early age, a fact which we can no longer dispute, more and thorough research is needed on the biological-psychological and social factors which cause this phenomenon. When all these factors are linked, then we will be able to explain the appearance, development, as well as the most effective treatment of Depression. (Sailen Barik, 2020).

2. METHODOLOGY

2.1 Qualitative Research – Case Study (History of Qualitative Research)

Qualitative research has its origins in the work of anthropologists and sociologists who have attempted to understand the cultures of "others", the people whose cultures differed from the European and North American culture. Early European ethnography developed in the 15th and 16th centuries, as a response to the research on "primitive people" in the "New World".

At the start of the 20th century, anthropological and sociological ethnographic research developed to a new level and a wide variety of approaches and theories emerged. Denzin and Lincoln (2000), mainly addressing the debate within the USA, distinguish seven historical moments in the evolution of qualitative research. The first traditional period of qualitative research begins in the early 20th century and reaches World War II. The ethnographic research of Malinowski, Radcliffe-Brown, Margaret Mead and other great ethnographers appeared during this period, as well as the distinguished in its field, Chicago School of Sociology.

The book "The Polish Peasant in Europe and America" by Thomas and Znaniecki, which studied the ways in which rural populations experienced migration from Europe to US metropolises, was a milestone in the development of qualitative research. Chicago School sociologists and Park in particular, have contributed to the use of field empirical research and to the examination of experience and everyday practices. Hence, the object of qualitative research was no longer solely the "exotic" natives of some remote tribes, but also the wider populations in the core of the western metropolis. A characteristic element of this period, according to Denzin and Lincoln, was the focus of qualitative research on the study of the "other", on the basis of "objective" description and interpretation. (Isari, & Pourkos, 2015)

The second, modernist period begins after World War II and lasts until the 1970s. A characteristic of this specific period is a tendency to standardize qualitative research methods, in order to emphasize that they have an equally strict character to quantitative research methods. This tendency is expressed in the works of Glaser Strauss, Strauss and Corbin (1967) and continues to live to this day. (Isari, F., Pourkos, 2015)

The third period (1970-1986) is that of "blurred genres". A characteristic of this period is the emergence of a plethora of examples, methods and strategies chosen by researchers. Indicatively, the symbolic interaction, ethnomethodology, naturalistic research, phenomenology, semiotics, feminism, etc. are mentioned. An important milestone in this period is the book "The Interpretation of Cultures" by Geertz, in which proposes the transition from a positivist approach to a pluralistic, interpretive perspective in the human sciences is proposed. (Isari, & Pourkos, 2015)

The fourth period is identified in the mid-1980s and 1990s, and is characterized by the "crisis of representation", an issue which rose in the debate concerning artificial intelligence and ethnography. During that time, qualitative research focuses on issues of race, gender, culture, etc. and the question regarding the kind of reality the researcher portrays arises. Qualitative research is revealed to be a continuous process of reality manufacture. Criticisms and feminist epistemologies which call into question the principle of objectivity in social research emerge during this period.

The fifth period is in the mid-1990s. It is the period of the "triple crisis of representation, legitimacy and practice". The crisis of representation is expressed in the recognition that qualitative researchers cannot directly capture the experience of life, but that their work is a social text written by the researcher. The crisis of legitimacy is expressed in the observation of the problematic nature of evaluation criteria referring to validity, generalization, reliability, etc. The crisis of practice refers to the effect of theory on social practices and the search for ways to consolidate theory and practice (Crowe et al., 2011).

During this period, the tendency to replace theories with narratives emerges. The postmodern proclamation of the end of "big narratives" is combined with a shift to "small", local narratives, which concern specific situations and problems.

The sixth period is that of "non-experimental" research, where new forms of discourse (poetic, autobiographical, visual, conversational, etc.) become the subject of ethnographic research. According to Denzin and Lincoln, a characteristic element of the seventh moment is the continuation of the trends which had appeared in the previous moments of qualitative research. Firstly, the critique of positivism, meta-positivism and postmodernism is still in existence. Denzin and Lincoln refer to the crisis of representation, legitimacy and vocality. The crisis of representation refers to questioning the possibility of an authentic understanding of the "other". The crisis of legitimacy refers to questioning the criteria of epistemological validity of scientific research. The crisis of vocality is expressed in the coexistence of a variety of old and new "voices" regarding gender, nationality, class, etc. (feminist, critiques, national approaches, etc.) (Isari, & Pourkos, 2015).

Denzin and Lincoln (1998) argue that in an age of rapid development of science and technology, the issue of religion and spirituality is reviving. Hence, one of the most important phenomena of the "New Age" is the revival of interest in religious, irrational perceptions, a spread of religious fundamentalism, an emergence of interest in alternative forms of physical and mental therapy, etc. In conclusion, Denzin and Lincoln determine that intermediary technologies (video, computers, electronic mail, the internet, virtual reality, etc.) create new fields for qualitative research development. During the new period, new topics appear, such as the concept of self and identity, communication in cyberspace, etc (Isari, & Pourkos, 2015).

In the German-speaking space, Habermas (1990) was the first thinker to acknowledge the existence of a different research tradition, which developed in American sociology and is linked to Goffman, Garfinkel and Cicourel (1987). The translation of texts of this tradition into German contributed to the beginning of the discussion on the prospects of qualitative research. An interesting discussion on narrative and biographical research developed in Germany during the 1970s and 1980s. The "narrative analysis" proposed by Schütze (1984) and the "objective interpretation" by Oevermann (1970) are of particular interest.

The first approach is focused on the study of the experience of different periods of the history of life, with particular emphasis on periods of personal restructure, due to intense social shifts. The second strategy aims at deciphering the "hidden" grammar of

textual depictions of social reality. These methodological approaches contributed to the realization of a new round of research, acting as a catalyst to the development and establishment of qualitative research methods and provoked discussions on the transparency, reliability, validity and generalizability of qualitative research (Crowe et al., 2011).

Recently, there has been a growing interest in qualitative research in the international literature. In Greece, qualitative methods have attracted the attention of the academic community in the fields of Psychology and Education, as well as in the wider field of social sciences. They are taught independently in undergraduate and postgraduate programs and are increasingly used in theses and dissertations, doctoral dissertations and special research programs. It is believed that the qualitative current is interwoven with a pluralistic and reflective orientation towards scientific knowledge and can enrich psychological and educational research with new ways of thinking and different practices. (Isari, & Pourkos, 2015)

More specifically, we think that qualitative research is useful in the following:

1. It offers a unique experience of the manner of approaching and understanding the experiences and behaviors of research participants.
2. It helps explore issues on which our knowledge is meager or questionable. It helps us, in other words, to develop theories about the phenomena under investigation, especially there is not sufficient knowledge about them and they concern specific populations or groups, or the knowledge at our disposal does not seem to adequately correspond to the complexity of the issue under investigation.
3. It helps develop a more complex, detailed description and understanding of the issue under investigation. These details are obtained through direct contact with the individuals of the research, through recording their stories, observing their behavior, locating their practices in the living and working context.
4. It helps us listen to the stories and "voices" of the subjects and understand their behaviors and practices in depth, while minimizing the power relations which usually exist in such matters, with proper cooperation with them at all stages of the research.
5. It helps with having a better understanding of the contexts (pragmatic, spatiotemporal, communicative, social, cultural, etc.) where the subjects live and work.
6. It is necessary when the quantitative measurements and statistical analyses do not match the object under investigation. Interactions between people, for example, are difficult to understand by using quantitative data, and these measurements may not be sensitive to such issues as gender, race, individual differences, etc. By equating individuals to a statistical average, the uniqueness of their existence is ignored at the same time. (Isari, & Pourkos, 2015)

In recent years, a strong interest has been demonstrated regarding qualitative research and numerous, varied applications of qualitative research methods have been carried

out across the nexus of social sciences. The evolution of the definition of qualitative research reflects the ever-changing perceptions of the nature of qualitative research on the basis of a wider range of approaches (social constructivism, interpretative approaches, focus on social justice, etc.). One of the ways of defining qualitative research is the following: Qualitative research is a situated activity that places the observer in the world. It consists of a sum of interpretative and material practices that make the world visible. These practices transform the world. They remodel the world into a series of representations of the self, including field notes, interviews, conversations, photos, recordings, and diary notes. At this level, qualitative research includes an interpretative, naturalistic approach to the world. This means that qualitative researchers study things in their physical context, attempting to give meaning or interpret phenomena in terms of the connotations that people assign to them (Crowe et al., 2011).

Qualitative research emphasizes on meaning and human behavior. Qualitative researchers are interested in the meaning, the way people experience events, as well as behavior description. Proponents of qualitative research focus on the study of socio-historical and cultural context. They attempt to explore the social world in the light of the experiences of the subjects involved in this research. Qualitative research is naturalistic, contextual, situated, and interpretive (Isari, & Pourkos, 2015).

Individual methods and techniques used in qualitative research will be referred to. The following can be listed: observation (participatory and non-participatory), focus groups, biographical study, research-action, established theory, conversation analysis, speech analysis, etc. In this aspect, individual moments can also be distinguished regarding the type, ways (forms, techniques, etc.) of data collection, and their processing means and techniques. Qualitative research uses verbal and visual data (observations, interviews, spoken narration, photographs, films, videos, etc.), in contrast to quantitative research, which is mainly based on the utilization of numerical data (Lund, 2005). The most important techniques for collecting qualitative data are observation, interviews and focus groups. Several ways of qualitative data analysis have been developed in recent years. Some researchers rely on intuitive detection of accumulated data; others on systematic and standardized coding and analysis on the basis of specific techniques (see Strauss & Corbin, 1990). Many researchers resort to the use of electronic qualitative research data processing programs (for instance, AQUAD, ATLAS ti, HyperQual, HyperRESEARCH, Kwalitan, NUDIST, QUALPRO, MAXqda, The Ethnograph) (Bengtsson, 2016).

In spite of quantitative research dominating the field of psychology, there continued to be strong currents that adopted one form or another of qualitative research. Thus, interviewing was used in the framework of psychoanalysis, not only as a form of treatment, but also as a strategy for producing psychological knowledge. Freud considered that psychoanalytical interviewing was not only a debate of neurotic disorders, but also "a method of investigating mental processes, which are virtually inaccessible in any other way" (Freud, 1964, p.235). The psychoanalytic interview was

an important source of psychological knowledge. Furthermore, the psychoanalytic interview was a source of inspiration for the formulation of research interviewing used in the context of academic psychology (Crowe et al., 2011).

When qualitative research was represented in education, it was introduced as a new type of research, which has the following characteristics:

• Provides a more holistic view of reality, as opposed to the individualistic approach of reality in particular elements, parameters, etc.

• Displays great sensitivity to the researcher's influence on the nature of the research.

• Displays its preference for "natural" sources of research data collection (in non-laboratory conditions).

• Expresses interest in the subjects' perspective, their inner life and not only their external demonstrations.

• Has humanitarian orientation (Isari, & Pourkos, 2015)

The turn towards qualitative educational research was revealed in the late 1960s and early 1970s. An important point in the promotion of quality educational research was Hargreaves's book (1967) "Social Relations in a Secondary School". D. Hargreaves attempted to explore the way in which students chose their friends and the subcultures that were shaped in a school community. In this research, Hargreaves (1967) used a variety of methods (participatory observation, interviews with educators and students, study of school records, etc.). Lacey's (1970) research moved in the same direction, attempting to study the case of a particular school. A prominent feature of this form of qualitative research was the emphasis on the study of in-school processes. (Isari, & Pourkos, 2015)

In the evolutionary course of research, several arise, aiming at advancing the development of phenomena study and the promotion of new methods. The descriptive research method deals with the depiction of present phenomena, as they appear in the current juncture. According to Verma and Mallick (2004), the descriptive method includes the following categories: scope overviews, case studies, evolutionary studies, comparative studies, ethnographic studies, evaluation studies, and research-action. Overviews include the collection and processing of a large number of cases over a given period, in order to identify the relationships between the phenomena under investigation, the prevailing trends, and so on. A variety of information collection techniques (structured, semi-structured interviews, questionnaires, performance tests, attitudinal scales) can be utilized in the overviews. Case studies include the intensive, detailed and in-depth study of an individual or a group of people (group of children, class, school), etc. The case study uses different types of observation (participatory and non-participatory observation), study of diaries, documents, letters, relevant documents, videos, etc. Thus, a wide range of research methods and techniques can be used in the case study (Bengtsson, 2016)

Research design constitutes an important and critical point of any research. There is not only one recipe for designing qualitative research, and the research design is guided mainly by the theoretical and epistemological assumptions, as well as the main goals of the research. Specifically, research design requires taking into account: (1) the research field or object of research, (2) the purpose (or purposes) of the research, (3) the theoretical and epistemological background, (4) the research questions, (5) the research material production methods, (6) the sampling strategy, (7) the analysis of research material, (8) the researcher's reflexivity, and (9) the principles and ethical issues in the research process. (Isari, & Pourkos, 2015)

There is usually more than one argument to conduct any research. Common reasons include filling in the gaps in knowledge, understanding or describing a phenomenon/situation/experience, questioning or enriching theoretical knowledge, evaluating something or initiating a change. Other sources of research inspiration concern the personal experiences and research interests of researchers themselves, issues that are of interest to society at large, and in particular social and cultural contexts (Arifin, 2018). Indicative areas of inquiry in qualitative research in psychology or education are the following:

- Ways of identity formation and understanding of self.
- Interpersonal relationships, social relationships standards.
- Communication processes.
- Motivations and emotions.
- Personal narratives and life stories.
- Feelings, principles, behaviors, moral orientation.
- Personal, social and cultural practices.

The role of researchers is especially central to qualitative research, as it presupposes directness and personal involvement in the research process. The researcher who adopts qualitative research methods is not perceived as an impartial and objective observer, but as a carrier of their own experiences, views, expectations and biases. In the context of quantitative research we have been taught that the subjectivity of the researcher needs to be monitored and eliminated. With the qualitative approach, subjectivity is taken for granted and not treated as an obstacle. On the contrary, in a context of reflection, the scientist examines their own subjectivity, as well as that of the research participants, and considers the ways in which personal positions, vested interests, principles, experiences and expectations of both sides influence the research process, data analysis and research results. (Isari, & Pourkos, 2015)

In qualitative research, and in the qualitative approaches adopting an "internal reference point" in particular -where the researcher, describing or interpreting the phenomenon, is mainly based on the research subject's own language- participants are perceived as research partners rather than as "subjects" from which research data is "extracted" by the use of appropriate techniques. In a similar vein, they are not research "subjects"

manipulated by the researcher. On the contrary, emphasis is placed on showcasing participants' voices and collaborating in pursuit of knowledge and justice (Kidder & Fine, 1987). Empowering research subjects, raising their critical awareness and changing social practices (e.g. critical research) is important to some researchers. For others, the goal is to penetrate the participants' personal meanings, to understand and support their own way of signification or interpretation of the world. The perspective here is intersubjective, discursive, and mainly concerns forms of research such as the narrative method, biographical / autobiographical, interpretive -phenomenological, existential-phenomenological analysis, etc. The direct and active involvement of the subjects in the research is also utilized in the new forms of ethnography which are being developed. The role of the researcher and the research subject is not static, but has changed over time since the early 20th century until today, following the different periods of qualitative methodology development (Denzin & Lincoln, 2008); (Bengtsson, 2016)

Subsequently to selecting the theoretical and epistemological framework, formulating the research questions and specifying the sample, the next step in qualitative research is selecting and presenting the appropriate method or methods for the collection or production of data. Mason (2009) distinguishes between data sources on the one hand, and methods for data production on the other. The main sources of data in the field of psychology or education are people, and everything related to people, such as: experiences, stories, narratives, memories, emotions, relationships, principles, activities, behaviors, practices, perceptions, interactions, relationships and creations. Other sources that are essentially linked to humans, but can also be appraised as autonomous sources of data, include: speech, language, texts, art, photographs, maps, social media products, groups, organizations, laws, events, etc. Naturally, the distinction between data sources and methods does not mean that data exists "somewhere out there", ready for collection and independent of researchers. (Isari, & Pourkos, 2015)

In general, qualitative research is based on methods of data production which are not standardized, structured and withdrawn from "real life". Instead, they are flexible and sensitive to the social context in which they are produced. The most common methods of producing data in qualitative research are:

• Non-structured interview (open type / in depth)

• Semi-structured interview (open type)

• Focus groups

• Observation and participatory observation (Bengtsson, 2016)

2.2 Qualitative research in psychology: A brief history

Until recently, qualitative research has held a marginal position in the field of psychology. However, there has been a recent growing interest in qualitative research. The British Psychological Society acknowledges that qualitative research methods should be taught at University. Papers on the basis of qualitative research, or even special features of qualitative research methods are published in well-known journals (British Journal of Social Psychology, Journal of Health Psychology, European Journal of Work and Organizational Psychology, Journal of Counseling Psychology, Hellenic Journal of Psychology). In recent years, remarkable monographs and collective volumes on qualitative research have also been published. The gradual recognition of qualitative research in the field of psychology raises a number of epistemological, methodological and theoretical issues. (Isari, & Pourkos, 2015)

Quantitative research was linked to the configuration of experimental psychology in the second half of the 19th century. The works of Helmholtz, Weber, Fechner and Wundt in Germany, of Galton in Great Britain and of Binet in France are of particular importance. The introduction of quantitative and experimental research methods in the field of psychology overturned Kant's view, who believed that psychology could never become an experimental science because it could not apply mathematics to the investigation of the inner senses. He also argued that a subject could not be the object of experimentation. Kant considered that the anthropological (ethnographic) method of empirical research is particularly fruitful in the field of psychology (Arifin, 2018).

The creation of the first psychological laboratory by Wundt marked the transformation of psychology into an experimental science. According to Wundt, "normal psychology" investigates basic mental processes by using experimental methods. The purpose of the experimental psychological research in Wundt's laboratory was to describe the structure and individual elements of the conscious experience of the subjects, who had to perform detailed verbal references about the ways in which they perceived the controlled stimuli they were receiving. Thusly, the experimental research through endoscopy in Wundt's psychological laboratory did not only have a quantitative character, but had as a component the use of qualitative data (Bengtsson, 2016).

Wundt, however, claimed that in addition to "normal psychology" we can distinguish the "psychology of tribes" (Völkerpsychologie), which investigates myths, customs, language, religion. According to Wundt, these phenomena are based on higher mental processes (learning, language, cognition, etc.), which are difficult to test in laboratory conditions, and different methods should be used for their investigation- historical method, comparative analysis, inductive observation, etc. In contrast to Wundt, Ebbinghaus supported the creation of a radical empirical experimental psychology, with its basis on positivist epistemology and on Fechner's experimental work. Ebbinghaus attempted experimental research of memory and forgetfulness by using lists of syllables with three letters which had no meaning (bok, taz, lef, var, mix, etc.) as experimental material and did not create associative links in the specific subjects. The inadequacies of Ebbinghaus's experimental methodology were identified by Bartlett, who stressed the importance of social factors and individual experiences in the

structure of memory. Social attitudes and rules, interests, as well as the individual's previous experiences affect the process of memorization and retrieval. In contrast to Ebbinghaus, in the early 1930s, Bartlett proposed the long-term exploration of memory using material which holds meaning for specific subjects. Bartlett's pioneering ideas remained marginal and insufficiently understood in the context of North American psychology, and their significance became apparent when cultural psychology came to the forefront (Bengtsson, 2016).

As early as the end of the 19th century, the first critical approach to Ebbinghaus's experimental psychology appeared. Dilthey (1977) believed that psychological phenomena cannot be explained through experimental methods which lead to the emergence of a chain of causal relationships, but should be understood in their entirety. He proposed the adoption of an interpretive approach to understanding and describing the life experience of subjects. Hence, modern qualitative research in psychology has its roots in Dilthey's "descriptive psychology".

An important influence on the formation of qualitative research in psychology were the perceptions of Brentano (1973), who attempted to study the actions of consciousness (vision, hearing, judgment) by rejecting the static analysis of its individual structural elements. Main features of consciousness, according to Brentano, are its activity, its intentionality (intentionalitat) and its unity. Brentano believed that psychology was not an experimental, but a descriptive science. His ideas preceded the appearance of Husserl's phenomenology. Brentano's approach concerning the subject and method of scientific psychology research also had a significant effect on the development of morphological and phenomenological psychology (Arifin, 2018).

However, in the early 20th century in the USA, Watson (1913) criticized the endoscopic method of consciousness research and proposed the adoption of an objective method of behavior study. The view which prevailed was that consciousness could not be turned into an object of objective, scientific analysis. In the USA, behaviorism became a dominant stream in the field of academic psychology. (Isari, & Pourkos, 2015)

According to Ashworth (2003), the prevalence of behaviorism led to neglecting to examine the following important issues:

• The "first person" perspective, the way in which the subjects perceive a situation because the psychological events are presented in the "third person".

• The way research participants perceive reality. Consequently, the question of the foresight or intentionality of consciousness remains outside of the research interest.

• The idiographic study of people within their uniqueness.

• The meaning that people assign to their actions, because behaviorists were limited to studying the observable causes of behavior.

• The social character of man and mental processes. (Bengtsson, 2016)

In other words, behaviorism has devalued all these issues which are central to qualitative research.

At the start of the 20th century, quantitative research dominated the field of psychology. Danzinger (1990) described the process of quantitative research prevalence in the late 19th and early 20th centuries. At that time, the perception that psychology is a natural science prevailed, while the social character of mental phenomena was underestimated.

One of the consequences of behaviorism dominance is that any reference to consciousness, subjectivity, etc. was considered as a return to endoscopic psychology, which was rejected as unscientific. One of the manifestations of positivism dominance in psychology is that psychological research has been equated with experimental research and the use of quantitative data. The transition was made from the psychological research of the specific subjects to the research of wider groups, through the use of sophisticated statistical techniques. In this way, the relationship between researcher and research subjects, as well as the very nature of psychological research which was now based exclusively on positivist epistemology and methodology was reshaped. (Isari, & Pourkos, 2015)

Ratner (1997) distinguishes three main features of positivist methodology. The first characteristic is fragmentation and methodological individualism, which is expressed in the examination of mental phenomena as a set of independent, distinct and detached "variables". The second characteristic is the tendency to quantify psychological phenomena without sufficient demarcation of their qualitative characteristics. The third characteristic of the positivist methodology is the adoption of functionalism, which is expressed in the delimitation of mental phenomena through their functional measurement actions.

Despite the dominance of quantitative research in the field of psychology, strong currents which adopted one form of qualitative research or another continued to exist. Hence, in the context of psychoanalysis, the interview was used, which does not only constitute a form of therapy, but also a strategy of psychological knowledge production. Freud believed that the psychoanalytic interview is not only a treatment for neurotic disorders, but "a process for researching mental processes, which are almost inaccessible in any other way" as well. Psychoanalytic interviews were an important source of psychological knowledge. Furthermore, the psychoanalytic interview was a source of inspiration for the research interview, which is used in the context of academic psychology (Arifin, 2018).

The clinical method has been adopted and used in various ways by representatives of different psychology currents. In this manner, Piaget used the clinical method in the context of the field of genetic epistemology to research the mental development of children. Vygotsky and Luria, the founders of cultural-historical psychology, used the clinical research method in an unusual way as well. (Bengtsson, 2016)

An important station in the development of qualitative research was the configuration of phenomenology and its application in the field of psychological research. According

to Husserl, the main mistake of modern psychology is that it did not develop the phenomenological method, with its basis in the obsessive view of the flow of conscious phenomena. "Observing in the obsessive view (immanentes Schauen), the flow of phenomena, we arrive from phenomenon to phenomenon (each one a unit in the flow and at the same time in a state of flow itself) and to nothing but phenomena". Similar to the phenomenological approach, the object of research should be the living, human experience, which cannot be understood on the basis of some "parameters" or natural laws.

One of the interesting attempts to further develop the phenomenological method at the crossroads of philosophy and psychology was attempted by Merleau-Ponty, in his book "Phenomenology of Perception". An unusual application of the phenomenological method was made by Heidegger, Sartre and other representatives of existentialism. Existentialists attempted to explore crucial issues about the human existence, such as freedom and its limitations, meaning and meaninglessness, authenticity, existential anguish, choice, etc. In the context of existential psychotherapy, extremely rich research material was gathered and important issues were raised methodologically, theoretically, epistemologically, ethically. The work of Ludwig Binswanger, Viktor Frankl, Rollo May, Irvin Yalom, et al. is mentioned indicatively (Isari, & Pourkos, 2015).

According to Giorgi and Giorgi (2003), phenomenological psychological research aims at clarifying the situations that the individual experiences in their daily life. Representatives of this approach attempt to explore a phenomenon, not in an artificial environment on the basis of some parameters, but in the context in which this phenomenon appeared in the real world. Thusly, the aim of phenomenological research is the detection of the way in which subjects experience a specific phenomenon which occurs in their lives.

Rogers and other representatives of humanistic psychology adopted the phenomenological research method. According to Rogers (1951), an individual perceives the world around them in a unique way. Psychological research may help to understand the subjective experience of people, the way in which they perceive themselves and the world around them. Rogers's "client-centered theory" is based on the phenomenological method of showcasing the subject's individual experience, their perceptions of themselves, and their relationships with other people (Bengtsson, 2016).

Allport (1897-1967) was one of the first psychologists to raise the issue of the uniqueness of personality. Allport discovered that many disciplines of psychology required knowledge of the average, general type of person, without interest in individuality. In contrast to this approach, Allport noted the emergence of a new approach which is interested in the uniqueness of these individuals. Subsequently, Allport helped legitimize the idiosyncratic approach in the field of psychological research, which focuses on the analysis of the interaction of factors which are unique and special to the specific individual. Allport used personal data and references to understand the individual and, in this respect, can be considered a forerunner of modern qualitative research. During the 1930s, Allport was the scientific director of a program

examining the life stories of refugees from Nazi Germany. In his research, he used personal evidence to investigate people's individual lives and daily experiences. (Isari & Pourkos, 2015)

Special mention should be made to Kelly's theory of personal mental constructs. Man forms mental constructs to organize phenomena in order to predict the future by observing their similarities and differences. According to Kelly (1955), there is no absolute truth, but there are alternative constructions from which people choose. In contrast to dominant perceptions which assigned great importance to measurements, Kelly suggested understanding people by exploring the mental constructs they use. These are presented as pairs of opposites (pole of similarity - pole of contrast) and can be explored through the test of Mental Constructions Role Repertoire. This test is an attempt to understand personality through the examination of personal mental ways of interpreting the self and the world.

In the late 1960s and early 1970s, the "crisis" of psychology was reinforced. According to Parker, the "old example" of psychological research based on the positivist approach to science, was in a state of "crisis". At that time, the frustration with traditional psychology, characterized by the hegemony of quantitative research, intensified, and qualitative research was presented as an interesting alternative approach. Several researchers refer to the prospect of change in the epistemological "example" in psychology. According to Smith, Harré, and Langenhove, the "old", "Newtonian" epistemological example in psychology is based on measurement, calculation and control, while the "new" metathetical epistemological "example" focuses on understanding, description and interpretation of personal meanings in the social world. Harré (1995) refers to the "second cognitive revolution", which is linked to the shift to the study of "reasons" which develop in the interaction of specific individuals. (Isari, & Pourkos, 2015)

This "second cognitive revolution" is linked to the advent of "discursive psychology", which formed in the 1990s under the influence of social constructionism, semiotics and ethnomethodology ideas. We can deduce that qualitative research in anthropology and sociology had a significant impact on the formation of qualitative research in the field of psychology. We can generally observe that many ideas and approaches of the "new example" were not new at all, but rather had a long history.

Bruner was one of the first psychologists who criticized the Gnosticism. In contrast to widespread approaches of the mind as a computing system, Bruner (1997) argued that meaning and cultural interaction processes leading to the creation of meaning are a crucial direction for understanding human psychology. He suggested that the narrative way of thinking is characterized by the creation of meaning by linking a series of events in time. Narrative thinking is a main feature of "folk psychology", which, in his view, should be the subject of psychological research (Arifin, 2018).

A wide variety of research methods appeared, which had been marginalized by the representatives of the dominant positivist direction, appeared in the field of psychology.

Indicatively, the idiosyncratic research and the study of individual cases, the phenomenological psychological research, the speech analysis, the conversation analysis, the narrative analysis, the focus groups, the method of grounded theory, the collaborative investigation, the psychoanalytic interview, the ethnographic research, the participatory action research etc. are mentioned. According to Mertens, seven main research strategies in the field of psychology and education can be distinguished: ethnographic research, case study, phenomenological research, participatory investigation, clinical research, and focus groups. (Isari, & Pourkos, 2015)

Feminist psychological research, characterized by a wide variety of sub-types and directions, is becoming more popular. Feminist psychologists did not limit themselves to the critique of psychological research forms which do not take into account women's experiences, but raised general questions of epistemology and social theory - the power relations in research, the question of researcher subjectivity, the reflective nature of research, etc. Strong criticism was delivered at "neutral" epistemology which focuses entirely on formalist scientific practices and devalues the social, political and moral dimensions of the production and use of knowledge.

Feminist psychologists attempt, through the use of various methods (speech analysis, conversation analysis, life story study, focus groups, action research, etc.), to showcase the voices and experiences of women coming from oppressed, marginalized groups, from other nationalities and not solely white North American women. One of the reasons for the adoption of qualitative methods in feminist research was to give a "voice" to the discourse of participants to express their own ways of understanding their experiences. (Isari, & Pourkos, 2015)

The representatives of qualitative research criticize the "methodolatry" of the dominant positivist psychology, whose representatives introduce themselves as the only architects of legal knowledge of behavior. Qualitative research representatives did not limit themselves to the introduction of individual research techniques and methods, but raised broader essential, epistemological, methodological, ethical, political issues, which had been silenced by positivist psychology (Bengtsson, 2016).

Qualitative research in psychology has been based mainly on two theoretical directions. The first important theoretical direction which influenced the formation of the epistemological background of qualitative research in psychology is the one of hermeneutics. Hermeneutics has its roots in the theory of Friedrich Schleiermacher, in the distinction of natural and social sciences by Wilhelm Dilthey and in the philosophical theory of Hans-Georg Gadamer. The representatives of hermeneutics raise the issue of subjectivity and emphasize the investigation of the meaning of human actions (Bengtsson, 2016).

The second important theoretical direction which influenced the formation of the epistemological background of qualitative research is constructivism, and especially a peculiar version of it, social constructionism. Social constructivism is one of the many forms of constructivism that have developed mainly in the context of psychology.

Proponents of social constructivism showcase the complex processes of co-configuration of meanings in everyday social interactions through language. The researcher aims to study the diversity of meanings which appear in the interaction of the individual with other individuals. Main assumptions of social constructivism are the following:

• Social constructionists believe that there is no true description of nature, of the essence of things, but that the concepts we adopt in order to know the world are historically and culturally defined in the mutual exchanges between people. All that to which we refer and perceive as "reality", is in a constant and uncertain process of construction and reconstruction. Knowledge is considered local, fluid and temporary.

• Psychological phenomena are not natural, stable and unchanging entities, but social constructs. Each individual has multiple, fluid selves that are shaped by specific social interactions and linguistic and cultural practices.

• Language, as a symbolic means of social interaction, plays an important part in the process of shaping experience and the world.

• Scientific research is a heterogeneous social practice, which is conducted by researchers who are actively involved in the world (which they simultaneously describe and construct). The researcher plays an important role in the production of knowledge, which he perceives not as objective and neutral, but as a social and political (relational) activity that always takes place within a specific historical, cultural context. Knowledge is historically, socially and culturally framed.

• Knowledge is not based on empirical validity, but is maintained through complex social processes and linguistic practices or "discourses".

• The descriptions and explanations of social processes are not neutral or impersonal. Researchers acknowledge that their interpretations stem from complex interindividual, social interactions. (Isari, & Pourkos, 2015)

Gergen and Gergen (2000) believe that most qualitative methodologies are imbued with individualistic concepts and ideologies. These methodologies focus on individual experiences, identities, life stories and adopt the supremacy of the individual mind. In contrast to methodological and ideological individualism, Gergen and Gergen (2000) propose the development of alternative qualitative methods which will have a relational orientation: participatory investigation, interactive, polyphonic approaches, etc. This preference of Gergen and Gergen is dictated by the adoption of postmodern conceptions of the "death of the subject" (Arifin, 2018).

In postmodern psychology, the research process is no longer examined as a mapping of an objective social reality, but is considered to be involved in the co-configuration of the objects under investigation, as well as in interaction with these objects. At this point, the influence of Foucauldian notions of discourse as a system of statements, metaphors and meanings, which construct an object in the formation of postmodern psychology, is expressed. In general, poststructuralism, postmodern ideas about "deconstruction"

and especially Michel Foucault's concepts had a significant impact on shaping many directions of qualitative research in the field of psychology. One of the conclusions of the representatives of this direction is expressed in the emphasis on the research process, rather than on the objects that we are attempting to know. One of the consequences of this approach is the relativisation of scientific knowledge, the rejection of any objectivity of social research and the conversion of social reality to arbitrary linguistic or other symbolic constructs. Many researchers criticize social constructionism by claiming that it follows relativistic currents, whose basic motto is that "everything is allowed". These researchers argue that without accepting a single, fixed reality, people feel lost and disoriented (Isari, & Pourkos, 2015).

According to Brinkmann (2006), modern consumer societies operate in accordance with the logic of social construct and, for many people, constructivism has become a life philosophy. The focus on the shaping of identities and the aestheticization of life are some convergence points of consumerism and constructionism. Social constructionists describe tendencies which are on the surface of social life at this particular socio-historical juncture with acuteness and sharpness, but fail to explain their deeper origin (Bengtsson, 2016).

Of course, some new directions of qualitative research have been formed in modern psychology, which differ not only from positivist psychology, but also from social constructionism relativism and other postmodern approaches. Parker proposes the founding of a psychology of discourse on the basis of critical realism. In contrast to epistemological relativism, the representatives of critical realism recognize the existence of a reality independent from the perceptions of individuals. At the same time, however, the representatives of critical realism showcase the inadequacies of positivist epistemology and recognize the complex nature of social phenomena which cannot be explored through a mechanistic projection of the methodology of natural sciences; especially those of race, gender, class (Arifin, 2018).

At this point, it is worth mentioning the critical "example" of psychology. The critical "example" is an alternative which competes with the empirical-positivist, the rational-formalist and the interpretive-constructivist worldview "example", mainly due to the weaknesses of these "examples":

(a) to challenge the forces in psychology which help maintain and reproduce unjust political, economic and other social structures; and (b) to take into account marginalized individuals or groups, on the side of religion, etc. to which they belong, while taking into account the contradictions of the social system and its unjust, exploitative and oppressive power structures.

Proponents of the empirical-positivist "example" impose structural rules and theories which do not match the experiential reality of marginalized individuals or groups, while proponents of the interpretive-constructivist "example" do not delve so deep in their encouragement, reinforcement and support regarding the development of social action and their critical consciousness. The main pursuit of the representatives of the critical

"example" is to form such research plans which will be related to specific action programs, which can change the quality of life of the subjects or even the researchers themselves, through the transformation of social structures and institutions where they live and work. (Isari, & Pourkos, 2015)

In other words, the researchers of this "example" assign the social problems that these marginalized groups face (oppression, domination, repression, inequality, silencing of issues important for them, alienation, etc.) as a research purpose. In their attempt to investigate and understand these issues, researchers also provide subjects with the opportunity to express their problems and their own particular experiential reality, to showcase their own story and voice, while developing their critical thinking and consciousness, with the ulterior motive of improving their quality of life.

Critical theory and research, which -due to a variety (often incompatible and conflicting with each other) of influences, such as Michel Foucault's theory, postmodernist and deconstructive approaches (Lyotard, Derrida, etc.), as well as feminist approaches and queer theory- seem ready to transform into an autonomous theoretical and methodological direction. Critical theory has its roots in the Frankfurt School in Germany (in the work of Theodor Adorno, Max Horkheimer, Herbert Marcuze, etc.), which is based on the German tradition of philosophical and political thought which is inspired by the philosophical work of Karl Marx, Immanuel Kant, Georg Wilhelm Hegel and Max Weber (Bengtsson, 2016).

According to Guba (1990), the term "critical theory" is in many ways inappropriate to include all the alternative approaches which fall within this "example". He proposes the term "ideologically oriented research", which includes, among others, neo-Marxist approaches, feminist approaches, Freire's approach, participatory research and other similar traditions, which in one way or another are linked to critical theory. Similarly, Gibson argues that: It is important to understand from the beginning that there is no single composite critical theory. What probably exists is a conglomeration of critical theories. Behind the term of critical theory, there are many versions and controversies hidden between its various supporters [...]. But beyond this heterogeneity, common assumptions are shared.

Gibson maintains that the fundamental goal of critical theory is emancipation, the development of critical consciousness and the ability of people to perceive the presence of the oppressive societal structures and to be able to criticize, pursuing more democratic traditions and more humane ways of living. According to Popkewitz (1984), the critical researcher's focus is "centered on shaping awareness, culture and everyday life, and on the way in which these changes retain the spontaneity, originality and authenticity of existing political and social interests." The language and intent of such a theory is political -for viewing moments of dominance, ideology, hegemony and emancipation in social life and social change." (Arifin, 2018)

In relation to this, Harvey argues: Critical social research is based on the critical-dialectic perspective which attempts to go beyond the surface of historically specific,

oppressive social structures. At the heart of critical social research is the idea that knowledge is structured by existing constructs of social relations. The goal of critical methodology is to provide knowledge which involves the prevailing social structures. These social structures are perceived by critical researchers, in one way or another, as oppressive structures. A totalistic approach denies the importance of viewing an element of a complex social process in isolation and argues that the elements must be seen in terms of the relationships between them and how they relate to the social structure as a whole. Thusly, critical social research is interested in the broader social and historical context in which phenomena are interrelated. It is interested in revealing underlying social relations and in showing how structural and ideological forms behave within them. Critical social research, subsequently, is interested in substantial issues and wants to showcase what is actually happening at the societal level. Not only does it wish to highlight what is happening, but is also interested in doing something about it. Critical social research includes an overt (open) political struggle against oppressive social structures (Arifin, 2018).

Critical psychologists, based on the aforementioned main positions of critical theory and research, attempt to showcase the socio-historical and ideological-political dimensions of psychological approaches and methods and the manner in which they are related to the interests of authoritarian and economic structures and traditions, justifying, sustaining and reproducing the existing social inequalities, injustices, oppression, etc (Arifin, 2018).

The qualitative cultural methodology, developed by Ratner on the basis of cultural-historical psychology and the psychology of activity is also of particular interest. Ratner reveals the inadequacies of the prevailing trends in the field of qualitative research:

• The present generations of researchers in the field of qualitative research place greater emphasis on technical procedures and the description of specific data at the expense of examining the epistemological and ontological foundation of their research.

• Researchers in the field of qualitative research traditionally focus their attention on personal experience and reject or undervalue the cultural character of the composition of psychic phenomena. According to Ratner, qualitative research should be reoriented towards the study of culture and society.

• Researchers who adopt a qualitative research methodology in their confrontation with the positivist approach of science are driven to reject objectivity, causality, validity, etc. and in adopting a subjective, impressionistic approach to research and psychological phenomena.

In accordance with cultural qualitative methodology, individuals are examined in a variety of situations, for a long period of time. This contributes to the development of human relationships between researchers and subjects, who feel comfortable expressing their mental processes. (Isari, & Pourkos, 2015)

Qualitative cultural methodology is based on recognizing the complex character of psychological phenomena, which do not constitute a simple sum of individual elements, factors and parameters. In contrast to psychological research based on the distinction into individual elements, Vygotsky (1993) advocated the promotion of psychological research which emphasizes broader sections, not a mechanical sum of their constituent elements. Psychological phenomena are examined under the prism of their mutual connection and their integration into the network of wider cultural activities. Hence, research at a micro-level will be insufficient in case it is not linked to a broader investigation of the macro-cultural level of composition of mental processes. Psychological phenomena are not formed solely under the influence of symbolic systems (e.g. language), but a broader framework of social traditions, cultural artefacts, social division of labor, etc. Special emphasis is placed on showcasing the historical diversity and variability of psychological phenomena. The adoption of the historical approach to mental processes is one of the main principles of cultural historical psychology and the psychology of activity (Bengtsson, 2016).

2.3 Qualitative research in education: A brief history

Qualitative approaches to educational research appeared in contrast to the positivist and metapositivist approaches which were prevalent in post-war Western Europe and North America. The critique of positivism, which was and remains the dominant epistemological foundation of educational research, emerged in the 1960s and increased in the following decades. Indicatively, we mention some points of criticism:

• The transfer of natural sciences methods for the study of the social (in this case, of the educational) phenomena has a reductionistic character and leads to simplifications.

• The point of view of a "neutral", impartial researcher, which is adopted in traditional educational research, does not correspond to reality. Standardization and distance from the research object do not ensure objectivity, due the researcher's perceptions permeating the research process in various ways.

• Excessive quantification does not help with understanding the complex social (educational) phenomena, nor does it contribute to the understanding of the way people experience and interpret reality.

• The findings of positivist research are ordinary, trite, and of little importance to the people for whom they are intended (educators, principals, social workers, etc.). (Isari, & Pourkos, 2015)

Of course, the critique of positivism was executed by the most diverse theoretical traditions. Indicatively, we mention the theory of symbolic interaction, phenomenology, constructivism, the theory of "deconstruction".

Qualitative research was introduced as a new type of research with the following characteristics:

• It provides a more holistic view of reality, as opposed to the atomic approach to reality in individual elements, parameters, etc.

• It demonstrates great sensitivity for the researcher's influence on the character of the research.

• It demonstrates a preference for "natural" sources of research data collection (in non-laboratory conditions).

• It shows interest in the subjects' perspective, their inner life and not solely their external manifestations.

• It has a humanitarian orientation (Bengtsson, 2016).

The shift to qualitative educational research appeared in the late 1960s and early 1970s. An important milestone in the promotion of qualitative educational research was Hargreaves's book "Social relations in a secondary school". Hargreaves (1967) attempted to explore the way in which students chose their friends and the subcultures that formed in a school community. In the context of this research, Hargreaves used a variety of methods (participatory observation, interviews with teachers and students, study of school records, etc.). Lacey's research, which attempted to study the case of a particular school, proceeded in the same direction. A characteristic element of this form of qualitative research was the emphasis on the study of interschool procedures. (Isari, & Pourkos, 2015)

An important influence for the shaping of this form of educational research was the theory of symbolic interaction, which originates in the research of the Chicago School during the 1920s and 1930s. G.H. Mead's theoretical ideas and their definition and further development by Blumer and Goffman contributed to the development of the theory of symbolic interaction. The representatives of this direction tried to explore the meanings which people assign to their actions in their daily lives. These meanings are mediated through the use of symbols, which appear in the interaction between people (Arifin, 2018).

During the period of 1970-1980, a variety of ethnographic research was conducted in schools, on the basis of the theory of symbolic interaction. The researchers paid special attention to studying the ways that the subjects of the educational process constructed their identity. Phenomenology and ethnomethology also had a significant effect on the formation of this interpretive, micro-sociological model of social research. Ethnomethodologists focused on researching the strategies which teachers and students use to construct everyday school reality. Special emphasis is given to the analysis of discourse and verbal strategies used by the subjects (teachers, students) to understand what is happening in the classroom and participate in them (Bengtsson, 2016).

The representatives of the micro-sociological approaches attempted to discover what is happening in the "black box" of the school that the large-scale sociological approaches could not resolve. Attempts at phenomenological description of daily school life - despite the fact that they contributed in the accumulation of extremely interesting

material on the daily relationship between teachers and students at school- failed to escape a subjective interpretation of educational practices and explain the material background as well as the deeper social causes which induce their formation (Bengtsson, 2016).

The "New Sociology of Education" movement began in the early 1970s. The representatives of this movement directed their interest towards the study of the curricula, the kind of knowledge that the school imparts, the learning process, the relationship between educational and everyday knowledge. The new questions posed in the context of the "New Sociology of Education" could not be explored on the basis of quantitative research types and required the development of other types of research tools (Isari, & Pourkos, 2015).

Wollcott (1992) observes that, in order to carry out a research, the existence of an idea is necessary. Without theory it is impossible to plan, organize and carry out a research. Occasionally, various views on the theoretical approaches or traditions on which qualitative research was developed have been expressed. Indicatively, we mention only some of them: theory of symbolic interaction, structuralism, ethnomethodology, critical theory, feminist theory, etc.

However, conducting research, apart from a clearly demarcated theoretical framework, also requires specific methods and techniques. According to Wollcott, three main groups of qualitative research techniques used in educational research can be distinguished. The first group is based on observation (non-participatory observation, participatory observation, ethnographic research, etc.), the second group is based on interviewing (research journalism, biographical approaches, oral history, etc.) and the third group is based on archive research (content analysis, historical research, literature critique, etc.). Some forms of qualitative research combine more than one research technique; for example, all three of the aforementioned techniques are used in the context of the case study. Some authors reject the frontal confrontation of quantitative and qualitative research, and prefer to conduct a more general typology of educational research methods, which, to one degree or another, combine both quantitative and qualitative research. Thusly, Verma and Mallick (2004) distinguish three main approaches to educational research methodology: the historical method, the descriptive research method, and the experimental research method (Arifin, 2018).

The historical research method is based on the retrospective examination of some educational phenomena, which contributes to the understanding of their current condition and their potential for further development. The historical research method is one of the most important methods for the study of pedagogical ideas, educational systems and institutions, educational legislation, curricula, educational policy, educational practice, etc. In recent years, there has been a shift in the study of microhistory ("story from the bottom"), in the research of life stories, of "peregrinations", the experiences of the subjects of the educational process. It is worth mentioning that there are many types of historical and narrative research. Indicatively,

we mention the thematic historical research, the narrative study of life, the oral history, the autobiographical history, the biographical history, etc.

One of the new research directions is that of the life stories of students and teachers, the study of the way they talk about themselves, their experiences inside and outside of the school, their life stance. One of the most important issues that the representatives of this new and extremely interesting research direction are called to confront is the emergence of the mediating links between microhistory and macro-history, the link of the individual experiences of the social subjects to the wider socio-historical and ecological context in which these subjects live and develop (Arifin, 2018)

The descriptive research method deals with the depiction of phenomena of the present, as presented in the current situation. According to Verma and Mallick, the descriptive method includes the following categories: field reviews, case studies, evolutionary studies, comparative studies, ethnographic studies, evaluation studies and action research.

These reviews include the collection and processing of a large number of cases for a specific period, in order to showcase the relations between the phenomena under investigation, the prevailing trends, etc. A variety of information gathering techniques (structured, semi-structured interviews, questionnaires, performance tests, attitude scales) can be utilized in the reviews (Isari, & Pourkos, 2015).

The case study includes the intensive, detailed and thorough study of an individual or a group of individuals (group of children, class, school,) etc. In the context of the case study, different types of observation are used (participatory and non-participatory observation), journal study, letters, relevant documents, videos, etc. Thusly, a wide range of research methods and techniques may be used in the case study.

Evolutionary studies deal with the development of children over a period of months or years. Timeless studies can help understand the development of children and the molding of specific types of behavior. This type of research has its origins in Piaget's research on the development of children's thinking and Kohlberg and Gilligan's research on their moral development (Crowe et al., 2011).

Vygotsky criticized naturalistic evolutionism and demonstrated that learning is not a mere follower of a child's mental development, but a precursor to it. Consequently, the goal of educational and psychological research is not the simple photographic depiction of individual aspects of the child's development, but the organization of pedagogical, learning activities which pave the way for psychosocial development. Luria's learning (teaching) experiment in Central Asia is an expression of this approach, where research is organically linked to the learning process, in the context of a wider social and educational intervention (Petridou, Emporiadou, Chroussos, & Bakopoulou, 2015).

Comparative research is used to analyze educational programs, practices and outcomes. As a rule, in the context of comparative education, quantitative research methods are used on the basis of a functional positivist epistemology. Qualitative research can

contribute to calculating and understanding the social context (national and local), the way in which national education systems are perceived by the people of these countries. One of the biggest epistemological and methodological challenges of qualitative research relates to the possibility of developing comparative approaches which will emphasize the dialectical connection of micro- and macro-social levels and the transnational, national and local mediating links (Crowe et al., 2011).

Evaluation studies constitute a form of research which aims at evaluating the effectiveness of some programs and procedures. Two main types of evaluation are usually distinguished. Formative evaluation refers to the evaluation of programs which are in progress, while summative evaluation refers to the overall evaluation of the effectiveness of programs which have been completed. Quantitative data processing methods are normally used in evaluation studies. However, it has become evident that evaluation based solely on quantitative research techniques fails to assess the success or failure of educational programs and the introduction of educational innovations. To that end, there was a shift in the implementation of ethnographic methods of research of perceptions, practices and forms of interaction of the subjects of the educational process for the evaluation of all kinds of educational programs and interventions. According to Patton, qualitative evaluation is particularly important as a component of formative evaluation, where an attempt is made to explore a dynamic and fluid process and studying the variety of experiences of different participants is extremely important (Crowe et al., 2011).

Ethnographic research is an empirical type of research which utilizes observation specifically to study people's lives, activities, and experiences. Educational ethnography was shaped by the influence of Margaret Mead's research on the development of children, adolescents and young people in Polynesia. In 1960-1970, interesting ethnographic research was conducted regarding the socialization of children in industrially developed countries. This way, it became evident that ethnographic research methods are useful for the study not only of "traditional" pre-industrial societies, but also of modern, western, urban societies. Ethnographers of education attempt to explore the teaching and learning processes, the relationships and various interactions between the subjects of the educational process (students, parents, educators), the socio-cultural contexts of this interaction, the life experiences of these subjects (Arifin, 2018).

Two of the interesting research directions which appeared are the ethnography of communication, and sociolinguistics. The representatives of these directions try to explore the linguistic communication between students, as well as between the educator and the students. There is a plethora of approaches which focus on the study of language communication inside and outside of the school. Indicatively, we mention discourse analysis, speech analysis, critical speech analysis, etc. In the context of sociolinguistics, an attempt was made to understand the relationship between linguistic communication and social structure (Arifin, 2018).

Action research is a reflective research which allows participants to improve their practical interventions and to achieve redistribution of their strengths, creatively utilizing the accumulated experience. Inventing the term action research is usually attributed to Kurt Levin (1951), who adopted the idea that social process can be explored through the introduction of changes and the scientific observation of the effects of those. McKernann (1989) distinguishes three main types of action research. The scientific-technical approach to problem solving (e.g. Kurt Levin's model), where group decision making is presented as an effective means of social change. The practical, pre-designed action research aims at the understanding and the practical solution of immediate problems. Critical, emancipatory action research rejects the positivist, instrumental examination of knowledge in problem solving and encourages the organization of educational actions which aim at overcoming compulsions and restructuring education. Increased interest in action research was observed in the early 1970s under the influence of strong criticism of positivist research and the spread of qualitative research methods (Katsiana et al., 2021).

Initially, the experimental research method appeared in the natural sciences, but later it became evident that it could also be used for the study of social phenomena. At the beginning of the 20th century, the implementation of tests in the field of education began and the movement of experimental pedagogy expanded. Thorndike (1924) was one of the first researchers who attempted to implement the experimental method to the field of education. During the interwar period, quantitative research was idealized and the experimental method was viewed as the superior form of research. (Isari, & Pourkos, 2015)

A characteristic feature of experimental research is that, in order to study a problem, the researcher controls the effect of one or more variables, while keeping the other variables fixed. During the experiment, the researcher systematically controls and directs the independent variable and attempts to study the results of these transformations (dependent variable) at the same time. Occasionally, several reservations have been expressed about the possibilities and limits of experimental research in the field of education (Bengtsson, 2016).

The ideas of Russian psychologist Lazurskii (1874-1917) about "natural experimentation" are extremely interesting. At a time when the field of education was dominated by the -typical for North American psychology- positivist model of experimental research, Lazurskii had stated the opinion that the researcher should carefully observe the activities of the child in the daily environment in which the child lives, learns and develops; and not in artificial, laboratory conditions.

In recent years, there has been an increase in interest in the "design experiment", which, to some extent, goes beyond traditional research and incorporates elements of qualitative research. In contrast to the traditional experimental method, in the design experiment, the complex and elaborate educational framework is calculated as a whole, not being reduced to one or more variables. The design experiment is also based on the close cooperation and interaction of the researcher and the teacher. The educator is not

presented simply as a variable or object of the research, but as a co-creator of the research process (Katsiana et al., 2021).

One of the main advantages of qualitative research is that, by focusing attention on the lives of the subjects, it provides the opportunity to showcase their particular perspectives and to hear their stories and voices, which are often suppressed by power structures. Tierney and Rhoads (1993) ask the following key questions:

• To what extent does the research process approach participants as free and equal subjects?

• Who do the research questions concern and how could they be formulated in order to relate to the needs of the research subjects?

• To what extent does the research improve the lives of research subjects?

• To what extent does research design allow subjects to give their own interpretations of the research results?

• To what extent does the entire research process contribute to the change of oppressive power relations of society?

• To what extent do research and its results contribute to the development of the reader's reflexivity? (Isari, & Pourkos, 2015)

Critical research has played an important part in positioning the aforementioned pivotal points.

Critical research has roots, not only in the work of Adorno, Horkheimer and Marcuse (1972), but in German classical philosophy (Kant, Wilhelm & Hegel, 1770–1831) and Karl Marx as well. Foucault's theory, postmodernist and deconstructionist theory (Lyotard, Derrida, etc.), feminist approaches, etc. exert a decisive influence on certain directions of critical research. Hence, a wider grid of theories, often with incompatible and conflicting approaches, have affected the shaping of critical research (Arifin, 2018).

The representatives of critical research criticize "neutral" academic research and emphasize the social dimensions and historicity of social knowledge and research. Representatives of critical educational research emphasized the study of educational and social inequalities and raised the issue of authority in the field of education. In the early 1970s, proponents of critical social research focused on analyzing the economic structures which lead to the reproduction of educational inequalities, while later developing theories of resistance which provided a more dynamic picture of the conflicts in education. (Crowe et al., 2011)

Special mention should be made of Paul Willis's critical theory in his classic book "Learning to Labour" (1977). This ethnographic research was conducted at the Center for Contemporary Cultural Studies in Birmingham and concerned the transition of adolescents from school to the realm of work. In contrast to other ethnographic research, Paul Willis does not remain in an empirical description of the field, but

attempts to showcase the complex forms of social mediation of students' relationships and their attitudes towards school. In his research, students are not presented as passive objects who comply with the prevailing rules, but as active subjects who exercise resistance. Paul Willis's "Learning to Labour" inspired the appearance of a wide range of critical research and influenced the formation of critical ethnography of education. (Isari, & Pourkos, 2015)

In Carspecken's book "Critical Ethnography in Education" (1996) establishing a critical epistemology of ethnographic research is attempted. Carspecken criticized phenomenology, post-structuralism and postmodernism. Based on Habermas's theory of communicative action, he emphasized the elaboration of the concept of "intersubjectivity". In contrast to other ethnographic approaches, which remain at the micro-level, Carspecken acknowledged the importance of the macro-social level of analysis and the socio-cultural conditions within which human action takes shape. His five-stage theory constitutes a structured and systematic attempt to create a research program of critical social research.

In the context of critical research, emphasis is placed on the reinforcement of research subjects and their critical awareness (conscientization). The concept of conscientization, which was developed by Paulo Freire, has an important place in the context of critical research and Critical Pedagogy. In critical research, an attempt is made to showcase the voice of the oppressed groups, women, etc. Emancipatory research is presented by Danieli and Woodhams (2005) as a process of knowledge production, which can prove to be beneficial for the oppressed. A characteristic element of this form of research is the emphasis on the socio-political dimension of knowledge production and the conscientization of the members of a community. In contrast to the traditional theory which is limited only to explaining society, the representatives of this direction raise the issue of emancipation and social change. Consequently, research should be linked to action and social intervention (Isari, & Pourkos, 2015)

The main features of critical research are the following:

• The research is related to the design of participatory action programs which, in their implementation, demonstrate a helical and dialectical character, and aim at the conscientization of the subjects and the change of social practices.

• The research is emancipatory, liberating in nature and is oriented towards supporting subjects in order to liberate themselves from oppressive social structures. Often, this type of research begins with some problem, experienced by the subjects in the specific context.

• Critical research is a collaborative form of research. During the research process, the researcher can ask the participants to contribute to the design of the research questions, collection, analysis and presentation of the data. Hence, the "voices" of the participants have the opportunity to be expressed and showcased. As it has already been mentioned, this is a form of action research which aims to change the situations of subjects and eliminate social inequalities. These practices are also found in ethnographic approaches

and in some forms of narrative research. A critical researcher, for example, can conduct an ethnographic research concerning the ways in which subjects think and act. They may also encourage participants to reflect on the conditions of their existence, create networks, become activists and create action-oriented groups, etc. (Crowe et al., 2011).

2.4 The concept of method and methodology

In the literature, it is made clear that there is confusion regarding the use of the terms "method" and "methodology". Often, these terms are used interchangeably, while expressing different content. Most times -and this is observed especially in Greece- by the term "research method" researchers mean the technique and models used for the collection, statistical processing and generalization of quantitative data. Other times, the term "methodology" refers to the various stages or phases of research. In both cases, equating the concept of method with the techniques and methodology with the stages of research is, according to Adorno and Horkheimer, the result of a logic which tends to reduce complex thinking to a simple tool for measuring and managing quantitative data. Method and methodology, however, constitute broader theoretical concepts related to specific epistemological and ontological assumptions, which enclose and define the individual research techniques and stages (Isari, & Pourkos, 2015).

Crotty (1998), examining the issue of method and methodology from a broader perspective, places them between two other essential concepts associated with the research process, as follows:

• Methods: the techniques or procedures which are used to collect and analyze data related to a research question or hypothesis.

• Methodology: the strategy, action plan, process or design behind the selection and use of specific methods, and linking the selection and use of methods to the desired outcomes.

• Theoretical perspective: the philosophical stance which informs the methodology and, therefore, provides a framework for the processing and foundation of logic and its criteria.

• Epistemology: the theory of knowledge which is integrated in the theoretical perspective and, therefore, in the methodology (Crowe et al., 2011).

The term "method" [meta (after) + hodos (way)] is derived from the verb "meterhomai" which means the manner of seeking and acquiring knowledge. Method constitutes the systematic way of research, the designed course for the acquisition of truth, the guided process of solving a theoretical or practical problem based on specific rules. It is a broader epistemological and ontological reflection concerning the approach to reality, the way in which our thinking and action in order to investigate, study and reveal the invisible aspects or sides of phenomena is organized, identifying their deeper causes or modules of their causes and their mechanisms -as Heraclitus characteristically said:

"Nature […] loves to hide". From this perspective, therefore, each method used in research (whether quantitative or qualitative) operates in the context of specific broader ontological and epistemological assumptions. In other words, method is not a neutral technique released from ideology (Isari, & Pourkos, 2015).

Chris Weedon, seeking to highlight the connection between theoretical approaches to knowledge (epistemological assumptions) and different methodological approaches, preferred to use the term "way of working" instead of the term "method". She also criticized the concept of method as a predetermined technique which can be mechanically applied to investigate any research question, as is true of positivist research. In a scientific study, according to Kourliouros (1989), the method of approaching a phenomenon poses a number of important questions regarding:

• What should be known, i.e. which aspects of the phenomenon should the cognitive effort be focusing on?

• Why must it be known, i.e. what will be the social utility of the produced knowledge?

• How should it be known, i.e. through which theoretical framework should research questions or hypotheses be formulated?

• What are the most appropriate means -techniques and tools- for the implementation of the cognitive process? (Crowe et al., 2011)

The method, therefore, constitutes a generative convention, as it creates the initial conditions for the collection and organization of the data of the phenomenon under investigation. In this process, there is a variety of theoretical orientations, methods and approaches of the social phenomena under investigation. Choosing a method and rejecting some other methods leads to a specific way of looking at the world, to the adoption of specific research questions and hypotheses, to the use of specific techniques and tools for data analysis and interpretation and, by extension, drawing conclusions with a specific orientation. Let us now view more specifically what methodology is. The term "methodology", which operates on a more abstract level than the term method, refers to the theoretical assumptions and values that underlie a particular research approach. It is also the theoretical foundation of the use of methods and the kinds of knowledge which they can produce (Isari, & Pourkos, 2015).

A methodology is always associated with specific epistemological "examples", even though it can be adapted to function with others. Ethnography, for example, was originally an interpretive methodology but since it was adapted and used in the context of the critical/radical "example", it has been transformed into "critical ethnography". Furthermore, there are methodologies most often associated with specific sciences. Although ethnography is, for example, a methodology developed and used in the context of social anthropology, in other sciences, such as psychology, education, health sciences, etc. and later used after adapting to the context of specific practices. Something similar happened with other methodologies such as that of phenomenology and grounded theory, which were initially developed in other scientific fields. In

summary, methodology is a thinking tool which instructs the manner in which a researcher could frame their research questions and what choices they will make regarding research techniques or methods of data collection and, subsequently, analysis and interpretation (Bengtsson, 2016).

According to Burton (2002), when examining and discussing methodology one should take into account the following practical questions:

• Why did the researcher choose to study and focus their attention on this phenomenon?

• Why was the study of this phenomenon designed by the researcher in this way?

• Why were the alternatives solutions rejected?

• What are the research questions posed by the researcher? and

• How did the researcher ensure reliability and validity in the collection and analysis of their data?

It is also worth noting that: There is no correct methodology or even a correct set of methodologies. The choice of methodology (accompanied by the underlying theoretical perspective and related research methods) is determined by the type of research questions which the researcher wishes to pose. The choice of methodology limits the type of questions one can ask and contrarily, certain types of questions can be answered better through specific methodologies. This immediately means that if a research community is limited to using only specific methodologies, it is likely that the research data it will produce will also be limited (Arifin, 2018).

Case and Light (2011), based on Cousin's (2009) dialectical approach, also emphasize that the relationship between research questions and methodology is not usually unidirectional, but bidirectional. One could begin with some ideas about what they wish like to research, identify the methodology which is most appropriate for the case and then return to the research questions to refine them. In this process, the appropriate information and study from the relevant literature regarding theoretical approaches and research findings should certainly be involved. This circular process may be repeated as many times as is required, until the researcher is satisfied with the outcome. As Cousin claims, it would be good if researchers departed from the traditional linear way of thinking about the research process where the researcher first revisits the literature on the topic which interests him, then formulates their research questions, then chooses their sample and collects the data, then analyzes them and, at the end, interprets them by drawing their conclusions by recording the relevant work. As she writes: A growing number of researchers recognize that all of these activities should be dynamically associated and constantly brought to life through engagement with a wide reading range (Bengtsson, 2016).

In summary, we discover that our methodological choices are not independent from the choices associated with the theoretical perspectives and epistemology we will adopt. Methodology connects the issues of the theoretical and abstract levels of epistemology

with the mechanical level of research techniques or methods. It is also important to acknowledge that just as there are bidirectional relationships between methodology, epistemology and ontology, there are also bidirectional relationships between methodology and the methods based on which the results of a study are associated with all stages of the research process: from the configuration of the research design and formulation of research questions, to the collection, analysis and interpretation of data (Isari, & Pourkos, 2015).

In contrast to the abstract term of methodology, the term "method" means something much more specific and practical: it constitutes the tools with which research data collection and analysis occurs. One method, for example, commonly used in ethnography is that of "participatory observation", where the researcher collects information by devoting considerable time to the daily events of a community of people, in order to observe the phenomena of interest to the research.

Instead, the researcher who chooses to adopt the phenomenological methodology is more likely to use in depth interviews on a small sample of individuals, in order to explore the meanings associated with the phenomenon of interest to the research. As tools, the methods are almost always un-exemplary and, therefore, any particular method may be used to serve any "example". In practice, however, certain methods are closely associated with specific methodologies in the context of certain "examples". For example, the open-ended questions interview is closely associated with many of the methodologies of the interpretive "example" (interpretive type of research) and the method of the questionnaire with closed questions, with those of the positivist/metapositivist "example" (explanatory type of research) (Bengtsson, 2016).

2.5 What is a Case Study

This concerns a research method (encountered mainly in qualitative research) which is based on the personal/empirical approach of each researcher. Each case study is defined and placed in a context which, depending on the situation, may be social, temporal and even spatial. Case studies have the peculiarity that each is unique and their outcomes cannot be generalized, because it is an empirical research, which deals with a contemporary phenomenon in the context of real life, where the boundaries between phenomenon and context are not particularly visible. In the case study, strategies of both qualitative and quantitative research can be used, a fact which assigns a special flexibility to conducting the research. Single case studies are especially important for therapies through art, because they have the ability to better analyze the therapist-patient relationship. At the imperative requirement of statistical data by doctors, therapists and other researchers, the case study gives an investigative form to a "clinical" history and "unties" our hands (Isari, & Pourkos, 2015).

With the questions and criticism he receives, Aldridge contributes spectacularly to continuous growth and development. Aldridge (2004) cites the case study which is based on "narrative therapeutic analysis" as an appropriate research tool in art therapy. Therapeutic narrative consists of episodes which are considered as the main structural

elements of research, while narrative is the story which connects those episodes. In this way written reports, oral stories, visual material, recorded material and musical scores can be used. The part of the research focuses on the analysis of the aforementioned data, which intends to provide new interpretations and understanding of issues raised by the scientific community. The research stages, as presented by Aldridge (2004), are the following: 1. Locating the object of the narrative, 2. Placing a theoretical bibliographic background to support the narrative episodes, 3. Locating and categorizing episodes, 4. Analyzing the episodes, 5. Interpretation of episodes in the narrative (Isari, & Pourkos, 2015).

The case study as a research methodology usually includes the following tools: interviews (structured or semi-structured), questionnaires, field observation, field notes. The researcher may choose to use one, some of, or all of the aforementioned tools.

- **CASE STUDY**

Yin (2009) distinguishes three main types of case study: a) the study which seeks to produce a theory or examines a theory by primarily searching for causal relationships. Usually referred to as explanatory case study, b) is a study telling a story or illustrating a design, providing narrative descriptions. The descriptive case study and c) the exploratory case study operate as pilots for other studies. For example, it may assist in making hypotheses or formulating research questions. For this researcher, the case study can provide explanations, descriptions and the possibility of investigating the case within the daily context in which it exists and functions. Bassey (1999, p. 12), who strongly agrees with Yin, adds to his typology the evaluative case study, which is evaluative research aimed at formulating value judgment.

Researchers often focus on a particular study subject, aiming to illustrate the complexity that characterizes it, to conceive of its uniqueness, to understand its explicit and inseparable structures, to describe its function and actions, its integration and interaction with other contexts. When the research interest is transferred to a specific, complex and functional state, then the concept of a "case study" is used to characterize the research strategy. The "case" is intentional, has spatiotemporal boundaries, functional parts and its own "identity". The case usually consists of people, groups, programs, educational institutions or entities, and more rarely events and processes (Crowe et al., 2011).

The case study as a research strategy is used in several research fields. A few examples include economics, sociology and education. Program evaluation mainly appears since the 1970s. Criticism of traditional forms of evaluation and experimental approaches, as well as the emergence of qualitative methodology, have enriched the field of program evaluation both in terms of theory and methodology, enabling researchers-evaluators to make more and more use of it. Yin (2009), Stenhouse, Bassey and Stufflebeam suggest that in the evaluative case study, a systematic and critical study of the case, by posing appropriate questions which mainly concern the "how", "why" and "what" (Crowe et

al., 2011) and emphasizing description, analysis, and synthesis for the purpose of sketching and illuminating multiple aspects of the program.

The case study is considered to be a particularly difficult and demanding research strategy. If the evaluator wishes to make the most of the available time, overcome the difficulties and, of course, the criticism exerted on her, her work must be disciplined, orderly and organized, planning the course of the study early on. Identifying the study boundaries, potential problems, audiences and ethical issues involved in the study will be of helpful to the work. Also of great help to the study will be studying the relevant literature -the study of which consists the noticeable difference between case study and ethnography- and identifying the theory underlying the function of the case. Knowledge of the theoretical background is essential. It will be an extremely useful lens for the researcher. This does not, however, imply that the case must be harmonized with the theory on whose basis it is expected to operate. The case may not be true to theory (Arifin, 2018).The evaluator should consider this possibility and not fall into the trap. The case study has its own research design.

Although there are differences between researchers, which are mainly induced by their different scientific and epistemological origins, most admit that in the planning phase, decisions are made about what will be investigated, for what purpose and by what criteria research success will be judged. Particular importance is given to the case definition and unit of analysis, the "issues" and questions under study, the collection, analysis and interpretation of data, the writing of the report or evaluation report, and the meta-evaluation. Equally important factors for the successful outcome of the evaluation venture are securing access, organizing a first visit to the field, establishing relationships with stakeholders, exploring their intentions regarding publication of the study, as well as the terms of confidentiality (Crowe et al., 2011), the allocation of resources and the role that the evaluator will assign themselves.

2.6 Basic Ethical Principles

A particularly important aspect of research design, as well as research process, which every researcher needs to address, is the issue of ethics in research. This social sciences term contains a set of rules which regulate "the relationship of researchers with all those involved in the research" and usually focus on how researchers should treat the individuals participating in the research process (Traianou, 2014). Common issues considered here concern the free and consensual participation of participants following information, protection against any potential harm (physical or mental), the anonymity of participants, the publication and utilization of research results, and other issues that will be developed in the course of this section. In modern social, psychological and educational research, ethics has emerged as a matter of paramount importance, with great care and attention being paid to adhering to its principles. The beginning of the rules of modern ethics is found in the text known as the "Nuremberg Code" (1947), which contained principles relating to medical research. The motive behind the creation

of this code was the highly controversial and abhorrent medical experiments carried out during World War II. Subsequently, elements of this code were adopted by other disciplines as well (Traianou, 2014). In 1953, the American Psychological Association developed its own set of principles and rules, which had a wide impact on fields beyond psychology. The creation of Ethics Committees within research institutes and organizations has also been an important step towards improving ethics principles and adherence procedures. The function of these committees is precursory, in the sense that they decide whether a research is ethically sound prior to its conduction. For this reason, the prospective researcher is usually called to submit a detailed design of their research, as well as ways to address the ethical issues involved or likely to arise in the research process (Traianou, 2014). In general, ethics adherence is a very complex and elaborate process concerning many individual areas, where the researcher is called upon to take into account and manage many factors such as: their own personal principles, the ethical principles of the field in which they belong, the requirements of the ethics committees of the organization in which they work, and of the institution in which the research is to be conducted, the ethical criteria set by the scientific journals for the publication of the research, as wells as any legal consequences.

The basic principles that govern both quantitative and qualitative research are essentially the same. However, due to the particular nature of qualitative research, some aspects of ethical principles are differentiated or acquire a different meaning in the context of this approach. More specifically, some characteristics and practices of qualitative research which are particularly challenging in ethical issues are indicated:

• Participants are treated as persons in their entirety, and mental phenomena are not treated as distinguishable, detached variables. Moreover, individuals are not perceived as "objects" or "subjects" from which appropriate techniques can be used to collect useful data.

• The contact and relationship that develops between the researcher and the participants is direct, and usually the researcher is actively involved in the social life of the subjects. For example, in the field research, they can be involved for a long time in the lives of the people they study, and face data and situations that they are unprepared and not allowed to handle. Likewise, in the context of an in depth interview, the relationship with the researcher can be perceived as friendly or even therapeutic.

• The nature of the research process is open and exploratory, usually aimed at exhibiting the lived experience and attaching personal signification to it. Therefore, the type of data produced is rich, detailed and highly personal, making protecting the identity of participants more difficult.

• In qualitative research, the context in which participants dwell and function plays a key role, both during the conduction of the research which makes the whole process open to many unexpected possibilities, and in data analysis, which can also endanger the anonymity of those who participated in the research.

• Research design is flexible and open to changes and modifications in the light of emerging findings. In this sense, planning for ethical issues cannot be determined in advance. On the contrary, the researcher must constantly be alert in order to handle new ethical dilemmas and challenges arising during the research process (Traianou, 2014).

2.7 Informed consent in research

Regarding one of the most important ethical principles, it refers to the obligation of the researcher to make available "the entirety of the information related to the research project to its participants". Essentially, this principle is based on the recognition of the basic right of the individual to decide freely and independently on their own life (Traianou, 2014). Participation in research should therefore be free and voluntary, rather than coercive and deceptive. The content of the information given depends on the nature and purpose of the research, the data collection methods and future ways of utilizing the findings. The researcher is asked to inform prospective participants, orally and in writing, of the reason for the research, its aim, what procedures will be followed, what are the potential benefits and risks of participating in the research, while having to emphasize their right to withdraw from the whole process at any stage of the research and to request that the data obtained from them be withdrawn at no cost. The information should be given in plain language, intelligible by the participant, while the use of specialized professional terminology should be avoided and the researcher should ascertain that the individuals have fully understood what has been said, and clarify any misunderstandings (Kallinikaki, 2010).

The incentives offered in the form of remuneration should also be avoided, as they may undermine one's free and conscious participation in the research. Otherwise, any remuneration should be determined in advance. Special attention should be paid in the case where the participation of some individuals in the research requires the consent of third persons, usually responsible or having some authority or position in a group, who are called "gatekeepers". This may be necessary when the research is conducted at a company, institution, organization or with individuals from vulnerable populations, children or people from different cultures (where not all members have an equal choice). In any case, the researcher has to determine if and to what extent the actual participants have understood the subject and the process of the research, and genuinely want to participate in it (Traianou, 2014).

There are, of course, instances where the provision of information and consent before conducting the research is not necessary, such as when anonymous questionnaires are supplied, when data from publicly available archives are studied or when observations are made in public places. There are, however, opposing views on the necessity or not of consent in the above cases, as well as on what constitutes public data or public space. Safeguarding the anonymity and protecting the identity and integrity of the participant is of utmost importance in any case (Crowe et al., 2011).

In qualitative research, the principle of informed consent is complicated by the flexible and open research design, which evolves throughout the research process. For this reason, it is not always easy for the researcher, who may not fully themselves know the content of the research in advance, to adequately and thoroughly inform the prospective participants of it. Therefore, in qualitative research, the provision of information by the researcher and the consent of the participant can be best understood as an "ongoing throughout the research, mutually negotiated process". In case a mixed, pluralistic methodology is applied, with the contribution of not one, but many researchers, the consent to access and data analysis should be given to all researchers involved in these processes (Arifin, 2018).

With regard to the concealment of information and the use of deception to promote research purposes (when deemed necessary), although that is not usually permitted in any type of research, its use in the qualitative approach is further limited by the fact that one of the conditions for achieving its goals is to build a relationship of trust between the researcher and the participants. Therefore, concealing the researcher's true intentions could significantly undermine this relationship (Bengtsson, 2016).

2.8 Anonymity and confidentiality in research

According to this principle, the researcher must respect the right of the research participants to not disclose information that is personal or identifiable. On that account, all measures should be taken, such as the use of aliases or the removal of information that could lead to identification (e.g. place of residence, workplace), to ensure the anonymity and protection of the participants' identities. Additionally, their personal information should remain anonymous, not only during but also after the research as well, while analyzing the findings, publishing and generally utilizing them (Traianou, 2014). The data collected is also subject to ethics and protection of personal data laws, and particular attention must be paid to its proper use and safe storage (in digital or handwritten form).

Furthermore, who will have access to them during and after the research (utilization or secondary analysis) needs to be determined in advance and constitute a part of the information process and agreement with the participant. The participant reserves the right to request knowledge about the results or a copy of the relevant publication (Arifin, 2018).

Concerning confidentiality, the researcher's manners, attitudes, and behaviors are of particular importance. Throughout the research, the researcher must maintain an earnest attitude and behavior towards the individuals involved, in order to create a trusting relationship that will allow the participant to express themselves freely and authentically. It is therefore understood that the principle of anonymity and confidentiality not only ensures the protection of individuals' identities, but also affects the quality of the research process.

However, the full assurance of the anonymity of participants is not always feasible in qualitative research. This is due to the data collected by the participants being extremely rich, personal and detailed, making them more difficult to modify so that their holder cannot be identified. This is very intense, for example, in narrative research, where the individual is asked to give and share with the researcher information about their life which is very special and personal (Bengtsson, 2016).

Contextual information is not always possible and advisable to omit either, as it often plays an important role in understanding and interpreting the meaning of the findings (Traianou, 2014). As already stated, in qualitative research, the context in which the research is conducted, and in which an individual lives and gains experiences is a crucial component, such as in an ethnographic research or a case study.

Anonymity and confidentiality issues also arise in cases where a qualitative focus group research is conducted. In that case, it is not easy to ensure that what has been said will remain confidential within the team or that its members are not acquainted in advance, a fact which may complicate their relationship, the protection of personal data and the quality of the findings as well. However, the researcher has to clarify all these parameters and possibilities to the participants before the beginning of the research (Bengtsson, 2016).

2.9 Protection against potential harm to the research

During the investigative process, all the necessary measures should be taken in order to protect the participants from any possible risk or harm. These risks may be natural-physical, such as an accident; psychological, such as intense emotional stress, potential negative impact on the individual's self-esteem or their interpersonal and social relationships; problems with their work and employers, etc. (Traianou, 2014). These risks need to be taken into account and addressed since designing the research, but the researcher must be vigilant in order to manage any contingencies throughout the research process. It is suggested that the magnitude of the risks to which a person may be exposed in a study "should not be greater than those confronted… in similar aspects of daily life" and if something considered harmful occurs unexpectedly, researchers should interrupt the research (Arifin, 2018).

In qualitative research, the information collected may sometimes be very personal or intensely emotionally charged, and disclosing it to the participants may cause them intense agitation, annoyance, anger, guilt or sadness. This may be particularly intense in narrative research, but also during in depth interviews, where the participant is asked to speak of different aspects of their life and may be confronted with unpredictable emotions (Bengtsson, 2016). The researcher should have prepared the participant for the possible emergence of such emotions, to the extent that such a case can be predicted.

Furthermore, in qualitative investigation, it is the responsibility of the researcher to delineate the relationship with the participants, so that it does not become a friendly or

even a curative one. If during the research process individuals express serious concerns or problems, the researcher should terminate the research and help the participant obtain the appropriate support from the relevant experts. With the completion of the research, the relationship which has been created ends and the researcher needs to ensure that this interruption is performed in a smooth and not abrupt way (Kallinikaki, 2010). Once more, the limits of this relationship must be as clearly defined as possible since the beginning of the research process.

Emotional perturbation may also be caused to individuals who have taken part in a survey if they feel that the interpretation assigned to what they said does not correlate with their own view of things. In this case as well, the researcher usually needs to inform the participants about the findings prior to their publication. In fact, debriefing can help reduce the emotional harm of those involved, but also, through a process of joint (researcher and participant) processing, it may lead to the identification and correction of misunderstandings and misinterpretations, thus improving the quality of the data. In other instances, as is often the case in narrative research, participants may be involved even in the analysis process (Crowe et al., 2011).

However, the researchers themselves may be confronted with situations which are potentially harmful to their physical and psychological integrity -frequent travels, contact with several different people, illness, sensitive nature of the research topic, exposure to poignant and painful feelings of the participant, etc. - (Kallinikaki, 2010). Therefore, their attention should be directed towards their own safety as well.

There are specialized ethical issues and challenges which researchers need to consider when researching people from cultures different than their own. A major difficulty is the language difference which often exists between the researcher and research participants. In such cases, interpreters, who are fluent in both languages and can convey the true meaning of what has been said, are normally used. It is customary to select as interpreters individuals from the same group, community or culture studied (e.g. when the research concerns an immigrant group, the interpreter may also be an immigrant who also speaks the language of the researcher). Special attention is necessary when the interpreter holds a position of power within the group and the words of the participants are "filtered" before being transferred to the researcher according to their own beliefs. In general, research with people from different cultures requires increased cultural sensitivity, respect and adaptation of processes to specific contexts (Isari, & Pourkos, 2015).

Another important dimension concerns the difference in power between the researcher and the research participants, especially regarding people from different populations who are in a vulnerable position or lack basic rights (e.g. refugees, illegal immigrants, homeless people, etc.). In this case, the researcher must be even more alert in order to comply with all the principles of ethics which have been mentioned, and especially the principle of protection from potential harm.

In addition to members of different populations, other groups may also be at risk, such as children, people with developmental disabilities or special educational needs and disabilities, prisoners or people in institutions (e.g. nursing homes). In such cases, the researcher will need to request the opinion of special ethics committees, experts,

lawyers, etc., in order to determine "whether the specific participants can reasonably, consciously and freely give informed consent" to the research. In regards to children especially, the parental or guardian consent is necessary. Nevertheless, the researcher must ask the child themself, and by talking to them in an understandable way, inform them about the whole process. They should also ensure that the treatment of children is compatible with their needs, age and developmental level, their abilities and interests (Kallinikaki, 2010).

Finally, research on students, which is widely conducted due to easy access to this population, raises similar ethical issues. The problem here lies in whether and to what extent students come to the research voluntarily, or because they expect some kind of "reward" (e.g. on a grading level) or even because they consider this to be part of their responsibilities, fearing that they will face certain consequences if they refuse to participate (Traianou, 2014).

2.10 Conducting research through the internet

The interest of modern researchers has turned towards the use of new technologies and several researches are conducted through the internet, as it is a source of rich and varied data in an easily accessible form. Ethical concerns here relate to issues of consent and anonymity. More specifically, questions are posed about whether that which an individual posts on a website, blog, chatroom, e-mail, etc. is personal or public data. The researcher must determine whether a site is perceived as public or private by the individuals participating in it (Traianou, 2014).

In the latter case, they must inform the individuals of the purposes of the investigation or obtain their consent prior to using the data. Another issue is the difficulty of the verification of the true identity of the participants, as it is easy for someone to hide their identity through the internet, where there is no direct face-to-face contact (Crowe et al., 2011). Many suggest that the fact that one can use the internet, regardless of one's social status, gender or origin, contributes to conducting research without prejudice and power relations, while others remark that differences continue to exist, as access to new technologies is limited due to economic, cultural, age and other factors.

2.2. Methodological Instruments

The qualitative research tools used in this work have been validated by experts are the following:

1. Participatory Observation: in this process, the researcher spends time observing, listening, asking questions and generally participates in the daily life of children within their social environment

2. Pedagogical Evaluation: this consists of using special tables in order to keep track of the evolution of psychomotor skills, speech and cognitive abilities, emotional organization, perceptual functions, mnemonic functions, graphic space, reading

function and behavior. The use of such tables is suggested by the Special Education Curriculum Framework (SECF) established by the Greek Pedagogical Institute through reflection on the development of effective pedagogical intervention programs. This enables the teacher to determine and select the material they need each time, becoming the foundation for designing targeted, individualized, structured, and inclusive interventions, integrated into Special Education programs (Christakis, 2013). The SECF consists of the areas of learning readiness, basic school skills, social adaptation, creative activities and pre-professional readiness. These specific areas include general and individual areas that constitute specific pedagogical goals and are analyzed in clear teaching objectives with indicative activities (Drosinou - Korea & Grigoropoulou, 2016).

3. Informal Interviews: The participant's parents and teachers are interviewed based on predetermined questions in order to evaluate the development of the social behavior and school performance through the years. Over time, the questions are adapted depending on the feedback.

4. Research Diary: The process, difficulties, thoughts and feelings of the participants are regularly recorded with dates and detailed descriptions. In this manner, the difficulties, as well as the successes, inspirations, ideas and interpretations are demonstrated in a chronological progression.

Moreover, in the first two years of the research, due to the particularly difficult situations experienced by the families of the sick children, due to grief and childhood depression, Information and Communication Technologies (ICT) played a key role in gaining intimacy with the children. Through the drawing application, the children accepted the presence of the researcher in their personal space, communicated and after establishing trust between them, the administration of the new Pedagogical Method began. In addition, once a week the meeting with each child took place via video call because the children's familiarity with tablet games also made the video meeting with the researcher via their tablets look like a game. In the New Pedagogical Approach at the stage of finding the name of an animal, in order to reinforce the children's desire to actively participate in the "new game", Google image search was added.

All four research tools played an important role in obtaining the data but due to the large amount of information we focused on the Pedagogical Evolution tables. This helped us to remain consistent in our focus on the Pedagogical Development of children after the new Pedagogical Intervention.

2.2.1. Observation – participatory observation

According to Patton (1990), systematic and organized observation of individual behaviors, or social interactions and processes, is a method of data collection / production which is particularly useful in social, psychological and educational

research. Observation studies can be of quantitative or qualitative nature. Participatory observation refers to the researcher's partial or total involvement in a research field of social life and the systematic observation of some aspects of this field as they unfold within it (e.g. behaviors, relationships, interactions, etc.). This process requires the researcher to devote time, observe, listen, pose questions, and generally participate in the daily lives of people and the social context, usually for a long period of time (Bengtsson, 2016).

In the social sciences, participatory observation was initially linked to the fields of social anthropology, ethnology and sociology. In particular, at the end of the 19th century and into the early decades of the 20th century, when anthropological researchers such as Cushing, Mead, Malinowski, etc. conducted ethnographic studies and used participatory observation to study cultures of non-Western societies. This tradition continued into the 1960s, by anthropologists who studied the urban contexts of Western societies in similar ways. In like manner, in the field of sociology, in the 1920s, prompted by Robert Park's work (1854-1944), the Chicago School began studies which utilized participatory observation in fieldwork or fieldwork to study homeless men, gangs, local communities and more (Isari, & Pourkos, 2015).

Following the aforementioned tradition, the use of the term "ethnography" or "field research" has been widely used in the social sciences to describe virtually any research approach in which participatory observation methods possess a central role.

In field research, researchers usually choose a role in the continuum, defined by that of the complete participant at one end and that of the simple observer at the other end (Arifin, 2018). Initially, Gold (1958) classified the degree of participation of observers into four types, according to which the observer may be:

• the complete participant. This procedure presupposes the concealment of the researcher's status and has been used mainly in closed-group research, which does not allow access to non-members and would refuse to cooperate if the purpose of the research was disclosed (e.g. enclosed religious communities, sects). This type of participation raises ethical issues regarding informed consent in research and is not generally accepted.

• the participant as observer. The researcher discloses their status, as well as the purpose of the research, and participates in the activities or processes of the research team.

• the observer as participant. The researcher discloses their status, but does not participate in activities or processes in the research field.

• the complete observer. The researcher does not participate in the activities of the context and mainly adopts quantitative, structured observational methods. In the aforementioned typology, participatory observation concerns solely the first three types (Isari, & Pourkos, 2015).

Subsequently, Adler & Adler (1991) proposed a new classification which focuses exclusively on participatory observation, on the basis of which the observer may belong to:

• In the complete participation type: As with Gold's typology, here the researcher usually does not disclose his status and deliberately -immediately or gradually- seeks to become a member of the social context of the research. In that case, participatory observation becomes a form of "self-ethnography", where the researcher aims to study the phenomenon through their own lived experience and as a member of the context under study. This type of participation raises serious ethical objections and for this reason, its use is becoming increasingly scarce.

• In the active participation type: Here the researcher participates in the basic and central activities of the social context, without however becoming a member of the research group. The dual role of the observer and the participant involves developing trust and acceptance relationships in the field, as well as a particular effort to maintain a balance between participation and observation.

• In the regional participation type: Here the researcher, although involved in the social context, is not involved in the basic and central activities of the group under study. It is characteristic of a study conducted by Adler and Adler on drug trafficking, in which they participated as "crowd members" in the area of trafficking -without involving themselves in the trafficking of illegal substances (Kallinikaki, 2010).

In participatory observation, relationships and communication in the field largely determine the outcome of the research effort and the wealth of qualitative data. Here the researcher needs to build relationships of mutual acceptance and trust with the other "participants", and be able to manage unforeseen issues or crises which may arise -even the possibility of being ignored, marginalized or asked to leave the research field. On the other hand, they run the risk of becoming the center of attention, facing personal questions, or becoming overly involved in people's lives. (Arifin, 2018). It is also worth mentioning the risk of fully identifying with the group (going native) or transforming into a representative or supporter of the team, losing their subjectivity or critical ability. According to Fetterman (1991), *"participatory observation combines participation in the lives of the subjects under study with maintaining a professional distance which allows for proper data observation and recording"*. Relationships in the field may also be facilitated by working with an "informant" who can help the observer better infiltrate the research field or help build trust and counteract the distrust that the researcher's presence often arouses (Isari, & Pourkos, 2015).

On the other hand, the formation of specific alliances, as well as the role or position of the informant in the research field may create problems in the researcher's relationships with other members in the field (Agar, 1980; Burgess, 1984). Especially important are research ethics issues and ethical dilemmas faced by researchers regarding relationships in the field such as: issues of confidentiality and privacy, involvement in social relations and community life, participant vulnerability, negotiations of the researchers with

persons in power, the risk that the research runs of becoming a witness or participant in fraudulent or illegal acts, the ambiguity as to the legal status of the notes recorded in the field -in the case of a criminal investigation- and lastly, the publication of the results of participatory observation and its implications for research participants (Kallinikaki, 2010). In general, this method requires its researchers to conduct a deeper and more complex treatment of ethical practices, which presupposes a reflective attitude on the part of the researcher. Even when ethical guidelines are taken into account, researchers need to be concerned and worried about relationships in the field with the people and communities they study. (Bengtsson, 2016)

Participatory observation in its several variants may include other methods of data generation other than observation, such as in depth interviews, informal discussions, the use of written or material evidence and other creations, self-observation or reflection by the researcher (Crowe et al., 2011). The interviews (in individual or group form) have already been mentioned the first part of this chapter.

Informal conversational interviews are another useful tool which is utilized more than predesigned interviews in the field research, as it consitutes the most adaptable and flexible interview format (Arifin, 2018).

Script or material evidence (artefacts, documents) concern data produced for purposes which are not relevant to the research process, but are often used by the researcher in conjunction with observation. Such are personal or other diaries, letters, autobiographies, public documents, photos, printed materials, social network posts and other documents that can enrich the collection / production of qualitative data (Traianou, 2014). A fundamental question for the researcher here is what each method can yield for the purpose and objectives of the research, and how the different methods of extracting research material are combined in the framework of participatory observation (Arifin, 2018).

Observation is the main method of data production in field research and is considered vital because of its experiential nature. It is linked to the research questions and requires considerable preparation on the part of the researcher, even though the situation in the field is fluid, changing and full of unexpected events. (Bengtsson, 2016)

The main objective is to describe the research field, the people and the events occurring within it. Whitehead (2005) proposes the following important aspects on which researchers can focus to produce descriptive, targeted, and selective observations based on the nine original descriptive observation categories identified by Spradley (1980):

• The delineation of the natural environment.

• Material objects within the space.

• The people involved and their particular characteristics.

• The systemic social context.

• The activities.

• The individual actions and behaviors.

• The objectives, principles and emotions in the field.

• The language being used.

• Other forms of expression (e.g. movement, music, dance, art).

• The interactions and ways of interaction.

• The events and circumstances within the context.

• The time regarding the sequence of events.

• The wider social systems which may affect the specific field. (Bengtsson, 2016)

Particularly important in the choice of data production or recording methods is the emphasis the researcher wants to place on the research material -whether they are interested in extracting data that has literal, interpretive or reflective meaning, or even combining all three ways. Although many researchers adopt more than one method of data recording (e.g. video recording or taping), most keep field notes or work logs where they record their observations and interpretations (Crowe et al., 2011).

The recording needs to be detailed, thorough and, where possible, instant and while the events are taking place. If this is not possible (e.g. the researcher is actively participating in group activities), the researcher notes keywords or phrases while the behavior / activity is occurring, and logs the rest later from memory. In such cases, the sooner after the event, the better the recording will be. In the descriptive parts of the notes, detail is more important than the summary, and an effort is made to convey the words of the speakers or participants verbatim or paraphrased. Other material may refer to forgotten material recollections, interpretative ideas or theoretical notes relating to research questions, relationships between incidents, etc. Furthermore, the researcher can record methodological notes regarding their role in the context, their relationships with the participants, their personal impressions and emotions, or practical issues arising in the field (Katsiana et al., 2021).

Indicatively, participatory observation:

• Is suitable for the study of those behaviors, roles, practices, groups and organizations which are best understood and acquire meaning in their "natural" space.
• Allows the collection / production of primary research material and rich qualitative data.
• Directly approaches the phenomenon under study, offering a more comprehensive view and multi-faceted understanding.
• Enables the immediate observation of processes, behaviors or events when they occur and as they evolve.
• Does not require expensive or complicated equipment.
• It is interactive, since it is possible for the participants to provide feedback on the research data and conclusions (Isari, & Pourkos, 2015).

Inadequacies of this method include the following:

• It constitutes an extremely arduous and time-consuming process which requires that the researcher devotes a sizeable amount of time in the research field.

• It has been characterized as the most difficult methodological tool of qualitative research.

• It requires high scientific and communication skills from researchers, as well as previous, preferably long research experience.

• Surreptitious field access strategies and concealment of the researcher status raise serious ethical issues. It involves the risk of identifying the researcher as part of the research team (Isari, & Pourkos, 2015)

2.2.2. In Depth Interview

The term "qualitative interview" refers to in depth interviews and is perhaps the most widespread method of collecting / producing qualitative research data in psychological, social and educational research. The decision, however, to use qualitative interviewing in research should not be taken lightly. It requires good preparation and planning, as well as creative work. In addition, the design of the qualitative interview needs to be based on specific ontological and epistemological principles, and be linked to the main questions of the research. The use of qualitative interviewing is based on an ontological approach to what constitutes the social world, which perceives people's experiences, views, interpretations and interactions as important aspects of social reality. Likewise, it presupposes an epistemological position which recognizes that knowledge of these ontological aspects can be produced if the researcher engages in an interactive relationship with people, listens to them and gives them the opportunity to articulate their views and give meaning to or relate their experiences etc. (Crowe et al., 2011). On the other hand, the epistemological limitations of the interview relate to the fact that researchers do not have access to the minds of the respondents and can only be informed of the aspects (perceptions, experiences, interpretations) that the participants choose to disclose in the context of a qualitative interview.

Depending on the degree of structure or standardization of the interview by the researchers, we can distinguish between the semi-structured and unstructured qualitative interview. In these types of interviews, researchers strive to produce as rich a research material as possible by giving research participants the opportunity to talk about their perceptions, thoughts or experiences freely and in depth (Traianou, 2014).

The appropriate type of interview selected by the researcher for the realization of this doctoral dissertation is the following:

In depth semi-structured interviewing consists of a set of somewhat predefined questions and is often used by young qualitative researchers, in order for them to have a guide for the topics they consider important to cover in the context of the interview. It should be noted here that this type of interview shows flexibility: a) in modifying the content of the questions according to the respondent, b) in delving deeper in issues with participants deemed appropriate, c) regarding the order in which questions are posed, and d) adding or removing questions or discussion topics (Isari, & Pourkos, 2015)

The unstructured interview is open and does not include predefined questions, but broad topics on which research participants are asked to speak or comment freely and on their own terms. Specifically, the researcher usually composes a list of 7 or 8 topics that they consider important and on which the interaction between the interviewer and the research process participants is formed. A particularly important advantage in this approach is the emergence of new topics through the discourse of the participants themselves, which were not predetermined by the researchers (Arifin, 2018).

The fully structured interview is hardly ever used in qualitative research, as it is based on strictly predefined questions as to the content, phrasing and order in which the questions are asked, and does not allow in-depth data collection or the emergence of new topics. The utilization of mainly open-ended questions is the only significant difference from a sample survey questionnaire which uses interviews (Traianou, 2014).

In general, the design and conduct of qualitative interviews is a complex and demanding task which requires systematic preparation on the part of the researchers. A particularly important dimension in a research which adopts a qualitative interview is designing and correctly phrasing the questions before conducting it. The interviewer, however, must be able to make instant decisions during the interview regarding e.g. the order, phrasing, style, extent or addition and removal of questions, while always keeping in mind the research questions, as well as the specific circumstances and interaction with the participants.

Here are certain indicative suggestions which may assist in designing and phrasing qualitative research questions. Ask questions which:

• Are focused on issues concerning the research questions of the study.
• Are open and flexible, allowing the respondent to go deep.
• Are understood by the respondents or hold some meaning for them.
• Are relevant to the participants' experiences.
• Are characterized by sensitivity to the needs of the respondents and are in accordance with ethics principles.
• Assist the communication during the interview.
• Are not directional or indirectly steer the respondent towards answering in such a way which agrees with the interviewers (Isari, & Pourkos, 2015).

- Avoid the following:

• Biased questions which offend or demonstrate a lack of sensitivity on the part of the interviewers.
• Questions which are lengthy, due to respondents possibly having difficulty remembering them.
• Ambiguous or complex questions.
• Closed questions. The use of such questions in a qualitative interview is usually limited to recording of individual characteristics (e.g. age, educational level, socio-economic level, etc.). (Crowe et al., 2011)

Regarding the series of questions, the first questions usually aim to make the respondent feel comfortable and introduce them to the topic of the interview.

• The opening question is asked at the beginning of the interview and is similar in all interviews.
• The warm-up includes easy and non-threatening questions which aim at the gradual familiarization of the interviewer and the respondent.
• The main part of the interview aims at covering the main topics of the interview.
• Difficult or dangerous questions should appear later in the sequence.
• Looseness concerns simple questions which lead towards the close or helping to dissolve any emotional load or tension.
• The close. (Traianou, 2014)

- General instructions for interviewers

• Listen carefully -actually listen- to what the respondents are telling you and speak less (active listening technique). It is something you must do whether you are recording your interviews or not. Most of us require a lot of practice on this skill.
• As interviewers, your personal views and experiences are not to be expressed during the interview.
• Remember what the respondents have already told you and -extremely important- what you have already asked them.
• Ask questions in a straightforward, understandable and non-threatening manner so as not to confuse or cause participants to become defensive.
• Being aware of your actions and their consequences is important. For example, do you often interrupt the respondent? For what reasons? Does interrupting them help you or not? What do you wish to achieve by interrupting them?
• Observe and be attuned to the body language and behavior of the participants, in order to be able to understand when they are tired, embarrassed, upset or disinterested, etc.
• It is best not to send the message that you are hurt or scared. Make your face expressive and color your voice.
• Express yourself simply and avoid questions which may not be familiar to the respondents (Isari, & Pourkos, 2015).

The aforementioned skills are particularly important in terms of interviewer-interviewer interactions in the context of the interview. Young researchers-interviewers can be trained in them in the context of a pilot study or in pilot interviews with the help of friends or colleagues (Arifin, 2018).

- Qualitative interview gives researchers the opportunity:

• To explore perceptions, opinions and values in depth.
• To comprehend the complexity which characterizes the human experience and behavior.
• To witness the phenomenon under study through the "eyes" of the respondents and highlight the "voice" and discourse of the participants in the research.
• To have an interactive communication with the participants.
• To investigate matters which have not been predetermined.
• To modify the original design of the research process (Bengtsson, 2016).

- The qualitative interview

• It constitutes an extremely demanding and time-consuming method, not only in terms of its implementation, but also in terms of data design and analysis.
• It requires significant skills, communication abilities, experience, flexibility, particular sensitivity to moral and ethics issues and genuine interest from the researchers.
• It does not constitute an easy choice, contrary to the prevailing view that it is not too far from everyday discussions, which can be easily conducted by anyone without research design.

In general, despite the increased demands regarding time, effort, design and skills, the qualitative interview can reward us, as it is an interesting, creative and often exciting method of producing research data, which gives access to its complexity of the human existence, experience and activity (Bengtsson, 2016).

- Process for qualitative interviews conversion into text form

At this point, the processes through which the interactive communication of the in depth interview or the focus groups is transformed into what is called research data will be mentioned. This is a stage during which all the actions of converting the spoken word into a written text, which is the most common form of transformation and presentation of qualitative research data, occur. Individual interviews or focus groups are usually recorded on tape, even though there are some situations in which, perhaps due to the sensitive nature of the subject or the respondents' lack of consent to being recorded, interviewers keep detailed and comprehensible written notes. It is good practice for researchers to record notes and observations in a notebook, even if the interviews are being recorded or videotaped (Bengtsson, 2016).

The transcription of qualitative individual interviews or text interviews is conducted according to the rules of different notation systems, which are selected depending on the objectives or the type of analysis adopted by the researchers in the research process (Kallinikaki, 2010). It consists of a series of conventions which enable researchers to capture forms of communication and interaction between researchers and participants, such as body language, intensity of emotions, tone of voice or pauses, etc. which cannot be included in a simple transliteration of spoken word into text.

How detailed the transcription needs to be depends on the research questions and the analysis method chosen by the researcher. However, it is important to understand that all forms of transcription are a form of translating the spoken word into something else and they do not constitute a mirror image of the interview. Finally, the qualitative data may also be presented in audiovisual format, in the form of videos, photographs, etc. (Crowe et al., 2011).

2.2.3. Research Diary

In research, it is useful to regularly record our course, difficulties, thoughts and emotions in a research diary, with dates and detailed descriptions. In this manner, the difficulties, but also the successes, the inspirations, the ideas and the interpretations are clearly distinguished in a chronological course. Additionally, the researcher's influence on the course of the research becomes clear and conscious. Research is understood as something we do as a result of our own decisions and actions.

- In practice, this requires:
• Recording actions by date in the process of preparing this qualitative research thesis.
• Noting thoughts, ideas, interpretative inspirations, bibliographical notes, always with dates.
• Finally, in this research diary, you need to have answered and discussed the following exercises, which are intended to assist you in preparing your research. (Traianou, 2014)

The term "diary" refers to the description of a text of a personal nature, which contains systematic recordings of the most important events of an individual's personal life and, possibly, the public life of a person during a particular period of their life. The bibliographic review shows that the recording and evaluation of human experience as experienced in daily private life or public life is not a modern phenomenon, but goes back to ancient times. From the time of the invention and use of alphabetic writing, humans have felt the need to capture moments from their daily lives and to keep events, thoughts and emotions that were directly related to their culture and their religious beliefs in their memory (Isari, & Pourkos, 2015).

In a special article by Papoulis (2016), the following are characteristically mentioned:

"The Diary as a Tool of Reflection"

In recent years, the value of keeping a diary which utilizes the process of reflection for educational or professional purposes is increasingly recognized, as we shall see later. The reflective diary / reflective journal, as it was rightly established in international literature, is an essential tool for learning and development of welfare and social care professionals in modern western societies. Specifically, keeping a reflection diary has proven to be particularly effective for students, trainees, interns and young professionals in the health sciences (doctors, nurses, midwives, etc.) and social and welfare sciences (social workers, psychologists, etc.). Attempting to define and describe the need for the scientific and professional community to use this type of diary, we could mention the following: the reflection diary is a type of notebook in which the author utilizes the reflection process in order to record at regular intervals, analyze and interpret experiences of their own, and / or of other individuals or members of a group, from their own perspective. The purpose of the reflection diary as a learning and development tool is to deepen our understanding of "what", "how", and "why" we act the way we do in the educational-professional sector, with the aim of making meaningful and effective changes in our educational or professional lives. The reflection diary enables the cultivation and development of metacognitive skills and functions, while contributing to the development of scientific and professional knowledge through an ongoing critical reflective process of questioning established perceptions and pre-existing knowledge and experience. (Bengtsson, 2016) The reflection diary can be used for a variety of purposes, such as educational and exploratory, for the evaluation of educational work by the trainee or the teacher, for personal and professional development, for integrating theory with clinical practice, as an alternative means of student educational competence evaluation. Recently, many higher education institutions around the world have already begun to regard it as an integral part of the educational evaluation process, and this is why it is included in the individual portfolio of assessing internships for students in various disciplines (e.g. medicine, nursing, social work, psychology). In the education and training sciences in particular, the reflection diary as a pedagogical tool is now considered an established self-researching method of teaching (Traianou, 2014).

- Advantages - Benefits of the scientific tool (diary)

• learning facilitation through experience and better understanding of acquired knowledge

• development of the critical thinking capacity, and analysis and encouragement of metacognitive skills development

• increase of reflection skill and reflection practice enhancement

• better support of research design and progress, in the research field or for a professional or scientific project

• cultivation or enhancement of the problem-solving skills and skills for direct observation and self-observation

• alternative evaluation of formal education

• communication promotion within a group as a means of reflective and creative interaction of its members

• exchange of knowledge, attitudes and opinions between a researcher and research participants

• personal self-empowerment and self-expression or self-therapy

• as a means of behavior change support

• writing improvement and creativity reinforcement

• documentation and monitoring of professional development and experience

• encouragement of active participation in the educational process

• harmonization of theory and clinical practice in the educational process and professional practice". (Isari, F., Pourkos, 2015)

2.2.4. Informal Pedagogical Evaluation

In Greece, through reflection on the development of effective pedagogical intervention programs, the Pedagogical Institute (P.I.) developed and established, by Presidential Decree 301/1996, the PAPEA. The PAPEA (Special Education Curriculum Framework), with its clear description of purposes, objectives and content, which function as a general program framework, enables the teacher to determine and select the material they need each time, becoming the foundation for designing targeted, individualized, structured, inclusive interventions, integrated into Special Education programs (Christakis, 2013). It consists of the areas of learning readiness, basic school skills, social adaptation, creative activities and pre-professional readiness. These specific areas include general and individual areas that constitute specific pedagogical goals and are analyzed in clear teaching objectives with indicative activities (Drosinou - Korea & Grigoropoulou, 2016).

The following categories were recorded per trimester:

Speech (dialogue participation, clear and precise expression), Psychomotricity (general and fine motor skills, orientation in space, orientation in time, laterality), Mental Abilities (visual memory, auditory memory, attention concentration, logical-mathematical thinking, reasoning), Emotion Regulation (self-feeling, interest in learning, cooperation with others), Perceptual Functions (visual perception, auditory perception, audiovisual perception, multisensory perceptual functions), Mnemonic Functions (functional memory-sequence memory, long-term memory – mnemonics, short-term memory – functional memory), Graphic Space (spatio-temporal orientation, graphic mobility and conquest of graphic space), Reading Function (phonological part, pre-reading, reading, writing, spelling-morphological, semantic, written expression), Behavior (emotional support, development of organization skills, improvement of reading self-image).

The President of the Pedagogical Institute, Dimitrios Vlachos (Professor Emeritus of the Aristotle University of Thessaloniki) says in the fourth edition of the book "Activities of learning competency Book for Special Education Teachers (SEE) Oral Speech - Psychomobility Mental Abilities - Emotional Organization"

> "The fourth updated edition of the book for the special education teacher entitled "Learning Readiness Activities" and the third updated with improvements edition of the four booklets, accompanied by cards and cds are addressed to students with disabilities and special educational needs and their parents. These were based on the modern improved pedagogical material provided by our teachers working in all structures and primary and secondary levels of the Special Education School Units (SSEEs) and we thank them warmly for their valuable contribution. In this effort, it is worth noting the emphasis on pedagogical reflection for the development of skills:
>
> a) in oral language, b) in psychomobility c) in cognitive abilities and d) in emotional organization with targeted learning readiness activities in accordance with the principles and philosophy of the Framework of the Comprehensive Programme for Special Education (PAPE).
>
> Furthermore, it is worth mentioning the timing of the update, which occurs at the same time that we have a new law on special education in our country. According to it, the State is "committed" to guaranteeing and constantly upgrading the compulsory nature of special education and training as an integral part of compulsory and free public education and to ensure the provision of free public special education and training to disabled persons of all ages and for all stages and levels of education. It is also "committed" to ensuring that all citizens with disabilities and identified special educational needs have equal opportunities for full participation and contribution to society, independent living, economic self-sufficiency and autonomy, with full enjoyment of their rights to education and to social and occupational integration. The Pedagogical Institute with its Department of Special Education and Education, utilizing a project which is funded exclusively by the State Budget and the knowledge and experience that our teachers have gained over the last thirty years, wishes to help with all its strengths in the effort of educational support for students with disabilities and special educational needs." (Vlachos, 2009, 4.)

2.2.5 Technology and software programs in qualitative research

With the use of information technology permeating many aspects of our lives (PCs, smartphones, tablets) and many aspects of our work being implemented through PCs, many researchers are increasingly resorting to the use of electronic data processing software of qualitative research data. Many auxiliary programs have been created since the 1980s-1990s, but with the adoption of web 2.0 technologies, the options for researchers have currently multiplied. Indicatively, AQUAD, ATLAS·ti, HyperQual, HyperRESEARCH, Kwalitan, NUD*IST, QUALPRO, MAXqda, The Ethnograph are

mentioned. Iosifidis (2006) lists some of the main factors of this expansion, drawing from Kyriazi (1998):

• The immense potential of modern information technology and the continuous and rapid technological developments, in both general information technology and in special applications in qualitative analysis.
• The increasing volume of qualitative data of all forms and the great difficulties of processing and analyzing them in the traditional way. In fact, the development of social theory and research requires the collection of much larger volumes of data than in the past.
• The speed and ability to analyze a large volume of material, in relatively limited time, compared to the excessively time-consuming processes of analysis and qualitative material processing in the traditional way.
• The frequent heterogeneity of qualitative data within the same research endeavor (e.g. recorded interviews, video recordings, research notes, photographs) greatly facilitates their processing and analysis, with the help of software packages which have the ability to analyze heterogeneous material simultaneously.
• The support of group research programs and joint analysis ventures. (Isari, & Pourkos, 2015)

However, according to Kasseris (2014) and Komi & Ergazakis (2010), the disadvantages of software program use in qualitative research are the following:

• The time required to learn and become familiar with the functions of software programs.
• The programs tend to impose specific approaches to the analysis of qualitative data. • In the end, they do not conduct the analysis and interpretation themselves, they merely help (Isari, & Pourkos, 2015).

As Iosifidis (2003) and Robson (2014) state, the main principles of qualitative research data analysis programs are:

• Importing and storing data in the program (Data Entry & Storage).
• Coding.
• Memorization and Reminding capabilities (memoing and annotating).
• Data Linking.
• Search and Retrieval of Data.
• The Visual Representation of data trends (Visualization).
• Team Analysis & Work.
• Theory Building and Hypothesis Testing.

Several of the modern qualitative data programs combine many of the above principles, such as NVivo 10, which is the most widely used program today. Qualitative analysis software do not solely process data in the form of text, but other forms of information

as well, such as images, audio files, videos, films organized into digital documents. (Isari, F., Pourkos, 2015)

In this dissertation, data will be analyzed through the ATLAS.TI program, which was deemed to be the most appropriate program for decoding the collected data, after many years of research conducted by the researcher on the major issue of childhood depression. (ATLASTI: Software (with subscription) for the processing of qualitative research data. More information at: http://atlasti.com/).

2.2.6 Evaluation issues in qualitative research (reliability, validity, generalization)

As previously mentioned, qualitative research has gained attention and increasing acceptance over the last three decades, changing the epistemological and methodological issues under discussion in the scientific community in the context of social sciences. One of the main topics of this discussion concerns the issue of research evaluation (reliability, validity and generalization). On one side, positivism-oriented researchers, based on the assumptions of a realistic-external epistemology, rejected qualitative research methodologies (which, on the contrary, are based on the assumptions of an internal-relational ontology), arguing that they do not meet the required criteria of reliability, validity and generalization. On the other side, postmodern researchers have shifted their attention to the multiple realities of experience, while feminist research has centered on the repressed, silenced voices which need to be heard, as well as on moral and ethical issues of research. These issues have assisted in convincing the academic community of the importance and necessity of investigating and studying a specific phenomenon in depth and in the context in which it occurs. This discussion continues to this day, focusing on the epistemological issues of qualitative research. (Isari, & Pourkos, 2015)

What are the main arguments presented in regards to the specificity of qualitative research in terms of its epistemological issues, its evaluation and the type of knowledge it offers?

Firstly, it is worth noting that each research has its own peculiarities and special criteria, which are in line with the philosophy, the "logic" and the methodological practices that it is based on or follows, are required for its evaluation. The issue is by what criteria one could evaluate qualitative research, which in fact has a special philosophy and practice. On what epistemological and methodological logic in general do researchers of qualitative methods base their research, and where should they clearly present and determine if they want to enable its evaluation? On the other hand, as Henwood and Pidgeon (1994) argue, evaluation of a scientific study may not be only a technique or a process of judgment, but it should be part of a broader examination of the moral, ethical and political choices which researchers and societies must inevitably make (Bengtsson, 2016).

As some maintain, qualitative research aims, through the possibilities it offers for the bodied engagement and relationship of the subjects, for evoking emotions, concern and reflection on important issues of the human existence. The work done with the tools and practices of qualitative research impels the development of processes and meanings which fuel thought and imagination, guides safely through a narrow personal, intimate and local perspective to an expanded, public, collective and universal perspective (Traianou, 2014). Through the use of alternative and creative methods which are experiential, participatory, communicative and discursive, qualitative research tends to arouse curiosity and raise questions and new ideas. The entire research process through qualitative methods assists in developing empathy and encourages towards collective participation and sharing, a fact which also has a positive effect on the processes of learning, development and self-awareness.

Laurel Richardson (2000) upholds the necessity and benefits which we could obtain from a scientific analysis and evaluation (ethnographic type) of the qualitative research process and its products (various types of texts). As she writes: "ethnography is always situated in human activity" and so is directly related to "human perceptions and feelings". As it is created through research practices, these practices may be personified by "science, literature [...], the creative arts, introspection, and the work of memory". Richardson distinguishes the following five criteria speaking to the value of such a research approach: its substantive contribution, its aesthetic merit, its reflexivity, its impact on others, and its bodied expression or shared sense of reality.

Richardson's criteria complement, in a way, what was previously said about Arthur Bochner's arguments (Arifin, 2018). Bochner (2000) seeks "rich, dense descriptions, with many specific details" and "emotional credibility, receptiveness and honesty". He has abided by the non-linear, "structurally complex narratives", expecting from the author-subject, creator of the narrative, high moral self-awareness, which is enhanced if the subject's story is connected and experienced not only mentally (intellectually), but primarily by its embodied subjectivity, by its "heart and belly". Carolyn Ellis (2004) also mentions the importance of this experiential process, and how thinking and feeling while reading a text can become a unified act (Arifin, 2018).

Norman Denzin's (2000) criteria remind us of that which should be the goal of a critical qualitative research: improvement of the other and, in Denzin's case, working towards a more democratic and racially just society. He asks for a continuous re-evaluation of all the demands of ethics, truth, knowledge, as well as the practices which concern the research being done. According to Denzin, critical ethnographic texts perform a cultural critique. They are not merely descriptive, but instead produce new understandings, representations and sense of reality; they are places of resistance and "places where meaning, politics and identities are negotiated. They transform and challenge stereotypical forms of cultural representations" (Bengtsson, 2016).

The issue of validity in the social sciences is "one of the criteria which have traditionally served as a point of reference for research". Validity, according to Schwandt, is a

scientific criterion: saying that the findings of social science research are (or should be) valid refers to the position that those findings are in fact (or should be) true and specific. Truth, in the context of qualitative research, should be understood in the spirit of the humanitarian "example" (Isari, & Pourkos, 2015) and not the traditional naturalistic, positivist "example". Denzin and Lincoln, describing the current phase of qualitative research development as a period of "triple crisis in regards to the presentation, justification and practice" of qualitative research, argue that a "serious rethinking of terms such as validity, generalizability and reliability".

Hence, there are different ways of determining and understanding the criteria of validity, reliability, and transferability/generalizability. Lather (1986, 1993, 1995, 1997), for example, describes validity as always partial, framed, and contextual, and relating to context, the self, and associating with blurred genres, multiple perspectives, reflection, and narrative. It presents the following qualitative research practices as criteria for achieving validity, credibility and trustworthiness:

• prolonged engagement,
• persistent observation,
• triangulation or tripartite intersection of sources, methods, investigators, and theories,
• negative case analysis,
• referential adequacy,
• member checks,
• thick description,
• the external auditor of process and product,
• reflexive journal. (Isari, & Pourkos, 2015)

Finally, according to Lather (1997), the research reader is who determines its validity based on the degree to which it can be transferred and understood "within its own frame of reference". As Anfara, Brown and Magnione also argue, "a key role in qualitative research is how we are accountable, how we reveal the hidden world" of the research process, in a way which "offers the hand and opens the mind of the investigator to the reader". Mulholland and Wallace (2003) also argue that in order to achieve the accuracy and strictness of qualitative research, one needs to consider its dependability and confirmability (Crowe et al., 2011). The dependability of the research is related to the detailed and honest description which the researcher makes of the research process which ultimately emerged in the research field, and its verifiability to the degree of framing of the data, with convincing support, which is, on the part of the researcher, that their interpretations are based on the specific context and that the participants are not a product of researcher imagination. In order to achieve these two criteria, it is necessary to describe "the history of the research itself, in parallel to the stories of the participants" in the presentation of the research. (Isari, & Pourkos, 2015)

According to Guba and Lincoln (1994), ensuring a high degree of validity, verifiability and triangulation of research simultaneously reinforces its transferability/generalizability. One way of understanding the concept of

generalization, which is compatible with qualitative research, is theoretical generalization, which is encountered in two predominant versions:

a) As transferability, where the findings of a qualitative research may possess validity beyond the specific context of conducting the research in other social contexts perceived as similar.

b) The other version of Mason's theoretical generalization refers to the possibility of using the findings of qualitative research to develop a broader theory (Traianou, 2014).

2.2.7 Investigator reflexivity

For all of the above, the researcher needs a high degree of honesty, accuracy, systematicity and reflexivity during all phases of the emerging research process which followed, i.e. during the collection, analysis, interpretation and presentation of the research data. This process refers to epistemological reflexivity, in the context of which researchers are encouraged to reflect on their values, actions, expectations, and the choices they make while designing and conducting research (e.g., configuration of the research question, data production, writing results, etc.). The researcher's personal reflection on their own position, their thoughts, associations and feelings, as well as their personal weaknesses and prejudices about the phenomenon they are studying is of special importance as well. In the context of personal reflexivity, the manner in which research may affect the personal and professional life of the researcher is also explored. Even though there is no established form of presenting issues regarding reflexivity, researchers usually devote a separate section to this topic in the context of their research report/writing. (Isari, & Pourkos, 2015)

2.3. SAMPLE

The research sample selected to take part in the study were children diagnosed with childhood depression from a public institution in Greece. It consists of two girls aged 6 and 7 years old, and one boy aged 6 years old. The characteristics of which are as follows:

CHILD 1 is a 7-year-old girl, physically developed for her age, attending the first grade of primary school. She lives with her father and grandmother. She has been diagnosed with childhood depression due to the sudden death of her twin sister in a car accident.

She likes drawing and making puzzles. She does not have many friends at school. She constantly argues with the children in her class and sometimes moves against them in a threatening manner. She has only one friend who does not always sit with her, which causes her anger. She is a very reserved child in her reactions and does not easily express her preference for another friend. She is clearly a child who has emotional "rigidity" and has difficulty adjusting to everyday life.

CHILD 2: is a 6.5-year-old boy, who attends the first grade of primary school. He lives with his mother and grandparents. He has been diagnosed with childhood depression due to his parents' divorce which is ongoing, and he is experiencing extreme emotional situations.

He likes to play with plastic animals, preferably dinosaurs. He is an intensely aggressive child who experiences intense sadness. Isolation is one of his familiar reactions because he finds it difficult to adapt to everyday life. He has trouble finding common ground with his classmates, he so he either talks to them offensively or sits alone. He does not hold back his emotions; he constantly feels that he has to defend himself, so he has no friends.

CHILD 3 is a 7-year-old girl who is in the 1st grade of primary school. She lives with her father. The child has been diagnosed with childhood depression due to the sudden death of her mother from cancer.

She is a girl who has no special hobbies, she has no desire to draw or do crafts. She loves the teddy bears she has in her room and most of the time she remains quiet, silent and unruly. She has no friends in her class because she went to a different kindergarten, so everything in the elementary school is new to her. She is a very reserved child in her reactions and does not easily express her preference for someone or something. She is clearly a child who has emotional "rigidity" and has difficulty adjusting to our daily routine.

2.4. ANALYSIS OF DATA

In this thesis, the data was analyzed through the ATLAS.TI program which was considered the most suitable for decoding the data collected, following the researcher's long research on the major issue of childhood depression. The version used was 6.0.15.

Firstly, a folder called Analysis was created, in which the three children constituting the research sample were placed. In each sample-child's folder there were four separate folders containing the research tools used. The data was analyzed by trimester, so that the positive progress made by each child was clear. Namely, each year consisted of four trimesters and the duration of the research was set at 5 years.

The graph below shows the database as recorded in Atlas.ti.

Figure 1:

The graph below shows the research sample with the four research tools used.
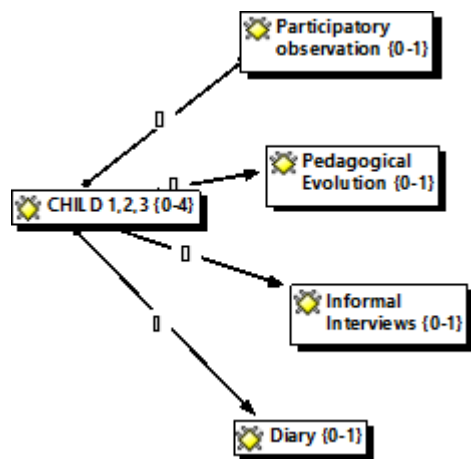
Note: The graph shows the four research tools that worked together to give us the following results.

1st Research Tool: Participatory Observation

The following data was recorded by trimester and divided into two parts.

Part A:

1. individual history
2. family history
3. school history
4. overview of the child from observation during the Greek language lesson
5. teaching objective

Part B:

1. Teaching Interaction Recording Form
2. Report of three months of Participant observation.

2nd Research Tool: Informal Pedagogical Evaluation

In Greece, through reflection on the development of effective pedagogical intervention programs, the Pedagogical Institute (P.I.) developed and established, by Presidential Decree 301/1996, the PAPEA. The PAPEA (Special Education Detailed Curriculum Framework), with its clear description of purposes, objectives and content which function as a general program framework, enables the teacher to determine and select the material they need each time, becoming the foundation for designing targeted, individualized, structured, inclusive interventions, integrated into Special Education programs (Christakis, 2013, 2011). It consists of the areas of learning readiness, basic school skills, social adaptation, creative activities and pre-professional readiness. These

specific areas include general and individual areas that constitute specific pedagogical goals and are analyzed in clear teaching objectives with indicative activities (Drosinou, 2009; Christakis, 2013).

The following categories were recorded per trimester:

Speech (dialogue participation, clear and precise expression), Psychomotricity (general and fine motor skills, orientation in space, orientation in time, laterality), Mental Abilities (visual memory, auditory memory, attention concentration, logical-mathematical thinking, reasoning), Emotion Regulation (self-feeling, interest in learning, cooperation with others), Perceptual Functions (visual perception, auditory perception, audiovisual perception, multisensory perceptual functions), Mnemonic Functions (functional memory-sequence memory, long-term memory – mnemonics, short-term memory – functional memory), Graphic Space (spatio-temporal orientation, graphic mobility and conquest of graphic space), Reading Function (phonological part, pre-reading, reading, writing, spelling-morphological, semantic, written expression), Behavior (emotional support, development of organization skills, improvement of reading self-image).

3rd Research Tool: Informal Interviews

At this point, the questions formulated in the form of interviews became more varied from year to year, in order to address the research questions that arose depending on the development of each child. They were recorded by trimester, so as to reveal the positive development of each child after contact with the New Pedagogical Method.

4th Research Tool: Research Diary

The researcher recorded the daily events that took place; experiences, difficulties addressed, concerns and reactions. The diary is also a report on a trimester basis, since the material that emerged was particularly large in scope.

According to what has been mentioned, the way in which depression negatively affects the child is identified in the codes: behavior, educational process and emotional reactions. The weakness of the classical educational process is recorded and analyzed, and after the intervention of the new pedagogical method the positive evolution of the codes is also recorded and analyzed.

At this point, recording the data was conducted by trimester, so that the educational and emotional progress of each child before and after the intervention of the New Pedagogical Method can be clearly seen. In addition, the analysis of the qualitative data will be recorded by year, in order to reveal the interaction of the four methodological tools and their importance.

3. RESULTS

The results will be presented according to the survey topics by time for each child and will be structured as follows: first the data for Child 1, then Child 2 and then Child 3 will be presented.

- **CHILD 1**

FIRST YEAR (SEPTEMBER 2016-JULY 2017)

Before taking any action, the Riven test was administered to CHILD 1 to ensure that the educational indifference-avoidance she exhibits is not due to diminished intellectual capacity but is a result of childhood depression which she has. The results from the Riven test confirm that she has a normal IQ and therefore understands Greek and Mathematics perfectly.

However, her behavior seems to affect her progress, punctuality, concentration and performance. In addition, she exhibits a complete lack of motivation and apathy during lessons, while the rest of the children in the classroom are working and participating in the lesson delivery. She does not ask to leave her classroom using any excuse, yet she remains silent and inactive at her desk. When she is completely distracted from the lesson delivery, she plays and draws at her desk as though she were in her room.

After observation by the researcher, it has been judged that CHILD 1 is an eloquent child, who, seemingly, keeps better company with adults. Nevertheless, she easily strays off course, often using the phrase "it's boring", and her first reaction is to do the opposite of what she is told. Her apparent difficulties in school do not stem from low intellectual capacity - perception or reduced ability; instead, it all stems from a lack of motivation and interest.

CHILD 1's attendance at kindergarten went smoothly. She was less social than her twin sister, but did not exhibit isolation tendencies. According to the information provided by her teachers, during the first semester of the first grade of primary school, CHILD 1 did not appear to have great difficulties in her lessons, i.e. in the cognitive part. Not as intense as the behavioral problems she exhibits. Her behavior, regardless of her intelligence, also causes problems in the cognitive part in that she is bored, does not participate, does not study at home and does not do her homework. She finds it difficult to concentrate her attention in class. At the same time, she has a strong emotional disorganization, specifically in "Self-feeling" and "Cooperation with others".

She refuses to write because she has a weakness in Graphic Space. In addition, she is unable to do reading and does not organize her school bag, resulting in her not bringing the right books according to her school's weekly schedule. In her Behavior, she shows a strong problem in Emotional Support and in improving her Cognitive Image. Complete lack of motivation for life.

Parent's request: to spell, read and behave like other children her age. They intensely exhibit their anxiety about the child's development, as well as their inability to manage it.

Short-term goal: to maintain her attention for a certain period of time. (The researcher's aim is to plan steps with a specific time frame which will gradually increase, specific activities with a different structure each time, in order to gain her trust, interest and motivate her zest for life by learning).

Medium-term goal: to concentrate her attention and cooperate with school persons.

Long-term goal: development of cognitive abilities and emotional organization, School readiness, Social adaptation (behavior), Perceptual functions.

As an example, the Teaching Interaction with CHILD 1 in the first trimester of the year is recorded thus:

Table 3:

Teaching Interaction Recording Form (First Year-CHILD 1)

Date	Child	Special Educator	Comments
19/09	Who are you?	Good morning, I'm Eleftheria. I am also a teacher like Mrs. Apostolia. Who are you?	CHILD 1 wanted to know who the researcher was and accepted her in her space. She is apparently looking for a person to understand her, to be able to bond with. "I had a sister, if you want to know." She mentions it immediately, as though she wants to get it over with, to get it out of her.
24/09	I thought you would not come. Why did not you come for so many days?	We will meet in your personal space more often, so that me may have quiet and express ourselves freely.	She initially seems intent on punishing the researcher for not being by her side every day. But it is something she does not contend for, because she believes that she is not worth the trouble.
28/09	Oh! You're here again… Do you want me to show you my favorite corner, where I sit and play during breaks?	I was looking forward to seeing you! Of course, show me!	A personal relationship and communication is beginning to form. When the bell rings, she refuses to go back to her class. She prefers to stay in the courtyard and do

			nothing. Her excuse was that the teacher was mean and kept yelling at her.
31/09	How lucky that you came back. I was bored in here.	CHILD 1, the school is the children's natural space. They learn, evolve, create, make friends, play and laugh!	She resents the school space. She cannot be acclimatized, she cannot be integrated; she has trouble socializing, resulting in her constantly feeling unwanted. Thus, she strictly imposes her own rules and she is absolute. She rejects the researcher on every occasion because, in truth, she is afraid that the researcher will reject her and leave. Complete lack of motivation.

Note: The table above shows the Pedagogical Interaction of CHILD 1 with the researcher.

- **Report of Observations - Interviews - Diary**

CHILD 1 is a girl who is in the first grade and has been diagnosed with childhood depression by the K.E.D.D.Y. (public diagnostic entity in Greece) Center for Differential Diagnosis, Diagnosis and Support. They assess students who have not completed the 22nd year of age. The assessment is conducted by a five-member interdisciplinary team, consisting of a Special Education Teacher (SPE) of pre-school, primary or secondary education, a child psychiatrist or pediatrician specializing in Pediatric Neurology, a social worker, a psychologist and a speech therapist. The interdisciplinary team may also include an occupational therapist or a member of the specialized Special Teaching Personnel (STP) of the PE 31 sector, as applicable, on recommendation of the Head of the corresponding K.E.S.Y. Graduates over the age of eighteen (18), who have not been assessed as individuals with disabilities and special educational needs, do not fall within the jurisdiction of K.E.S.Y.

This interdisciplinary team issues an assessment in which the definition and description of the student's difficulty is stated, as well as suggestions for their support. Additionally, the school framework which is preferable for the student to attend is proposed (special school, Department of Integration, parallel support) and a Personalized Educational Program (EEP) for the educator, in which the objectives for the most effective support of the student are identified.

K.E.S.Y. services are provided free of charge, and the student file is confidential and accessible only to the parents, the principal and the educators of the school involved in the education of the student.

CHILD 1 has completely lost her orientation in life and the rest of the family can no longer manage her because she is still in the mourning phase. At the same time she is in a judgmental and difficult family environment which does not help her to express herself, to bond, to feel safe and to trust in herself again. The school environment, which has a certain rhythm and demands, is not the refuge she seeks and as a result she rejects it. Moreover, she is unable to follow children of her age and integrate into the community of the classroom, and as a result she becomes aggressive because she believes she is being rejected.

Her teacher treats her like the other children, trying through strictness and boundaries to impose certain activities on her. With this behavior, however, CHILD 1 is becoming more and more distant, resulting in her not having a reason to go to school each day. Knowledge does not concern her; in fact she does not understand it, therefore her depressive feeling triumphs and sinks her more and more into a new world that she creates on her own, in order to survive. The school environment and teaching staff seem unable to deal with such a situation, thusly, the need for specialized intervention is urgent.

The first contact with the family was with the father who was seeking help for CHILD 1. He is a very depressed man who is still in the mourning phase. It has been 2 years since the death of the twin sister of CHILD 1 and since then the whole family has been torn apart. There are several moments when CHILD 1 is very defensive in her reactions, she does not complete her sentences in the spoken word and everything in her mind seems confusing. She eats too much food for her age and consciously avoids fruits and vegetables. She has a marked lack of polite manners. Each time she meets the researcher she exhibits great joy, which she does not express in words, instead she comes close to me and rests her head on me.

CHILD 1 finds it very difficult to follow school rules, she completely refuses to pick up her pencil and when she feels a little pressure then she refers to her sister, who was a better student than she is, and in this way abdicates her responsibilities. She does know how to pick up her pencil, she does not want to do reading and when she feels pressure she becomes aggressive and throws her books down on the floor (when she is at home). When she acclimates to the rhythm of the classroom and realizes that she needs to think and study to get better results in her school performance, she immediately informs the researcher that of the two of them, her sister was the good student and not her, so the researcher should not have high expectations for her. Excuses - Truancy. She particularly emphasizes the virtues that her sister had which results in her easily getting lost in her own world again and not hearing anything that happens in her classroom.

CHILD 1 generally exhibits disorganization in her movements, thoughts and the way she expresses herself. Depression has completely affected the way she thinks, feels and acts. She is a child who becomes very aggressive as soon as she feels under pressure and at other times, in order to evoke pity from her interlocutor, she refers to her lost sister. She acts as if she were a kindergarten child and regresses strongly to past phases. Her behavior, however, seems to affect her progress, consistency, concentration and performance. In addition, she shows a complete lack of motivation and apathy during lessons, while the other children in the classroom are working and participating in the lesson delivery. She does not ask to leave her classroom using excuses, yet she remains silent and inactive at her desk. She refuses to write because she exhibits weakness in Graphic Space. In addition, she is unable to do reading and does not organize her school bag and as a result, she does not bring the correct books according to her school's weekly schedule. In her Behavior, she shows a strong problem in Emotional Support and in improving her Cognitive Image.

CHILD 1 is a reserved child who does not express her emotional world and has difficulty communicating with her family as well as with her peers at school. She is indifferent to all the activities she did before "the accident" and wishes to remain alone in the world she has created with her imagination. She is an intensely aggressive child, a fact exacerbated by the judgmental environment in which she lives. She has no friends, does not seek social contact, during lessons she remains silent and does not participate. During breaks, as well as at home, she tends to play as if she had her sister next to her. She is a fat child who eats a lot at home and secretly takes treats and hides them in her room. However, she sometimes forgets where she has hidden various treats she has taken and, as a result, they spoil and make her room smell bad or she gets her clothes dirty as the chocolate melts in her pockets. Her family treats her weight with particular aggression and anger. She finds it difficult to maintain her personal hygiene because she does not care about her physical appearance as well as whether she smells bad. When a classmate made fun of her at school because of her strong bad smell, she hit him with intense anger. She does not brush her teeth, does not regularly wash her hair and body and does not cut her nails.

Her family environment has not really understood the depression that CHILD 1 is experiencing because they are still in mourning for the deceased child. The family dissolved immediately after the accident and the parents divorced. The father wants to cooperate to help CHILD 1 but at the slightest occasion he becomes critical and yells at her. The aunt of CHILD 1, the father's sister, is also in the family environment and does not accept that the child is suffering from childhood depression. On the contrary, she believes and insists that CHILD 1 is lazy and indifferent, that she exploits her family financially as she accepts all the gifts they give her but in return she does not give them love. She particularly stresses that CHILD 1 is indifferent to the death of her twin sister which, upon hearing, CHILD 1 exhibits intense attack and anger that she cannot handle. The mother was absent during the first trimester of the research and physically appeared

in the third trimester. She is a very depressed woman who is trying to survive in her daily life.

According to the above, it is understandable that based on the data of the daily life of CHILD 1, any further educational intervention was impossible. We are in an exploratory phase and focused on obtaining a healthy relationship between researcher and CHILD 1 which is based on safety, trust, acceptance and support.

The only thing CHILD 1 seems to enjoy is drawing on the tablet with the researcher through a drawing app. The use of ICT in general was easily accepted by CHILD 1 as it is part of her daily life. She spends several hours of the day in front of her computer doing google searches or playing games of her choice. CHILD 1 easily and quickly responded to the researcher's encouragement to draw on the tablet app while still refusing to follow any instruction from her teacher at school. This has resulted in her remaining educationally inactive without showing any interest. In contrast, the painting through the tablet and the video call that we established as a way of communication once a week seems to be readily accepted and she seems to follow the process.

SECOND YEAR (SEPTEMBER 2017-JULY 2018)

In the second year of systematic monitoring, we are still in the reconnaissance phase. CHILD 1 lacks the mood and energy levels usually observed at this age. She remains distant from children her age in her class because she fears rejection and finds it difficult to communicate with them. Her defense is offense. She is beginning to be surprised that the researcher remains consistently close to her. She seeks her out when the researcher is absent, therefore she is slowly beginning to show interest in her and the relationship they are building. She is accustomed to the fact that, with her reactions and behavior to third parties, everyone, including her family, scolds her and does not accept her. She is a highly reserved child and does not easily express her preference for anyone. She is obviously a child who has emotional "rigidity" and has difficulty adjusting to our everyday life. She seeks the collaboration and interaction she had in play with her twin sister, but when she is with company she appears to forget it. She is fixed to the past because she does not know the next steps she can take. She is stuck in the wrong behaviors and reactions because she feels intense pressure in both the family and school environment. Her family environment still compares them concerning school performances and despite the fact that one sister is no longer alive, she still wins impressions and credit. So CHILD 1 continues to hurt, unable to escape the shadow of her dead sister, and losing her appetite for life every day.

Her behavior at school seems to affect her progress, consistency, concentration and performance. Although she is now in Grade 2 of primary school, she has not integrated with her peers, nor does she seem to enjoy the school environment. The learning process remains an indifferent process because she is essentially regressing to the infancy phase and seeks only play. Still, she shows a complete lack of motivation and apathy during

the lesson while the other children in the class are working and participating in the delivery. She has no problem with understanding; on the contrary, she expresses a refusal to anything new that might help her develop. She has remained in the past because there lays the traumatic event which has scarred her psyche and has resulted in the depression she is experiencing. At the same time, she clearly believes that she will never be able to match her sister's performance, therefore she has no motivation to develop. She settles on this excuse and does not take action. She does not ask to leave class using excuses, yet she remains silent and inactive at her desk. Her teacher tries to integrate her into her classroom but CHILD 1 is not willing to follow her instructions. She is fully aware of the rules set by her teacher during the lesson delivery. When she is completely distracted from the lesson delivery, she plays and draws on her desk as if she is in her room.

After observation by the researcher, it has been judged that CHILD 1 is a wounded child, who pretends that she can deal with everything by putting aside her childhood. Her childhood is marked by the traumatic event of the loss of her twin sister, resulting in her being unable to focus on the present. Meanwhile, her family is in mourning and is unable to help her. There is intense pain which is not expressed in a meaningful way, manifesting through shouting and belligerence. Significant time has passed during which she has had trouble communicating with a person close to her, a fact which increases her disappointment even more. Her family prioritizes different things than what she truly needs, therefore communication cannot be achieved. Her reaction is to long for her sister more and more intensely because their relationship remains irreplaceable for her. When under pressure, she easily strays off course, often using the phrase "it's boring", and her first reaction is to do the opposite of what she is told. She intensely regresses to an infant phase, as she finds dealing with the present difficult. She has a strong need for meaningful communication; she is, however, a child "lost" in a world of her own. The world she has conceived in her mind creates a sense of security for her, a feeling she does not receive from her family.

The difficulties she experiences in her school performance do not derive from low intellectual capacity - perception or reduced ability; instead it all comes from a lack of motivation and interest. Rather, the results from the Riven test prove to us that there is no intellectual problem or difficulty in the perception of the CHILD 1. Her life is paused on the day when she experienced the traumatic event. She is disinterested in learning due to being unable to handle simple, emotional concepts with her family, which concern daily points of contact with her parents. Instead of finding solace while in the school environment with children her own age, she resents the responsibilities and fast pace. She feels oppressed due to her "social image" not matching that of children her age, resulting in frustration for those who want to communicate with her. Thus, she remains alone and creates a world of her own in which she can protect and express herself, feel safe and loved. However, she does not allow anybody else to enter this world, as her experience with her family and the school environment is, thus far, unpleasant and judgmental. Nevertheless, her perception of anything new she

encounters is quick, but she still lacks motivation to stay focused on something new. The way in which they try to awaken her in the school environment is now obviously unsuitable for CHILD 1.

CHILD 1, although now being in the second grade of primary school, does not show any positive change in her approach of the school environment. Her new teacher is finding it difficult to integrate her into the classroom and as a result, CHILD 1 is becoming socially and academically isolated. According to the information provided by her teacher, CHILD 1 has deficiencies from the school year prior, but does not seem to have great difficulties with the lessons, in the cognitive part, that is. She fully understands the concepts and understands linguistic exercises, but her refusal to integrate in the classroom and pick up her pencil in order to do mathematical operations and practice remains. In her daily school life, CHILD 1 can understand the school material at the time of delivery, but is unable to replicate, retain it for a significant amount of time or develop it. Her teacher points out that, when she speaks, it becomes evident that she does, in fact, listen during the lesson delivery, but "the new knowledge does not yet have a place in her mind". The behavior of CHILD 1, regardless of her intelligence, causes problems in the cognitive part as well, as she becomes bored, does not participate, does not study at home and does not do her homework. She finds it difficult to concentrate on the lesson. At the same time, she experiences severe emotional disorganization, specifically in "Self-Concept" and "Collaboration with others".

She still refuses to write due to her weakness in the Graphic Space. In addition, she is unable to do her reading and does not organize her school bag, resulting in her not bringing the right books according to her school's weekly schedule. In her Behavior, she presents strong problems in Emotional Support and in improving her Reading image. Complete lack of motivation for progress. Her new teacher states that she is unaware of the way in which she should treat her in order to help, as well as being concerned about allocating more time to her, lest she wrongs another classmate.

Parent request: to spell correctly, read and behave like other children her age. They strongly express their anxiety for the child's development, as well as their inability to manage it, asking instead, firstly, for help to try and calm down CHILD 1, so that she does not leave herself open for negative comments at school. An additional goal has become the need for parents to have CHILD 1 become beloved in the school environment and then at home.

Short-term goal: To maintain her attention for a certain period of time. (The goal is to plan steps with a specific time frame, which will gradually increase, specific activities with a different structure each time, in order to gain her trust, her interest and motivate her zest for life by learning.)

Medium-term goal: To concentrate and collaborate with individuals at school, as well as the researcher.

Long-term goal: Development of cognitive skills and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions.

Indicatively, the Teaching Interaction with CHILD 1 in the first trimester of the year can be seen below:

Table 4:

Teaching Interaction Recording Form (Second Year-CHILD 1)

Date	Child	Special Educator	Comments
14/9	Will you be here this year as well? For me?	Good morning! I am certain this will be our best year yet!	The researcher can see the pleasure on her face when she tells her that she will be with her this year as well. She feels safe in the researcher's presence and she wants to use learning to motivate CHILD 1 this school year.
20/09	My classmates make fun of me! They're all bad children and the teacher doesn't want me…	Your teacher is thrilled to have you as a student this year! I'm sure there has been a misunderstanding with your classmates, which can definitely be resolved!	CHILD 1 exhibits intense aggression elements. She has no faith in herself and has not received acceptance and love. When any child pays a little more attention to her, she becomes stressed and reacts aggressively. She then withdraws back into herself and, academically, she begins to takes steps backwards.
29/09	I want to run away from home! I never want to hear my aunt's voice again and I want to forget my dad who always does what she says!	What happened that upset you so much? I'm always here for you, you can trust me.	She remains silent next to the researcher. It is evident that there is another problem at home which, instead of being resolved, ended with a bad fight. She wants to open up but is frightened, she wants to communicate with the researcher but she does not know the way, because she is used to being scolded and rejected. She is afraid the same will happen with the researcher. However, she remains next to the researcher and cries.
09/10	Did you like school when you were a child?	I liked it because I made new friends and learned things I still know today!	She resents the school space. She cannot be acclimatized, she cannot be integrated; she has

trouble socializing, resulting in her constantly feeling unwanted. She rejects her classmates on every occasion because, in truth, she is afraid they will reject her first. Complete lack of motivation. She has not yet understood the purpose of school. Intense cyclothymic tendencies.

Note: The table above shows the Pedagogical Interaction 2 of CHILD 1 with the researcher.

- **Report of Observations-Interviews-Diary**

CHILD 1 is in the second grade of primary school. Although she understands the new concepts when the teacher delivers the lesson, she still refuses to pick up a pencil and cooperate. She decodes simple words and sentences containing words familiar to her with relative ease. She seems to understand their content as she knows all the letters, capital and small. In speech she is more efficient, although she still easily uses the phrase "it's boring". Her teacher is quite confident that she understands the school material at the time of delivery but is unable to reproduce it, retain it for a long time and develop it. At the same time, however, she is unable to deal with CHILD 1 and her special educational needs because she is afraid of upsetting the balance of her classroom by the other children. All parents want their children to progress, therefore she fears that if she allocates CHILD 1 more time to enable her to practice, then the other children will resent her and problems will arise. Her teacher points out that, when she speaks, it becomes evident that she does, in fact, listen during the lesson delivery, but "the new knowledge does not yet have a place in her mind". She finds it difficult to keep her concentration on the lesson delivery, she appears to be lost in a world of her own, searching for meaning and answers. She still does not ask questions although she uses the new concepts she heard in "today's" lesson in her speech.

When she acclimates to the rhythm of the classroom, she understands that she needs to think and study in order to have better results in her school performance. But she is very weak in managing such data because the depression she experiences has blocked all the processes of learning, enjoyment, creativity and development. Her teacher immediately asked her parents to come to the school so that she could state the special educational needs that CHILD 1 has and immediately find a way to manage them. The dynamics of success, as well as the dynamics of failure, create intense anxiety for her, so as soon as she feels vulnerable she immediately states that of the two of them, her sister was the good student and not CHILD 1, so her teacher should not have high expectations of her. Excuses - Truancy. She refuses to try, she refuses to grow. Time has stopped at the

accident she experienced and she finds no meaning in the present. She is fixed to the past and there is nothing in the present that excites her, not even life itself. Her gaze for most of her day is frozen and indifferent.

She has completely lost her orientation in life and the rest of the family can no longer cope with her because she is still in mourning. At the same time, she is in a critical and difficult family environment which does not help her to express herself, to bond, to feel safe and to trust herself again. Her reactions are often intense; she bursts into tears and shouts when she cannot cope with an event. She needs support and acceptance but there is still not the right framework in the family for her to experience these feelings. The school environment, which has a certain rhythm and demands, is not the refuge she is looking for and as a result she rejects it. Learning does not excite her and she cannot keep up with its fast pace. It is now long enough that she finds it difficult to communicate with someone familiar to her, a fact which frustrates her more and more. Her family prioritizes other things than those she really needs so they fail to communicate. She no longer mentions her sister to the researcher so strongly, as she is a person who has not met her, therefore does not remind her of her sister. Time works comfortingly for her and she can get over the depression she is experiencing, but her environment is not the right one. In addition, she cannot follow children her age and integrate into the community of the class and as a result she becomes aggressive because she believes she is being rejected. With the facts that she experiences on a daily basis, depression triumphs and as a result, this situation is strongly reflected in her reactions and thoughts.

Her teacher treats her like the rest of the children, trying through strictness and boundaries to impose certain activities on her. With this behavior, however, CHILD 1 is becoming more and more distant. While she needs as a child to feel safe in the school environment, her relationship with her teacher is not yet at the right level for her to feel this way. She believes that her teacher is not really interested in her besides her education, so she does not find the motivation to bond with her, to open up and communicate. On the contrary, her teacher strongly expresses her desire to help CHILD 1. She always treats her as equally to the rest of the class and encourages CHILD 1's classmates to include her in their groups. At the same time, school time is very specific and the teacher must distribute it equally to all the children in the class. Furthermore, she is also concerned that if she gives CHILD 1 extra attention, the other children will be treated unfairly, so she will have problems with their parents. The apparent difficulties she has in her school performance do not come from low intellectual capacity - perception or reduced ability, instead it all comes from a lack of motivation and interest. She is indifferent to learning because she cannot manage simple emotional concepts with her family, which involve daily points of contact with her parents. Thus, we conclude that she is not concerned about learning because she has not actually understood it, so her depressive feeling triumphs and she becomes more and more immersed in a new world that she creates herself in order to survive. The school

environment and teaching staff seem unable to cope with such a situation, so there is an urgent need for a specialized intervention.

At the start of the second grade, her teacher informs the researcher of her own inability to manage CHILD 1. She does not have the knowledge and does not want to take on the responsibility of CHILD 1. She does not distinguish CHILD 1 from all the other children in the class but in reality CHILD 1 does not receive the same opportunities as the other children. CHILD 1, regardless of the depressive phase she is experiencing, is an intelligent child who always focuses on the literal sense of events and situations. She cannot easily understand metaphors of speech.

CHILD 1 is a reserved child, intensely melancholic, who does not express her emotional world, still finding it difficult to communicate with her family and with her peers at school. The relationship she has created with the researcher-Special Educator is different from all the ones she already has, so she sometimes tests this relationship, exhibiting extreme behaviors in order to confirm in that it is real. She does not want to be alone but does not know who she can trust and be understood by. She is an intensely aggressive child because in doing, so she feels she is supporting herself. She has no friends, does not seek social contact, remains silent during class and does not participate. During breaks, as well as at home, she tends to play as though she had her sister next to her. She paints with great ease, always dividing her paper into two worlds, that of the living and that of the dead. All the extracurricular activities she used to do in the past she does not want to discuss or continue. She does not exercise at school either, always making some excuse to her teacher. It is difficult for her teachers and parents to manage her, therefore she remains essentially alone, becoming more and more silent or aggressive every day.

She is a fat child who eats a lot at home and sneaks treats and hides them in her room. She even forgets where she has hidden various foods, resulting in them spoiling and making her room smell bad or staining her clothes after the chocolate melts in her pockets. Her family treats her weight issue with particular aggression and anger. While she eats large amounts of food, she has the same appetite for food again in a short period of time. The feeling of satiety is absent.

CHILD 1 now exhibits obvious depressive elements and has difficulty managing herself. She is immersed in the pain caused by the violent loss of her twin sister and is unable return to life, unable to find motivation and reason. Her family relationships have their own wounds, resulting in her not trusting and remaining indifferent to them. The visage of CHILD 1 changes drastically when she communicates with her aunt, who puts emotional pressure on her, belittles and criticizes her. Her defense is offense and at this point, it is worth emphasizing the courage that CHILD 1 shows in fiercely defending herself, despite being 8 years old. The relationship with the researcher-special educator seems to calm her down. In her, she finds a balanced presence which, through dialogue, acceptance and love, makes the child feel safe. She does not know how to manage her emotions and as a result she bursts into intense tears when she

cannot get justice. Her parents still scold her and have excessive demands considering the current image of the child.

None of her teachers have the manner and the knowledge to approach her, so CHILD 1 remains educationally raw and inactive. She does not follow the basic school rules, she does not want to do her homework, she does not want to write or read in school (or at home), and therefore there is no sign of how to awaken CHILD 1 in order to get better. Most of her teachers give grades on school report card that she does not deserve or has not earned with her knowledge, projecting their compassion for what she has experienced and is going through. But this behavior provides her the excuse to sink further into depression and continue to lose herself. Her play remains lonely; she finds it difficult to socialize. Her classmates easily criticize her for her appearance, her extra weight and her bad smell, causing her to get angry, argue and isolate herself more and more. Her teacher is unable to help her and bring balance to her classroom.

According to the above, it is understandable that any educational intervention still seems difficult. Despite all the difficulties, however, the researcher has managed to gain the attention and trust of CHILD 1 during the second year of observation, so that the following year is the opening salvo for the New Pedagogical Approach, which aims at the educational awakening of CHILD 1, who suffers daily from the symptoms of depression. The only thing that remains to follow as a guideline is the use of ICT in the drawing application as well as our once a week contact via video call. She does not try to avoid it, nor does she create false scenarios to avoid meeting the researcher. She is familiar with the technology and does not treat it as through learning simply as through play. The use of ICT helped to create intimacy and bonding between the researcher and CHILD 1.

THIRD YEAR (SEPTEMBER 2018-JULY 2019)

In the 3rd year of systematic monitoring, the new pedagogical approach to address childhood depression has already started. CHILD 1 remains distant from her peers in her class because she fears rejection and has difficulty communicating with them. The relationship with the researcher is becoming increasingly meaningful. She remains stable in their appointments and always focuses on creative elements that draw the child's attention, initially even if only for a short time. Their meeting once a week by video call remains fixed and CHILD 1 accepts it. When she is pressured by the demands imposed by her aunt, her mood for playing with the researcher is not the same. However, because this game has a strong element of reward and acceptance, CHILD 1 always follows the procedure. The researcher begins with her enthusiasm gradually rising until she understands that CHILD 1 is ready to participate, that she has her attention focused on the researcher. As soon as she feels the slightest pressure, she immediately halts any effort. Then the researcher stays beside her and simply counts the cars that cross the road in front of them. The first stage of the "game" is clear. While

standing on the balcony of her house, they watch the cars passing by, focusing on their color. The first prompt is to loudly state the color of the car. CHILD 1 responds positively and when her turn comes, she simply says the color she sees. The interaction that takes place at that moment is met with great enthusiasm and is rewarded accordingly, as the child's absolute refusal to participate in anything her teachers had asked her to do, had been clear in the previous two years of observation.

Her behavior at school still seems to affect her progress, consistency, concentration and performance. The goal of the pedagogical approach in treating childhood depression is to awaken CHILD 1 through learning. Teaching is individualized in a fun way to capture her attention and interest. The process of learning, as presented by her teacher, remains an indifferent process because it is essentially of no interest to her. Still, she shows a complete lack of motivation and apathy during the lesson while the other children in the class are working and participating in the lesson delivery. She has no problem with comprehension; on the contrary, she expresses denial towards anything new that might develop her. In contrast to her behavior while in the classroom, during the period of the learning game, her attention seems to be on the activity. She responds correctly and sometimes smiles when the researcher accompanies her reward with applause and a hug.

Her new teacher plans to integrate her into the classroom gradually and with specific activities that she will ask all the children to do. CHILD 1 is a child who needs to feel cared for by her peers and to feel safe with the adults who guide her. The researcher asks the school teacher for cooperation in order to give CHILD 1 the opportunity to express the acquired knowledge from the new pedagogical method over time. Her socialization is partially inactive, but the researcher believes that she will be activated and, once she has the courage and knowledge, she will follow the rest of the class in the learning process.

After personal observation, it is determined that CHILD 1 is a hurt child who "shows" that she does not care about the negative comments she receives from either family members or her judgmental peers. However, she is an eight-year-old child who has experienced hard times that have scarred her entire family. Her reality is firmly locked in a world she has created and it is difficult for anyone to penetrate it. The trust, love and security provided by her relationship with the researcher were the initial stages which gave her the right to "come closer". There is intense pain which is not expressed in a meaningful way and manifests in shouting and aggression. It has been long enough that she finds it difficult to communicate with someone close to her, which is increasingly frustrating to her. The new learning process that the researcher has introduced into her daily routine is twofold. Firstly, didactic, but what catches her attention is the childlike-simple way it is presented to her through play.

She still refuses to write because she exhibits a weakness in Graphic Space. Her weakness in preparing her school bag has now been replaced with appetite and this process is integrated into her daily routine. The focus is placed on her obligation to

always be prepared for her next school day. She has accepted this and this action is completed daily. In her Behavior, she shows a strong problem in Emotional Support and in improving her Cognitive Image. Her new teacher is optimistic about the progress of CHILD 1 and is always willing to follow the instructions of the researcher-Special Educator.

We are in 3rd grade and CHILD 1 is beginning to show some positive change in her attitude in the school environment. Her new teacher wants to integrate her into the classroom and CHILD 1 is receiving her interest. She remains hesitant towards her classmates but we weaken her attention from this thought and reinforce her learning. According to her teacher's update, since last year, CHILD 1 has been lacking but does not seem to have much difficulty in the lessons, i.e., the cognitive part. She fully grasps the concepts and understands the language exercises but her refusal to join the classroom and pick up her pencil to do operations and practice remains. CHILD 1 in her school routine can understand the school material at the time of delivery but is unable to reproduce it, retain it for a long period of time and develop it.

Parent request: to spell correctly, read and behave like other children her age. They strongly express their anxiety for the child's development, as well as their inability to manage it, asking, firstly, for help to try and calm down CHILD 1, so that she does not leave herself open for negative comments at school. An additional goal has become the need for parents to have CHILD 1 become beloved in the school environment first and then at home.

Short-term goal: To maintain her attention for a certain period of time. (The goal is to plan steps with a specific time frame, which will gradually increase, specific activities with a different structure each time, in order to gain her trust, her interest and motivate her zest for life by learning.)

Medium-term goal: To concentrate and collaborate with individuals at school, as well as the researcher. To secure the steps taken according to the New Pedagogical Approach.

Long-term goal: Development of cognitive skills and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions.

Indicatively, the Teaching Interaction with CHILD 1 in the first trimester of the year can be seen below:

Table 5:

Teaching Interaction Recording Form (Third Year-CHILD 1)

Date	Child	Special Educator	Comments

13/09	Do the other children know the game we play?	They don't know it because you haven't shown it to them. But when you feel ready, of course you can play it with a friend.	She distinguishes herself positively with something based on knowledge for the first time. She handles basic arithmetic principles through the new pedagogical method and appears to enjoy it.
29/09	Oh! I like animals, I want to give them food and don't want them to be cold.	Today is a new day and we will add something new to our game. After adding the numbers and finding out their sum, we will search the alphabet for the letter corresponding to that number. And then we will think of an animal that starts with that letter!	The researcher demonstrates her enthusiasm for the new game and today she adds Greek Language knowledge. She is not as excited as the researcher, but she remains on the balcony and waits for the first car to pass. She especially likes animals and easily accepts the new addition without protesting.
10/10	I'm good at animals, I told you! I know almost all of them!	Yes, and I am very proud of you! Your knowledge is so vast that it excites me! What I like more though is that you enjoy the things we do together. Well done!	She was not expecting this game to be so pleasant but she is more and more interested in it. She deduces the sum of numbers easily and then finds the letter of the alphabet corresponding to that number, immediately saying an animal starting with that letter. (Example: plater 1120, sum 4, letter D, animal Dolphin)
20/10	I want to read two plates and you one, because I get bored of waiting when no cars pass.	We have fun and learn things at the same time. I am very pleased that you like it, so of course you can read two plates.	She feels that she has conquered that knowledge, therefore she wants to show off her abilities. It is wonderful to see CHILD 1 go from complete apathy to knowledge with the game form on which the new pedagogical method is based, CHILD 1 is ready to do number addition, refer to the alphabet and find an animal starting with the correct letter. She correctly follows all the instructions.

Note: *The table above shows the Pedagogical Interaction 3 of CHILD 1 with the researcher.*

- **Observations-Interviews-Diary Report**

CHILD 1 is in the 3rd grade of primary school and, with the new pedagogical approach, she shows interest in cognitive elements that previously did not concern her. She does not yet wish to pick up a pencil, does not know how to spell words correctly, and fears negative criticism, as well as refusing to read. The aim is to have her focus on her positive development through the game of the new method, so that the applause and hug after each correct answer is what she retains. She is apt and obeys all the rules. She does not yet show excitement like other children her age possibly do, but she responds to the researcher's call each time she asks her to move to the balcony, where she knows that the game will be played.

The goal is to awaken CHILD 1, with learning as motivation. CHILD 1 is asked to move to the balcony and once a car passes, she will first have to read the numbers on the license plate aloud. Then, the sum of the numbers on the license plate is calculated. At this point, it must be stated that the resulting sum must always be smaller than or equal to 24, because that is how many letters there are in the Greek alphabet. Therefore, the addition of numbers continues until we reach a number smaller than or equal to 24.This sum leads to a specific letter in the Greek alphabet and then, the word for an Animal starting with this letter is sought. When we say an animal then we use technology to google an image of that animal. This process is particularly enjoyed by CHILD 1 because she understands that she is good at using technology so she works confidently without realizing it. She is rewarded with exaggerated zeal and she seems surprised because the process was easy and the numbers simple. She loves animals especially, so she continues playing the game. She knows most of the animal words, resulting in significant success by the completion of the first trimester of this year. The researcher's enthusiasm is intense and is accompanied by applause and a hug to create a new enjoyable experience for the child through neuro-linguistic programming. Now, when it is time for the reward, she is ready to receive it, opening her arms to hug the researcher back.

Her initial response to reading the license plate numbers aloud was relatively easy because she was willing to follow the researcher in a "new game". When the addition of numbers was included in the game, she showed her fear of her insufficient knowledge by telling the researcher that her suggestion was boring. Nevertheless, the researcher completed the first addition and cheered for herself with enough fervor to get her attention. When she decided to proceed with her first addition, the researcher celebrated her success and courage intensely, concluding her praise with a round of applause and a hug. The purpose of this response is to create, through neuro-linguistic programming, a new coupling of neurons in her brain which will entrench in her a pleasant emotion resulting from the celebration of completing her attempt at number addition. Afterwards, the addition of the alphabet does not stress her because she is delighted with the names of the animals she is asked to find from the resulting Letter. Each time a different number, each time a different letter, each time a different animal.

In the second trimester of the year, finding a First name is included, which, once found, is celebrated with cheering and a hug. The next step is the creation of a sentence with

the words found in the previous steps of the game. To summarize, sentences that have a number, an animal, a name (Subject) in them are created and, with our imagination, "an action" emerges. For example: Number 4 leads to the letter D, Animal word - Dolphin, First name – Dimitris, and finally we create a complete sentence. "Dimitris and the 4 dolphins are swimming in the sea." She is happy to see that she is completing an action correctly and seeks this game because she clearly sees that she is good at it. In this way, CHILD 1 demonstrates her trust in the researcher who accepts, supports and praises her every step of the way. CHILD 1 is accustomed to an intensely judgmental attitude from her family environment and every moment of reward experienced in the new game caused her embarrassment, which she did not know how to handle and also found difficult to express. The researcher always reminds her to let herself get carried away by the joy of the new game and, more importantly, to allow the feeling of joy to carry her towards new paths of love, creativity and laughter. At times, although it is very early, she seems happy to be part of the game but still does not express it; she simply exists in the space. The more she talks, is part of the game and understands that she is succeeding, the more she wants to play and receive praise. All the steps are successfully completed but she still does not feel confident enough to write them down in the "special notebook". The "special notebook" is a notebook that has bright and cheerful colors on the cover, a gift that the researcher gave to CHILD 1 so that when she starts writing, she will have a uniquely different notebook in which to record her progress, her achievements and when all the pages are filled, then she will have a record to remind her of all she can do, all she has already achieved, and through it she will be able to pride herself with confidence and balance.

Her school performance has not reached the level of the requirements of the 3rd grade of primary school, but it is evident that CHILD 1 has regained her courage and has a different attitude whilst in the school space. Her new teacher has true interest in CHILD 1 and is intent on integrating her into the class. She often mentions the child's name during class, to get her attention. It is noteworthy that the posture of CHILD 1 has changed and her reactions are calmer. She does not exhibit extreme reactions in her behavior; instead, during breaks she observes the games of her classmates and does not seem to withdraw in "her" world.

In the second trimester of the year, she begins to not appear so nervous as to eat more than her portion. In addition, it has now been two weeks that she has not hidden food in her room or in her pockets. She eats what she is served with the rest of the family and then her attention is focused on the new Pedagogical Method and the contact she has with the researcher-Special Educator. The tension she was showing about food has weakened, although she has not yet expressed desire to lose weight. At school, she eats what has been given to her from home and her appearance is generally calmer and cleaner.

She seems to prefer the individualized approach of the researcher-Special Educator because it creates a sense of security, but for the first time she demonstrates interest in something new. The way the new Pedagogical Approach has been presented to her is

so unique that she wants to share it with other children. She experiences it as an achievement of her own that makes her special, resulting in her wanting to show it to other children so that they may accept and "love" her for this new thing she is presenting to them. She approaches her academic course with calm, because she still has defenses but, at the same time, is also listening and learning. She faces learning more easily through the new Pedagogical Approach and its individualized approach because it is presented to her in the form of a game. This fact is new and she accepts it. The anxiety caused by learning in the classical form is reduced and she is therefore more cooperative.

CHILD 1 still bears some characteristics of depression, but we must not fail to mention her positive development. As long as the environment she lives in keeps a positive point of view, then CHILD 1 is calm and focuses on her new "game" and, consequently, absorbs all the positives of the new method. The motivation sought within the school has been presented through the new Pedagogical Approach and its positive effects are slowly unfolding in the school environment. Her family relationships are not that much of a concern to her now because the positive emotions that arise from the new method act as a "balm" to anything negative she had in mind. She focuses on the present and gains positive energy through her new achievements. The relationship with the researcher-Special Educator seems to calm her down because it does not create surprises to which she will be called upon to adjust or from which to defend herself. In her, she finds a balanced presence that through dialogue, acceptance and love makes the child feel secure. She does not know how to manage her emotions yet, but seems to choose the new "game" precisely because it triggers something pleasant. The parents understand the difference in the behavior of CHILD 1 and follow the advice of the researcher-Special Educator with more and more confidence in her.

FORTH YEAR (SEPTEMBER 2019-JULY 2020)

Traversing the 4th year of systematic observation, the new pedagogical approach as a treatment for childhood depression has already started to yield positive results. The child's behavior at school has changed because she does not withdraw in "her" world as often. She does not play in her imagination at recess and does not refer to her twin sister. She observes her classmates' games and when she hears a joke, she appears to smile. She unlocks herself and does not distance herself as much, because she feels better and wants to present this improvement to her classmates, as well as her family. There are times when she feels the "anxiety of failure", but she manages it with the researcher-Special Educator by focusing on her effort, courage and uniqueness. The goal of the new pedagogical approach to treating childhood depression is to awaken CHILD 1 through learning. Teaching is individualized in a fun way to capture her attention and interest. One meeting a week always remains via video call and CHILD 1 remains firmly faithful to our online appointment. Technology is part of her daily routine and she enjoys it.

This year, she is maintaining clear eye contact with her teacher which is highly encouraged by the teacher. In the personalized tutoring sessions with the researcher-Special Educator, CHILD 1 responds correctly and sometimes smiles when her reward is accompanied by applause and a hug. She does not exhibit this type of familiarity with the school teacher, but she has certainly made great progress since the new pedagogical approach was implemented. CHILD 1 is a child who needs to feel cared for by her peers and to feel safe with the adults who guide her. Her socialization has been activated since she does not seek to get lost in "her" world but still lacks the courage and knowledge to follow the rest of the class in the learning process. Nevertheless, the game hidden the new pedagogical approach excites her and she states that she would like to play it with other children of her age in order to show that she is also 'good' at something.

Although writing has been integrated into the New Pedagogical Approach and CHILD 1 has been responding positively to the "special notebook" since the first trimester of the year, she still refuses to write in the classroom because she feels ashamed and is afraid of making a mistake and being ridiculed. In her behavior, she shows positive development, so long as her environment remains calm. There are times when she argues with her classmates, but the teacher quickly restores the balance and when the teacher is not in front of an incident, then CHILD 1 has more patience than before to explain and solve any problems. Her teacher is optimistic about the progress of CHILD 1 and is always willing to follow the researcher-Special Educator's instructions.

According to the teacher's information, CHILD 1 makes eye contact with her and the teacher often smiles back (to communicate silently) in order to acknowledge the child's different attitude in the classroom. Positive connotations are added to everything that CHILD 1 does differently, so that through neuro-linguistic programming it is imprinted in her that the right actions bring the desired development and personal success. Since the year prior, she has had deficiencies but does not seem to have great difficulties in the lessons, i.e. the cognitive part. She fully grasps the concepts and understands the language exercises, but her refusal to join the classroom and pick up her pencil to do operations and practice remains. However, at home, she writes the words for animals, which is now part of the "game", and she does not shy away from it. Her pace is slower and she sometimes forgets to write some letters. However, in response to this weakness, the researcher-Special Educator adds syllabication, i.e. the slow reading of each animal word. This addition is included to make CHILD 1 feel secure in her writing and refrain from forgetting letters.

In her school routine, CHILD 1 can understand the school curriculum during lesson delivery, but she is not yet absorbing or reproducing the new knowledge. In the spoken word, her teacher stresses how she appears to have knowledge and understanding. In the second trimester, the new pedagogical approach has been the motivation for CHILD 1 to return to life and to adapt to the school environment. The new Pedagogical Approach stimulates her spirit in a positive way because it is based on rules of play and ends with applause and a hug. This was the initial promotion of the new Method to attract the interest of CHILD 1 who has been diagnosed with childhood depression.

Touch warms the "frigid" feeling and helps her with the Emotional Uncertainty she is experiencing. She feels satisfaction in being able to do addition of numbers on her own and thinking of an animal and a first name beginning from the letter corresponding to the sum of those numbers, and then spell all of these and record a complete sentence in her "special notebook". In this way, CHILD 1 is already able to fully write and read from the second trimester.

The security and trust that has been developed between the researcher-Special Educator and CHILD 1 is of particular importance because it positively enhances the child's development. She decodes with relative fluency simple words and simple sentences containing words familiar to her. She shows an understanding of their content as she knows all the letters, capital and small. In spoken word, she is more efficient, since in the new pedagogical method she can add numbers with ease, say the Greek alphabet quickly and easily think of animal words and first names, and form sentences. The researcher-Special Educator, with patience, perseverance and dedication, is always beside CHILD 1 in order to properly strengthen her psyche and remind her of the value of knowledge. Furthermore, the purpose of the uniqueness of the "special notebook" that records and demonstrates the steps of the New Pedagogical Method, is to encourage her by showing how much she has written herself and her immense potential, when she becomes discouraged and loses her motivation to develop and learn.

Parent request: that CHILD 1 continues developing and fully returns to age-appropriate concerns and life. They express their gratitude and joy for the current image that CHILD 1 presents.

Short-term goal: To retain in her memory elements of the lesson delivery and actively participate in the classroom. To focus her interest on creative situations which contain joy and development.

Medium-term goal: to concentrate her attention on the steps of the New Pedagogical Method and to take courage and joy from this process.

Long-term goal: Development of cognitive abilities and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions.

Indicatively, the record of the Teaching Interaction with CHILD 1 in the first trimester of the year follows:

Table 6:

Teaching Interaction Recording Form (Forth Year-CHILD 1)

Date	Child	Special Educator	Comments
10/09	I'll tell you what I have to study for tomorrow, I wrote it	Well done, CHILD 1! Congratulations on your progress, I am always	Encouragement, reward, applauding and hugging her are some of the main

down when the teacher said it.	proud of you. I am so happy for you, for sharing you wonderful handwriting in another notebook. Your teacher was very happy to see you write.	tools used by the Researcher – Special Educator to boost the confidence of CHILD 1. Based off the new Pedagogical Approach, CHILD 1 is developing positively, she responds to the learning process and her external image has completely changed. Her academic awakening is now a fact which she demonstrates in the classroom.
20/09	How many sentences will we write today?	As many as we can! (the researcher hugs and rewards her constantly, because she has truly become a different child)	The researcher demonstrates her enthusiasm for the new game – Pedagogical approach because, CHILD 1 responds positively, seems to enjoy and develop through it. Her writing is steady, her handwriting is constantly improving and her school performance is entirely different.
02/10	I want to ask my classmate, Maria, to come over, so I can show her our game.	What a lovely idea! You will teach her something new and you will spend time together as friends. When you allow your beautiful self to be known by your classmates, I am certain they will be very happy to be around you.	Her combining ability is fully developed, her knowledge is obviously correct for her age and she no longer resembles the child the researcher met 4 years ago. Reward is an especially important tool the Researcher – Special Educator uses. Social awakening has been achieved through learning.
18/10	Are you happy that I am doing everything right?	I am very proud of you! Well done, CHILD 1! I am extremely lucky to have met you. You are a wonderful child and I have had faith in you since the moment we met. Now you are proving me right. Well done!	She regains her enthusiasm because knowledge develops her and that makes her happy. Depression and the reactions she exhibited have been replaced by healthy actions which are all motivated by learning. The aim of this phase,

academically, is the stabilization of her skills and positive development, as well as having substantial faith in herself.

Note: The table above shows the Pedagogical Interaction 4 of CHILD 1 with the researcher.

- **Observations-Interviews-Diary Report**

Her teacher is quite confident that she understands the school syllabus at the time of delivery and is particularly pleased with her step of writing her schoolwork now. At the same time, she gives her time in the classroom and integrates her by simply mentioning her name. The teacher's collaboration with the researcher-Special Educator has enhanced the child's school image and is done in an atmosphere of joy and creativity. CHILD 1 has special educational needs that are very important for the teacher to understand, in order to stimulate the interest of the child suffering from depression and to give her equal opportunities with the other children in the class. The next step, which CHILD 1 is encouraged to do, is to form questions and have the courage to share them with her classmates.

The relationship with the researcher is established and consistently creative and enjoyable, therefore the personalized learning program implemented has been able to awaken CHILD 1 with the numbers game, followed by letters, words and their meanings, and spelling and writing them down in a complete sentence. Specifically, from the license plates of cars, the sum of the numbers is calculated, then the letter of the Greek alphabet which corresponds to the number and, finally, the word for an animal beginning with that letter is found. To avoid "lost" syllables, the researcher added the spelling of each animal recorded. This way, the child feels more confident and secure. This stage is completed by finding the animal selected by CHILD 1 in the google images app. This moment always remains fun for CHILD 1 who is particularly comfortable with technology. Her ability to find pictures of animals is a point she particularly enjoys. When this process was established and became routine, following the animal search, the search for a first name starting from the same letter as the animal was added. Both were consequently recorded by CHILD 1 in order to reinforce the writing skill as well. Theoretically, CHILD 1 is ready and receptive to communication. This project is completed by forming sentences based on the existing elements-words. Writing down the suggestions is important because it enhances her comfort in the Graphic Space, her confidence as a student and her academic development. Childhood depression as experienced by CHILD 1 is a condition that affects how she thinks, feels and acts. The trust and stability in the relationship with the researcher is now established, so it has helped to make learning the motivation for her reintegration into life.

In this phase, focus was placed on her confidence towards writing, a feeling that can be enshrined through practice and friction. To avoid "lost" syllables, the researcher added the spelling of the animals and names that were recorded. The time and completion of the new Pedagogical Approach depends on CHILD 1 and the progress she makes.

Creating sentences based on elements from numbers and letters was aimed at reinforcing writing and reading. CHILD 1 writes numbers, animals and names slowly and steadily, using capital and small letters. Accompanied by the new neuro-linguistic programming created by the researcher when CHILD 1 responded correctly in each phase, the child's responses were differentiated by having a positive connotation. The focus was on writing, reading and creative thinking. She struggled to grip her pencil correctly, was embarrassed about her letters, and did not know the spelling of all the words, but the researcher stayed close to her with support, encouragement and intense celebration which created a happy atmosphere. The aim was to weaken the feelings of anxiety and the inferiority complex which earlier situations had created. When the time of reward comes, she is ready to receive it, opening her arms to embrace the researcher. Spelling mistakes are corrected immediately, so that they are imprinted in her memory. This type of exercise is also reinforced by the repetition of the words.

Her school performance is becoming better and better, which proves that CHILD 1 has reached a higher level and now understands the importance of school and the knowledge it provides. It is evident that CHILD 1 has regained her courage and has a different behavior whilst in the school setting. Her mastery of writing in the school setting shows her decision to free herself and integrate with her peers. The new Pedagogical Approach has captured the interest of her teachers who ask about what is happening during homework to cause this positive development in CHILD 1. It should be noted that the child's posture has changed and her reactions are calmer. She does not exhibit extreme reactions in her behavior; instead, during breaks, she observes the games of her classmates and does not seem to close herself in "her" world.

The beginning to combat childhood depression with the weapon of learning has already been made and the child is responding positively. CHILD 1 seems to feel secure through the relationship she has developed with the researcher-Special Educator and is receptive to try the new game with her, i.e. the new Pedagogical Approach aimed at awakening CHILD 1 from depression. All individuals who work with CHILD 1 are happy about her progress and excited about her positive development. Her aunt remains skeptical of the child's abilities and several times discourages her efforts. At this point, it is worth recording that on the day she wrote her homework assignments on her own, upon returning home, she asked to call her aunt to declare "victory".

CHILD 1: Today I showed my teacher and my classmates my handwriting. Everyone was happy to see them!

AUNT: Well done, CHILD 1! I hope you continue this way and don't go back to your previous isolation.

CHILD 1: Okay. Just so you know

(Athens, January 2020)

The new Pedagogical Method became the opening salvo for CHILD 1 to escape the whirlwind of childhood depression and regain her interest in life. Her daily life has changed for the better, as she now has an activity through which she learns, acts, communicates and develops. The innovation of the new Method lies in the concept of "play" which each child prefers and responds positively. From complete refusal to learn, inability to socialize, the pain that loneliness brings and the difficulties that existed in family communication, it is a remarkable moment in which CHILD 1 is activated through an activity. The new Pedagogical Method gave CHILD 1 the motivation to take the "next" step. The trust that has developed between the researcher-Special Educator and CHILD 1 is crucial in this phase because the child is invited to follow her instructions. The child's current image is described by the parents as an immense achievement, because she now seems to be reacting smoothly, communicating and not dwelling on the past. The family is looking forward to the child's positive development being stabilized because they have placed all their hopes in the new way of treating childhood depression. At the same time, the parents remain faithful to the advice of the researcher-Special Educator, in order to get the desired results from the new method. CHILD 1 socially, educationally and personally, develops smoothly and with steadily.

The positive interaction she has with the researcher at home, the meaningful communication they have during the new Pedagogical Method and the clear transformation of CHILD 1 is more than enough for the parents, who feel happy. Her need to hide food is now a thing of the past. She eats with the rest of the family whatever they serve her and then her attention is focused on the new Pedagogical Method and the contact she has with the researcher. The tension she used to exhibit about food has weakened, although she has not yet expressed the desire to lose weight through a special program. At school, she eats what she is given from home and her appearance is generally calmer and cleaner. The momentary bliss caused by consuming excess food and sweets has been replaced by the positive influence of the new pedagogical approach, and she seeks intense reward after each correct answer. Her parents are not concerned with this issue because they are afraid of any regression, so they are being patient for now. Although she is not yet on a special diet, she has lost weight, due the amount of food she eats being much smaller.

FIFTH YEAR (SEPTEMBER 2020-JULY 2021)

In the first trimester of the fifth year of systematic observation, the intervention with the new Pedagogical Approach to Childhood Depression has yielded positive results. The outlook of CHILD 1 has changed for the better in terms of behavior and reactions, and her cognitive level has aligned with the requirements of her age. Motivated to learn,

CHILD 1 now has different reactions to everything that happens at school. She shows that she is part of the class, maintains eye contact with her teacher and more accurately reproduces the lesson delivery during home study. Her relationship with the researcher-special educator is becoming increasingly meaningful. She remains consistent in their appointments and always focuses on creative elements that catch the child's attention. When CHILD 1 has something on her mind, she now expresses it, they discuss it and then start "playing" with the new pedagogical approach which has activated her interest. She was clearly a child with emotional "rigidity" and was struggling to adapt to daily life, but currently shows positive social development and better school performance. Our online meeting has remained stable and fully operational. The use of the camera is a particularly pleasant technological tool in that CHILD 1 is very comfortable using it.

Her behavior at school has changed, as she does not withdraw in 'her own' world. She observes the games of her classmates and when she hears jokes, she seems to smile. She has unlocked herself and does not distance herself as much, because she feels better and wants to demonstrate this improvement to her classmates, as well as her family. There are times when she feels the "anxiety of failure", but she manages it with the help of the researcher by focusing on effort, courage and her uniqueness. The child's decision to start writing her assignments and participate in the lesson delivery, in a free and supportive way, was the main purpose of the new Pedagogical Approach to Childhood Depression.

Depression has been scientifically proven to be the greatest enemy of our health as its effects transcend the psychological dimension and extend across the entire spectrum of health. Depression changes everything in the lives of people suffering from it and often has a decisive impact even on the lives of people who are close to the sufferers. The trust, love and security provided by the relationship with the researcher were the starting point for someone else to enter her world. There was intense pain which was not expressed in a meaningful way and manifested in shouting and aggression. CHILD 1 had a very good knowledge of things at which she was not good, skills that she did not have and what knowledge she could not master since the environment she lived in was very judgmental and constantly created insecurities for her. Her relationship with her parents is definitely better, with less tension and better communication. The new learning process, introduced by the researcher in her daily routine, has borne fruit and she is enjoying praise from everyone. CHILD 1 is currently focusing only on her bright mind, the wonderful abilities she has and the unique skills she possesses. The teaching role of the 'play' method has proved to be the key to getting to the current school development of CHILD 1 and her best social image.

Since last year, she has not had many deficiencies because she is asking questions and has raised her hand in class 7 times in the first trimester. In spoken word, CHILD 1 is showing more development, she is asking any questions that come up and in this way her gaps are covered. She fully grasps the concepts and understands the language exercises. She uses grammar and syntax rules correctly and now keeps her attention focused on the 50 minutes of lesson delivery as required by Greek law. Her

concentration is clearly at a better level, which is evident in her answers when the teacher asks comprehension questions. Her pace is becoming faster and faster, based on her own data and stamina. When she feels pressured and unable to respond to new knowledge, she uses the tools that the new Pedagogical Approach has taught her so that she can respond. That is, in reading she uses the spelling of words, in arithmetic she uses the number lines she and the researcher have made, and in spelling, she insists on looking at the blackboard first for new words and then writing them down correctly.

CHILD 1 copies the homework assignments from the chalkboard on her own, writes down her homework and participates in class activities. These actions were rewarded by the researcher in the form of hugs and mental encouragement. CHILD 1 got the satisfaction that, through positive Action, the right Reaction emerges. In the spoken word, her teacher emphasizes that she appears to have knowledge and perception.

Parent-request: that this positive development of CHILD 1 successfully continues on an academic and social level.

Short-term goal: to keep in her memory elements of the lesson delivery and to participate actively in the classroom. To focus her interest on creative situations which contain joy and development.

Medium-term goal: to concentrate her attention on the steps of the New Pedagogical Method and to take courage and joy from this process. The steady positive development of CHILD 1.

Long-term goal: Development of mental abilities and emotional organization, School readiness, Social adaptation (behavior), Perceptual functions.

The following is an example of the Teaching Interaction with CHILD 1 in the first trimester.

Table 7:

Teaching Interaction Recording Form (Fifth Year-CHILD 1)

Date	Child	Special Educator	Comments
24/09	Was raising my hand and answering the teacher's question good?	Of course, CHILD 1! Congratulations! Look how happy that made you! Look how happy knowledge makes you! Well done, CHILD 1!	Encouragement, reward, applauding and hugging her are some of the main tools used by the Researcher – Special Educator to boost the confidence of CHILD 1. Today should be recorded because it was the first time she raised her hand and

			courageously became part of the school process, defeating the fear of exposure.
07/10	I want to ask Catherine and Maria to visit me again this Saturday, so we can play with numbers and letters.	Great idea, CHILD 1! They will be thrilled with your knowledge and together you will enjoy the rewards of applause and hugs.	The researcher demonstrates her enthusiasm for the game – Pedagogical approach because CHILD 1 now shares the game with other children. She responds positively to cheering and suggests that her friends do the same. The past image of CHILD 1 could not manage such emotions of joy. Her development is evident and she enjoys it.
28/10	My classmates said they want to show me a new game and they want to see me this Sunday, to play. (she smiles)	Lovely! I am glad that our creative game was the reason you started playing with your classmates and them now wanting to show you more games. You are a wonderful child with principles, intelligence and understanding. Anyone would like to keep you company!	Her combining ability is fully developed, her knowledge is obviously correct for her age and she no longer resembles the child the researcher met almost 5 years ago. Reward is an especially important tool the Researcher – Special Educator uses. Social awakening has been achieved through learning. Now, knowledge excites instead of repulsing her.
01/11	Are you happy that I am writing and reading?	Yes! I am very proud of you! Well done, CHILD 1! I am extremely lucky to have met you. You are a wonderful child. I have had faith in you since the moment we met. Well done!	She repeats questions because she wants to receive the stability of the researcher's emotions. She regains her enthusiasm because knowledge develops her and that makes her happy. Depression and the reactions she exhibited have been replaced by healthy actions which are all motivated by learning. The aim of this phase, academically, is the stabilization of her skills and positive

development, as well as having substantial faith in herself. The goal is to keep her interest in knowledge and learning stable.

Note: The table above shows the Pedagogical Interaction 5 of CHILD 1 with the researcher.

- **Observations-Interviews-Diary Report**

CHILD 1 is in the 5th grade of primary school and with the new pedagogical approach, she is showing a keen interest in cognitive elements that previously did not concern her. She is apt and obeys all the rules. She now raises her hand courageously in the classroom, focusing on the question she wants to ask rather than on the possibility of a mistake she may reasonably make. She has stopped being so critical of herself and enjoys the present with a childishness appropriate to her age. Initially, in the new pedagogical method, the aim was adding the numbers seen on car license plates. Then, the addition led to a letter of the Greek alphabet and this letter would complete the phase with a word for an animal, and finally a first name. Using technology to find an animal picture was a creative stage through which CHILD 1 gained confidence. The pictures had a particularly enjoyable role, so that this phase always positively reinforced the New Pedagogical Approach. For example: 1558, sum 19, letter T, Animal Tauros (bull), Name Tasoula. When this action was established and entered into her daily routine, the Method was completed by forming sentences from the existing elements. In this phase, the focus was on her confidence towards writing, a feeling which can be established through practice and friction. To avoid "lost" syllables, the researcher-Special Educator added the spelling of the animals and the names that were recorded.

The recording of the data was always done in the "special notebook" which, at the end of this school year, served as a prize to the mental strengthening of CHILD 1, since she could now clearly see her substantial progress. In this way, she prided herself and emphasized her joy. Rewarding particularly helped the whole process because, through neuro-linguistic programming, CHILD 1 began to seek positive reactions after each correct answer while creating the belief that "I deserve to receive credit because I am smart and capable". The neuro-linguistic programming helped create a new coupling of neurons in the child's brain, which provided her with a pleasant emotion resulting from the celebration when she completes her task. In addition, the aim was to weaken the feeling of anxiety and the inferiority complex which had been created by previous situations. Now, when the time of reward comes, she is ready to receive it by opening her arms to embrace the researcher. Spelling mistakes are corrected immediately, so that they are imprinted in her memory. This type of exercise is also reinforced by the repetition of the words.

The new Pedagogical Method became the opening salvo for CHILD 1 to escape the whirlpool of childhood depression and regain her interest in life. Her daily life has

changed for the better, as she now has an activity through which she learns, acts, communicates and develops. The innovation of the new Method lies in the concept of "play" to attract attention, "empathy" to succeed and "reward" to boost the child's self-confidence, in order for her to learn to reward and support herself. From complete refusal to learn, inability to socialize, the pain that loneliness brings and the difficulties that existed in family communication, it is a remarkable moment in which CHILD 1 is activated through an activity. The new Pedagogical Method gave CHILD 1 the motivation to take the "next" step. The enjoyment of creation and its positive results have had a catalytic effect on the child's psychology. The trust that has developed between the researcher and CHILD 1 is crucial in this phase because the child is invited to follow her instructions. The child's current image is described by the parents as a great achievement because she now appears to be reacting smoothly, communicating and not dwelling on the past. CHILD 1 socially, academically and personally is progressing smoothly and steadily. Her depressive image is now a thing of the past and in the present, we have a child who longs to live.

Her socialization has normalized and CHILD 1 enjoys her choices. She exhibits a constantly improving behavior because she has calmed down, does not play alone but instead watches her classmates play, she has become part of the classroom and now interacts with her classmates and shares the same concerns. She does not focus on the anxiety that any criticism of a classmate or the anxiety of failure would cause her. Instead, she wants and invites her classmates to play in her personal space (her home) and to show them the new educational "game" she has learned and so enjoys. During the lesson delivery, she is now part of the class and has begun to raise her hand to give a possible answer to the teacher's question. The child's countenance is obviously calmer, more receptive and is beginning to match that of her peers more closely. The key element of the new method, the "reward", has given CHILD 1 the belief that she is capable, creative, and intelligent, and in the end enjoys her achievements. She no longer confronts her classmates with the anxiety of failure and as a result she is now integrated into the class group. The start has been made, so now there is the option to invite a friend home, which she asks for almost every weekend and her mother always accepts. Her social life is now stable and she enjoys it.

Her need to hide food is a thing of the past. She eats with the rest of the family whatever they serve her and then her attention is focused on the new Pedagogical Method and the contact she has with the researcher. She has become disoriented from the tension she used to exhibit about food and, since this trimester, she has been following a special diet to return to a normal weight for her age. At school, she eats what she is given from home and generally her appearance is calmer and cleaner. The momentary bliss caused by excessive eating of food and sweets has been replaced by the positive influence of the new pedagogical approach. Its importance is established through healthy data, therefore CHILD 1 develops smoothly, enjoying everything. She enjoys her body slimming and smiles more often. She is following her diet faithfully and does not complain.

Motivated by the new Pedagogical approach, CHILD 1 has become very different in the school environment. Her teachers are amazed by CHILD 1's positive development and ask the researcher-Special Educator for cooperation and guidance to enhance the child's positive reactions themselves. CHILD 1 now raises her hand to join in the lesson delivery and takes part in the discussions that take place in the classroom. Her speech is layered and calm when expressing her opinions or presenting her knowledge. Her teacher rewards her like all the other children, she is not singled out. The way the new Pedagogical Approach has been presented to her is so special that she wants to share it with other children. She experiences it as an achievement of her own that makes her special, resulting in her wanting to show it to other children so that they will accept and "love" her for this new thing she is presenting to them. The intense reward seems to still be necessary for her because every time she celebrates with the researcher, her face changes completely and she projects intense feelings of joy. She faces her schooling with calmness while listening and learning. She accepts learning more easily through the new Pedagogical Approach and its individualized approach because it is presented to her in the form of play. This is new and exciting for her. The anxiety caused by learning in the traditional way is reduced and she is therefore more cooperative. She writes down the activities she has at school on her own, copies from the blackboard and participates during lesson delivery. She copies her own homework from the board, does reading when asked by her teacher and asks her classmates if there is something of which she did not make a note in time. During the time she is writing, reading and thinking, she appears to be a calm, poised child, with no pressure or anxiety about her performance. During lesson delivery, she has the correct books in front of her, when asked a question by her teacher she answers with ease and, at home, she remembers her homework. She is happy that she is harmonized with the school requirements and it is evident that she does not have any learning weaknesses at this time.

- **CHILD 2**

The analysis continues similarly for Child 2 by year. The results are as follows:

FIRST YEAR (SEPTEMBER 2016-JULY 2017)

Before taking any action, the Riven test was administered to CHILD 2 to ensure that the educational indifference-obliviousness that he exhibits is not due to reduced mental capacity but is a result of childhood depression from which he suffers. The results from the Riven test confirm that he has a normal IQ and therefore he understands Greek and Mathematics perfectly.

However, his behavior seems to affect his progress, punctuality, concentration and performance. In addition, he shows a complete lack of motivation and apathy during the lesson, while the rest of the children in the class are working and participating in the lesson delivery. He asks to leave his class frequently, making excuses, and if the teacher does not accept it, he gradually becomes more and more anxious at his desk.

During the delivery, he is completely distracted and even gets up from his seat frequently.

After observation, it has been judged that CHILD 2 is a witty child who appears to have strong anger management issues. He easily spirals out of control, often using the phrase "you're going to get beat up" and his initial reaction is to ignore people. He essentially dismisses his interlocutors before they have a chance to reject him, avoiding experiencing the feeling of rejection again. His apparent difficulties in school performance do not come from low intellectual capacity - perception or reduced ability; instead it all stems from a lack of motivation and interest.

His attendance at kindergarten was accordingly met with several difficulties through the year. The intense fights and the sudden shouting of the parents affected CHILD 2 very negatively, resulting in a lonely child who had difficulty socializing. The school environment and his classmates did not become his refuge; instead, he preferred to remain alone. According to his teacher's information, apart from his emotional isolation, CHILD 2 showed complete educational indifference. He had a strong refusal to draw and to hold his pencil, as well as follow his teacher's instructions so that he may write his name. Knowledge does not concern him because he is emotionally affected by the poor communication between his parents. He easily withdraws to feel safe and does not react to any external stimuli. When the teacher approaches him alone, without the presence of his classmates, she realizes that he understands concepts and arithmetic operations, but still refuses to participate in any school activity.

According to the above, it is clear that CHILD 2 has difficulty keeping his attention on the school lesson during the 1st grade of primary school. At the same time, he exhibits strong emotional disorganization, specifically in "Self-feeling" and "Cooperation with others". He refuses to write because he has a weakness in Graphic Space. In addition, he is unable to read and does not organize his school bag, so it becomes the mother's obligation to prepare his school bag for him. In his Behavior, he shows a strong problem in Emotional Support and in improving his Cognitive Image. Complete lack of motivation for life.

Essentially, in kindergarten, he appears as a lonely, frightened child, with difficulty in socializing and creating friendships, while in the first grade of primary school, he develops into a lonely child but reacts with aggression as soon as he feels that he loses his individual security.

In fact, he is not motivated to turn to knowledge because he is experiencing emotional pain. He blocks anything new, even though he appears to understand it. He knows the correct answers to the teacher's questions, but refuses to pick up a pencil and write. His parents' divorce seems to be on his mind so frequently that he has no reason to be a good student, because no one in his family environment is focusing on this matter.

Parent request: "that my child gets well" is requested by the mother, who is experiencing intense changes in her life to which she is finding it difficult to respond.

She therefore has a disadvantage in managing her child's emotional world at the same time.

Short-term goal: To maintain his attention for a certain period of time. (The goal is to plan steps with a specific time frame, which will gradually increase, specific activities with a different structure each time, in order to gain his trust, make him feel safe and motivate his zest for life by learning.)

Medium-term goal: to concentrate and collaborate with individuals at school.

Long-term goal: Development of cognitive skills and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions. Emotional Safety and Acceptance.

Indicatively, the record of the Teaching Interaction with CHILD 2 in the first trimester of the year follows:

Table 8:

Teaching Interaction Recording Form (First Year-CHILD 2)

Date	Child	Special Educator	Comments
19/09	(he looks into the researcher's eyes without speaking)	Good morning, I am Eleftheria. I am also a teacher, likes Mrs. Eleni. Who are you?	CHILD 2 did not want to communicate with the researcher. He shows that he is seeking acceptance but without using the spoken word. He did not get up to leave the spot when the researcher approached him (positive element)
24/09	(he looks into the researcher's eyes again without addressing her)	Good morning, CHILD 2! Today is a different day but I am steadily here to meet you!	Initially, he seems to consider it, but does not respond. The focus is on the fact that he did not get up to leave, so the researcher remained beside him without saying anything else. She let time pass.
28/09	(today he does not look into the researcher's eyes at all)	I was looking forward to seeing you!	Something different has happened today and he avoids any eye contact with the researcher. He suffers in silence. The bell rings and he does not gets up to return to class. The researcher tells him that he must now go to the classroom and

			informs him that she will soon return to see him.
31/09	(he looks into the researcher's eyes again, once more without addressing her)	Hello, CHILD 2! I promised you I would come back to see you and I am always true to my word!	He resents the school space. He cannot acclimatize, cannot integrate, and finds it difficult to socialize. The initial goal is for him to trust the researcher and speak to her. Complete lack of school motivation.

Note: The table above shows the Pedagogical Interaction of CHILD 2 with the researcher.

- **Observations-Interviews-Diary Report**

CHILD 2 is a boy who is in the 1st grade of primary school and has been diagnosed with childhood depression by the K.E.D.D.Y. (public diagnostic entity in Greece) Center for Differential Diagnosis, Diagnosis and Support. They assess students who have not completed the 22nd year of age. The assessment is conducted by a five-member interdisciplinary team, consisting of a Special Education Teacher (SPE) of pre-school, primary or secondary education, a child psychiatrist or pediatrician specializing in Pediatric Neurology, a social worker, a psychologist and a speech therapist. The interdisciplinary team may also include an occupational therapist or a member of the specialized Special Teaching Personnel (STP) of the PE 31 sector, as applicable, on recommendation of the Head of the corresponding K.E.S.Y. Graduates over the age of eighteen (18), who have not been assessed as individuals with disabilities and special educational needs, do not fall within the jurisdiction of K.E.S.Y.

This interdisciplinary team issues an assessment in which the definition and description of the student's difficulty is stated, as well as recommendations for their support. Additionally, the school framework which is preferable for the student to attend is proposed (special school, Department of Integration, parallel support) and a Personalized Educational Program (EEP) for the educator, in which the objectives for the most effective support of the student are identified.

K.E.S.Y. services are provided free of charge, and the student file is confidential and accessible only to the parents, the principal and the educators of the school involved in the education of the student.

He has completely lost his direction in life and the rest of the family can no longer manage him because they are in the process of divorce. At the same time, he is in a critical and difficult environment which does not help him express himself, bond, feel safe or to trust in himself again. The family environment lacks stable structures and the parents do not have their child on their minds. There is intense aggression which the

CHILD 2 experiences and, as a reaction, he is increasingly withdraws into himself in order to find relief. The school environment, which has a certain rhythm and demands, is not the refuge he seeks and therefore he rejects it. Moreover, he cannot follow children of his age and integrate into the social group of the classroom, so he becomes aggressive because he simply wants to be left alone.

His class teacher treats him like the rest of the children, trying through strictness and boundaries to impose certain activities on him. However, there are days when he remains in the classroom as an invisible child, because his teacher knows of no other way in which to approach him. With this behavior, however, CHILD 2 becomes more and more distant and finds no reason to go to school every day. Knowledge does not concern him, in fact he has not understood it, thus the depressive feeling triumphs and he sinks further into a new world that he creates himself in order to survive. The school environment and teaching staff seem unable to cope with such a situation, so the need for a specialized intervention is urgent.

He has no particular appetite for food; he is a weak and small child. He is not of age-appropriate height although his parents are both tall. Food generally seems not to concern him, he does not eat during breaks and when he returns home, he only eats at lunchtime, sitting at the table with his grandparents. The only relationship his mother allows him to have is the one he has with her. The father is not in the child's daily life, so there is no communication. His grandparents are a comfort to CHILD 2, but he still does not seem to be able to express what he truly feels. He usually obeys his mother's shouting and then remains quiet and alone. He is typically clean and follows the rules that his mother sets for him. He has no room to refuse her. His mother still washes his hair and generally helps him a lot in the bathing process.

CHILD 2 finds it very difficult to follow the school rules, completely refuses to pick up his pencil and, when he is a little pressured, he expresses his anger intensely. He does not know how to grip his pencil, he does not want to read and when he feels pressure he becomes aggressive and throws his books down on the floor (when at home). When he acclimatizes to the rhythm of the classroom and realizes that he needs to think and study in order to get better results in his school performance, he immediately develops a nervousness that he cannot manage. CHILD 2 generally exhibits disorganization in his movements, thoughts and in the way he expresses himself. Depression has completely affected the way he thinks, feels and acts. He is a child who, as soon as he feels pressure, becomes very aggressive. He acts as though he were a kindergartener and regresses strongly to past phases. When the researcher asks him to draw her a picture of his family, he angrily replies:

"Don't ask me about the family, nothing about the family, I don't want to talk about it."

According to the above data of the daily life of CHILD 2, it is understandable that any further educational intervention was impossible. Being in an exploratory phase, the

focus is on obtaining a healthy relationship based on security, trust, acceptance and support between researcher and CHILD 2.

The only thing CHILD 2 seems to enjoy is drawing on the tablet with the researcher through a drawing app. The use of ICT in general was easily accepted by CHILD 2 as it is part of her daily life. She spends several hours of the day in front of her computer doing google searches or playing games of his choice. CHILD 2 easily and quickly responded to the researcher's encouragement to draw on the tablet app while still refusing to follow any instruction from his teacher at school. This has resulted in his remaining educationally inactive without showing any interest. In contrast, the painting through the tablet and the video call that we established as a way of communication once a week seems to be readily accepted and she seems to follow the process.

SECOND YEAR (SEPTEMBER 2017-JULY 2018)

In the 2nd year of primary school and still in the exploratory phase, after personal observation, it has been judged that CHILD 2 is a witty child who "seems" to have intense anger management issues. He easily loses control, often uses the phrase "you're going to get beat up" and his first reaction is to ignore people. He essentially dismisses to his interlocutors before they have a chance to reject him so he does not experience the feeling of rejection again. CHILD 2 is a "wounded" child who has violently and without explanation lost the security and warmth of his family and is therefore trying to survive, only in the wrong way. He is a particularly weak child who is not being fed properly. At this point, it is worth noting that the relationship with the researcher-Special Educator is getting stronger and stronger, resulting in the child to have entered into a safe routine of daily life which eliminates his usual nervousness. The apparent difficulties in his school performance do not stem from low intellectual capacity - perception or reduced ability; instead, they all derive from a lack of motivation and interest. He is a child who appears difficult to approach, which is used as a defense to mask his personal pain.

In fact, in the classroom, he appears himself as a lonely, frightened child who has difficulty socializing and making friends. His main concern is the turmoil he experiences within his family and he is not interested in anything but that. He is a child who reacts with anger and is possessed by intense nervousness. His eating disorder is unfortunately evident, which is becoming a major concern for his family.

Essentially, he is not truly motivated to turn to knowledge because he is in emotional pain. He blocks anything new, even though he seems to understand it. He knows the correct answers to the teacher's questions, but refuses to pick up a pencil and write. His parents' divorce seems to be on his mind so frequently that he has no reason to be a good student, because no one in his family environment is focusing on this matter.

Parent request: To become "normal" like all children his age. To be engaged in his school and his reading. To make friends and not be alone all the time.

Short-term goal: To maintain his attention for a certain period of time, to regain his interest through knowledge and to socialize smoothly in the school environment.

Medium-term goal: to cooperate with school staff. To gain his trust in order to create a bridge of communication, so as to begin the stages of the new pedagogical method.

Long-term goal: Development of cognitive skills and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions. Emotional Safety and Acceptance.

Indicatively, the record of the Teaching Interaction with CHILD 2 in the first trimester of the year follows:

Table 9:

Teaching Interaction Recording Form (Second Year-CHILD 2)

Date	Child	Special Educator	Comments
12/09	At least you're here and I don't feel completely alone.	I'm here for you because I believe that all problems have a solution, as long as we put everything in order. I have a lot of faith in you and your abilities, CHILD 2!	He seems troubled by what the researcher says but stays close to her, visibly distressed.
20/09	Everyone around me is asking me to do what they want and no one listens to what I want!	Excellent! I am so glad you finally said what you were thinking! Now that you've said it, we can take action.	He is impressed by the researcher's enthusiasm and the praise he receives when he expresses his desire. He is a particularly "emotionally" fragile child at this time, so he needs emotional stimulation.
30/09	Today I decided to tell mom I want to talk to my dad, even if he yells at me.	I am sure that when you truly tell her your thoughts, she will listen and you will have a loving conversation!	He is a particularly hurt child who has a hard time putting his thoughts in order. But he dares to speak up and express his truth. He dares and the researcher rewards him.
09/10	Today I'm going to talk to daddy!	How happy you've made me with your good news! When you decide to externalize your thoughts,	Today is a particularly special day because CHILD 2 will be granted a wish he earned

| everything goes well! Well done! | himself! He managed to express his thoughts and saw that he won in the end. The researcher expresses intense joy, so that this reaction will be imprinted on him. |

Note: The table above shows the Pedagogical Interaction 2 of CHILD 2 with the researcher.

- **Report of Observations- Interviews- Diary**

His family environment has not understood the depression that CHILD 2 is experiencing because they are still in a phase of intense conflict due to divorce and, as a result, they are not focusing on the actual needs of the child. The mother has many demands from CHILD 2 that he cannot meet resulting in a growing chasm between them. Their relationship becomes critical when the father's complete removal from the child's life is enforced. At this point, the child's depression triumphs, but no one has the composure to notice.

He abstains from all social activities. He is not a child who is interested in sports, nor in going for walks, nor in any kind of socialization. He remains isolated and usually looks down. CHILD 2 has a sadness which is externalized with nervousness and anger. His teachers cannot approach him easily and he is indifferent to any classmate who suggests they play something together.

He has no particular appetite for food; he is a thin and small child. He is not of age-appropriate height, even though his parents are both tall. Food generally seems not to concern him, he does not eat during breaks and when he returns home, he only eats at lunchtime when he sits at the table with his grandparents. Eating disorders persist and now his problem is easily discernible.

His behavior appears to be affecting his progress, consistency, concentration and performance. In addition, he shows a complete lack of motivation and apathy during the lesson, while the other children in the class are working and participating in the delivery. He asks to leave the class frequently, using excuses, and if the teacher does not accept it, he gradually becomes more and more nervous at his desk. He does not particularly wish to be in the school environment; on the contrary, he does not enjoy the routine and treats it with anger. His teachers state that they cannot manage him.

Neither one of the parents are focusing on the difficult problem that CHILD 2 is currently experiencing. It is their main priority to deal with the conflicts they have, and work through their divorce. The child's grandparents are more loving, the grandfather especially, but this does not reach the soul of the child who cannot cope with the breakup of his family and the abandonment he is experiencing from his father. The absence of the father is a major unexplained wound for CHILD 2, following the news of the divorce which also caused the child's depression. He is typically clean and

follows the rules his mom sets for him. He has no room to refuse her. His mother still washes his hair and generally helps him a lot in the bathing process.

The counseling that the researcher-Special Educator offers to the parents is beginning to get their attention positively and they hope that, with the right guidance, there is a solution. CHILD 2 remains outside the community, remains intensely depressed without expressing his emotional world, still has difficulty communicating with his family, as well as with his peers at school. The relationship he has established with the researcher is different from the other ones he already has, allowing her to spend hours with him. He does not want to be alone, but he did not know who he could trust and be understood by. They now discuss the New Pedagogical Approach as a new game which will excite him, develop him and which, once he has mastered the rules, he can play with and show it to anyone else he wants. CHILD 2 wishes to show this game to his father, and the researcher states that his thought is wonderful; all that remains is to start "playing".

The teacher at school states her inability to reach out and communicate with him. She is afraid to show a special interest in CHILD 2 in that the other parents have high expectations of their children and, upon hearing of the daily fights the other children have with CHILD 2, they have gone as far as asking for his expulsion from school.

According to the above, it is understandable that any educational intervention still appears difficult. Despite all the difficulties, however, the researcher has managed to gain the attention and trust of CHILD 2 within the second year of observation, so that the following year can be the opening salvo for the New Pedagogical Approach, which aims at the educational awakening of CHILD 2 who suffers daily from the symptoms of depression. The only thing that remains to follow as a guideline is the use of ICT in the drawing application as well as our once a week contact via video call. He does not try to avoid it, nor does he create false scenarios to avoid meeting the researcher. He is familiar with the technology and does not treat it as through learning simply as through play. The use of ICT helped to create intimacy and bonding between the researcher and CHILD 2.

THIRD YEAR (SEPTEMBER 2018-JULY 2019)

In the 3rd year of systematic observation, the new pedagogical approach to treating childhood depression has already started. CHILD 2 is suddenly showing a special attention to the new game which is promising for the expected results. The pedagogical approach takes place on the balcony of CHILD 2's room because that is where he feels comfortable. He is serious until he hears the rules of the "new game" and responds positively. Saying the colors of the cars passing by aloud is designated as the first step. Our meeting once a week is via video call and remains constant since CHILD 2 accepts it pleasantly. He is always in front of the screen when it is time for our online meeting, he does not delay in answering the video call.

In the school setting, he remains distant from his classmates, because he fears rejection and has difficulty communicating with them. The relationship with the researcher is becoming increasingly meaningful. She remains consistent in their appointments and always focuses on creative elements that catch the attention of CHILD 2. When he is pressured by the demands of the process, conversations with the researcher initiate, which aim to create a sense of friendship between them. However, because this game has a strong element of reward and acceptance, CHILD 2 always follows the procedure. The researcher begins by gradually building up her enthusiasm, until she understands that the child is ready to participate. This stage is easily established because CHILD 2 immediately responds in a positive way. The first stage of the "game" is clear. The interaction taking place at that moment is met with great enthusiasm and reward, because, in the two previous years of observation, the child's absolute refusal to participate in anything he had been asked to do by the teachers was glaringly obvious.

His behavior at school is still affecting his progress, consistency, concentration and achievement. The goal of the pedagogical approach to treating childhood depression is to awaken CHILD 2 through learning. Teaching is individualized in a fun way to capture his attention and interest. The process of learning, as presented by his teacher, remains an uninteresting process to him. He still exhibits a complete lack of motivation and apathy during the lessons at school, while the other children in the class are working and participating in the lesson delivery. He has no problem with comprehension; on the contrary, he expresses denial to anything new that might develop him. In contrast to his behavior while in the classroom, during the learning game, his attention appears to be on the activity. He responds correctly and sometimes smiles when the researcher accompanies his reward with applause and a hug.

His new teacher plans to integrate him into the classroom gradually and with specific activities that she will ask all the children to do. CHILD 2 is a child who needs to feel cared for by his peers and to feel safe with the adults who guide him. The researcher asks the school teacher to collaborate, in order to give CHILD 2 the opportunity to express the knowledge acquired through the new pedagogical method over time. His socialization is partially inactive, but it is believed that he will be activated and when he has the courage and knowledge, he will follow the rest of the class in the learning process.

Parent request: That he finally studies, makes friends and that the school does not call to inform them of his violent behavior towards his classmates when he gets angry.

Short-term goal: To maintain his attention for a certain period of time, to regain his interest through knowledge and to socialize smoothly within the school environment.

Medium-term goal: To cooperate with school individuals. To continue to respond positively to all stages of the New Pedagogical Intervention. To keep working with the researcher as a team and have confidence in his abilities.

Long-term goal: Development of cognitive skills and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions. Emotional Safety and Acceptance.

Indicatively, the record of the Teaching Interaction with CHILD 2 in the first trimester of the year follows:

Table 10:

Teaching Interaction Recording Form (Third Year-CHILD 2)

Date	Child	Special Educator	Comments
05/09	I'm very good at this game!	I'm sure you have many talents and abilities. Driven by our game, we will discover the rest of them!	He positively distinguishes himself with something based on knowledge. He handles basic principles of arithmetic through the new pedagogical method and appears to enjoy it. While seeking animal words, he uses Language all the more correctly, in terms of grammar rules and syntax.
15/09	A new thing will be added again! (he is pleased)	Today is a new day and we will add something new to our game. After we add up the numbers and find the sum of the numbers and the letter that corresponds to the Greek alphabet, we will write an animal in the wonderful notebook I brought you!	The researcher is very enthusiastic about this new game she suggests to him and today, they add Greek language skills. He is not as excited as she is, he is concerned about the writing that was just added. She encourages him by telling him that "I will make mistakes too, but I am sure you will support me and I will correct them"!
19/09	My handwriting is bad, I don't know how to spell all the words…	Your handwriting is lovely and I really like the way you hold the pencil. I want to learn to do it the same way! I am very proud of you! It's exciting how much knowledge you have. But what I like most is that you enjoy all that we do together! Well done, CHILD 2!	He expresses his fears because he has learned to believe that he cannot do better. He remains loyal to the knowledge game because he feels trust. Reward is also a particularly important tool used by the researcher-Special Educator. The main goal of this phase is to awaken writing.
28/09	I hope the writing won't continue for long…	Nothing can stop us now that we've started! You are simply wonderful! Don't	He has lost part of his enthusiasm because, until now, he has

forget that we enjoy the game and it makes us happy through knowledge! I am very proud of you! Well done, CHILD 2!	responded to the game quickly and correctly. The addition of writing has created the need for more time and he is impatient. However, the researcher-Special Educator always stays close to him, encouraging and supporting him for each letter he records on his paper.

Note: The table above shows the Pedagogical Interaction 3 of CHILD 2 with the researcher.

- **Observations-Interviews-Diary Report**

CHILD 2 is in the 3rd grade of primary school and with the new pedagogical approach, he shows interest in cognitive elements that previously did not concern him. CHILD 2 shows an interest in the new Pedagogical Method, which attracts his attention in the form of the "game" on which it is based. From complete refusal to learn, inability to socialize, the pain he carries because of his loneliness and the difficulties in family communication, it is a remarkable moment in which CHILD 2 is activated through an activity. The trust that has developed between the researcher and CHILD 2 is crucial in this phase because the child is invited to follow her instructions. Strong depressive elements are still obvious in CHILD 2, however, hope is emerging.

CHILD 2 has particularly developed the relationship with the researcher. It is a different relationship compared to the other ones he already has, so CHILD 2 is now ready to follow her in the approach to the new Pedagogical Method. His socialization has seemingly not changed, but essentially CHILD 2 has calmed down, he is not playing so intensely on his own, instead he is watching his peers play. Since the third trimester of the year, he is now part of the class during the lesson, although he does not yet raise his hand. The child's countenance is obviously calmer, more receptive and begins to match that of his peers. He does not wish to exercise with his classmates yet because he is weak due to his low weight.

He seems to prefer the individualized approach implemented by the researcher because it creates a sense of security for him but, for the first time, he demonstrates interest in something new. The way the new Pedagogical Approach has been presented to him is so special that he wants to share it with other children. He experiences it as an achievement of his own which makes him special, resulting in him wanting to show it to other children, so that they will accept and "love" him for this new thing he is presenting to them. He approaches his schooling with calmness because he still has defenses, but he also listens and learns. He confronts learning through the new Pedagogical Approach and its individualized approach much more easily, as it is presented to him in the form of play. This fact is new and he accepts it. The stress caused by learning in its classical form is reduced and he is therefore more cooperative.

Through systematic monitoring, it becomes evident that by changing the communication details, CHILD 2 is calmer, and the mother moves in the space with more love, caresses and tenderness. CHILD 2 does not know how to manage this, but at least he accepts it. Their relationship in this phase is calmer because the critical element, which has been proven to stress and upset CHILD 2, is absent from their daily life. The relationship with the father is calmer and everyday life seems to have a different orientation. CHILD 2 is more stable in his behavior when he is with the researcher-Special Educator and, at the moment of praise from her, he surrenders to the positive comments and enjoys the praise. He does not behave as aggressively to his parents, but seems to distinguish the relationship he has established with the researcher.

CHILD 2 still bears some characteristics of depression but his positive development must not be understated. As long as the environment he lives in keeps a positive outlook, CHILD 2 is calm and focuses on his new "game", consequently receiving all the positive aspects of the new method. The motivation sought at school has been presented through the new Pedagogical Approach and its positive effects are slowly unfolding in his school environment. His family relationships are not as much of a concern to him now, because the positive emotions arising from the new method act as a "balm" to anything negative that was on his mind. Since the third trimester of the year, he clearly focuses on the present and gains positive energy through his new achievements. The relationship with the researcher seems to calm him down because it does not create surprises that he will be called upon to adjust or from which to defend himself. In the researcher, he finds a balanced presence that, through dialogue, acceptance and love, makes the child feel secure. He does not know how to manage his emotions yet, but he seems to choose the new "game" precisely because it triggers something pleasant in him. The parents realize the difference in the behavior of CHILD 2 and follow the researcher's advice with more and more confidence in her.

The goal is to awaken CHILD 2 with the motivation to learn. CHILD 2 is asked to move to the balcony and once a car passes, the numbers on the license plate are said aloud. Then, the sum of the numbers on the license plate is calculated. At this point, it should be made clear that the resulting sum must always be smaller than or equal to 24, because that is how many letters there are in the Greek alphabet. Therefore, the addition of numbers continues until a number smaller than or equal to 24 is found. This sum leads to a specific letter in the Greek alphabet and then, a word for an Animal beginning with this letter is sought. When we say an animal then we use technology to google an image of that animal. This process is particularly enjoyed by CHILD 2 because he understands that he is good at using technology so he works confidently without realizing it. He is rewarded with exaggerated zeal and seems surprised because the process was easy and the numbers simple. He loves animals especially, so he continues playing. She knows most of the animal words and as a result is very successful. The researcher's enthusiasm is intense and is accompanied by applause and a hug to create a new enjoyable experience for him through neuro-linguistic programming. When the time for the reward comes, he is ready to receive it, opening his arms to hug the researcher back.

His initial response to saying the license plate numbers was relatively tame because he was willing to follow the researcher in a "new game". When he decided to do his first addition, his success and courage was intensely celebrated, concluding the praise with a round of applause and a hug. The purpose of this response is to create through neuro-linguistic programming a new coupling of neurons in his brain, which will imprint in him a pleasant emotion resulting from the celebration when he completes his attempt at adding the numbers. Then, the addition of the alphabet does not stress him, because he is delighted with the animals he is asked to find from the resulting Letter. Each time a different number, each time a different letter, each time a different animal.

In the second trimester of the year, the element of thinking of a first name is added which, once found, is followed by celebration and a hug. The next step is to form a sentence with the words already found. To summarize, sentences that have a number, an animal, a name (Subject) in them are created and, with our imagination, "an action" emerges. For example: Number 4 leads to the letter D, Animal word - Dolphin, First name – Dimitris, and finally we create a complete sentence. "Dimitris and the 4 dolphins are swimming in the sea." He is happy to see that he is doing well and seeks this game because he can clearly see his progress. In his way, CHILD 2 shows his trust in the researcher who accepts, supports and praises him at every step. CHILD 2 is used to a strong critical attitude from his family environment and every moment of reward he experiences in the new game caused him embarrassment which he did not know how to handle and also found difficult to express. The researcher always reminds him to let himself get carried away by the joy of the new game and, more importantly, to allow the feeling of joy to carry him towards new paths of love, creativity and laughter. At times, although it is very early, he seems happy to be part of the game, but still does not express it; he simply remains in the space. The more he talks, is part of the game and understands that he is achieving success, the more he wants to play and receive praise. All steps are successfully completed and by the first trimester of the year, he wants to try to write the results of the steps of the New Pedagogical Method in his "special notebook". The "special notebook" is a notebook that has bright and cheerful colors on the cover, a gift that the researcher gave to CHILD 2 so that when he starts writing, he will have a uniquely different notebook in which to record his progress, his achievements and when all the pages are filled, then he will have a record to remind him of all that he can do, all he has already achieved, and through it he will be able to pride himself with confidence and balance.

His teacher at school is thrilled by the child's positive development. She was unable to cope with the child's mental state, but now that she sees that he is more receptive, she is making new efforts to integrate him into the classroom. His classmates notice his change and by the second trimester, two of his classmates encourage him to play football together at recess. CHILD 2 is a little hesitant at first and only watches them play, then, at the beginning of the second trimester, he simply gets up from the bench in the playground and becomes a part of the team.

His school performance has not reached the level of the requirements of the 3rd grade of the Primary School, but it is obvious that CHILD 2 has regained his courage and has a different behavior whilst in the school environment. The teacher frequently mentions his name during class, to get his attention. It is noteworthy that the posture of CHILD 2 has changed and his reactions are calmer. He does not exhibit extreme reactions in his behavior. Even though he has mastered writing as a stage during "play time" at home, he still does not wish to follow his teacher's instructions. He does not wish to copy from the blackboard during lesson delivery, but his circling the exercises he has to do at home, as well as the assignments he has, is recorded as progress.

FOURTH YEAR (SEPTEMBER 2019-JULY 2020)

In the 4th grade of primary school, the new pedagogical approach to treating childhood depression has already started yielding positive results. The living conditions of CHILD 2 have improved because his parents are now noticing the better image that the child is presenting and, as a result, his own more mature approach to their divorce has enticed them to focus on the common good of the whole family. Motivated to learn, CHILD 2 now has different reactions to everything that happens at school. He shows that he is part of the class, maintains eye contact with his teacher and more aptly reproduces the lesson delivery during home study. One meeting a week always remains via video call and CHILD 2 remains firmly faithful to our online appointment. Technology is part of his daily routine and he enjoys it.

His relationship with the researcher is becoming increasingly meaningful. She remains consistent in their appointments and always focuses on creative elements that hold his attention. The researcher begins with her enthusiasm gradually rising, until she understands that CHILD 2 is ready to participate. He was clearly a child who had emotional "rigidity" and difficulty adjusting to daily life, but now shows positive social development and improved school performance.

His behavior at school has changed, as he does not withdraw in "his own" world as much. During breaks, he plays with his classmates and enjoys moments of joy and interaction with the children in his class. He unlocks himself and does not keep his distance, because he feels better and wants to demonstrate this to his classmates, as well as his family. There are times when he feels the "anxiety of failure", but he manages it with the researcher's help, by focusing on his effort, courage and uniqueness.

The goal of the new Pedagogical Approach to treating childhood depression is to awaken CHILD 2 through learning. Teaching is individualized in a fun way to capture attention and spark interest. The important step, clearly emerging through the eye contact he maintains with his teacher, is that he fully understands everything he hears during the lesson delivery. During the individualized teaching sessions with the researcher, CHILD 2 answers correctly and sometimes smiles when his reward is accompanied by applause and a hug. This kind of familiarity is slowly beginning to be

extended to the school teacher who treats him equally to all the other children in the class. He focuses on lesson delivery, notes homework assignments and is generally cooperative and calm in his reactions. His school teacher expresses her surprise at the tremendous change CHILD 2 has made and very smoothly collaborates with the researcher to further the child's positive progress. The great progress that CHILD 2 has made since the implementation of the new Pedagogical Approach is visible to the school's teaching staff and family.

His teacher has integrated him into the class and treats him like the other children. Academically, she does not set him apart and has exactly the same expectations of CHILD 2 as she has of all the other children the class. CHILD 2 is a child who needs to feel cared for by his peers and to feel safe with the adults who guide him. His socialization has been activated, since he does not seek to get lost in "his" world. Through the researcher's personal observation, it has been determined that CHILD 2 is a wounded child, who only with the right approach would be able to spread his wings in life once more. He seemed unconcerned about the negative comments he received, either from family members or from his critical peers, but that was not his truth. Moreover, he is a nine year old child who has experienced hard times which have scarred his entire family. Depression has been scientifically proven to be the greatest enemy of our health, as its effects transcend the psychological dimension and extend to the whole spectrum of health. Depression changes everything in the lives of people who suffer from it and often has a decisive impact even on the lives of people who are close to the sufferers. The trust, love and security offered in the relationship with the researcher-Special Educator were the starting point for someone else to enter the world of CHILD 2. There is intense pain which is not expressed in a meaningful way and is manifested by shouting and aggression. His relationship with his parents has certainly improved, has less tension and better communication. The new learning process that the researcher introduced in his daily routine has a dual nature. Initially didactic, but at the same time catching his attention in the childlike-simple way this method is presented to him, namely through play.

Parent request: to continue the positive development of CHILD 2, to read, play and rejoice like all children.

Short-term goal: To maintain his attention for a certain period of time, to regain interest through knowledge and to socialize smoothly in the school environment.

Medium-term goal: to cooperate with school individuals. To continue to respond positively to all stages of the New Pedagogical Intervention. To keep working with the researcher as a team and have confidence in his abilities. To consistently continue his positive progress in school.

Long-term goal: Development of cognitive skills and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions. Emotional Safety and Acceptance.

Indicatively, the Teaching Interaction with CHILD 2 in the first trimester of the year can be seen below:

Table 11:

Teaching Interaction Recording Form (Forth Year-CHILD 2)

Date	Child	Special Educator	Comments
10/09	I'll tell you what I have to study for tomorrow, I wrote it down when the teacher was saying it.	Well done, CHILD 2! Congratulations on your progress, I am always proud of you. I am so happy for you, for sharing you wonderful handwriting in another notebook. Your teacher was very happy to see you write.	Encouragement, reward, applauding and hugging him are some of the main tools used by the Researcher – Special Educator to boost the confidence of CHILD 2. Based off the new Pedagogical Approach, CHILD 2 is has developed positively, he responds to the learning process and his external image has completely changed. His academic awakening is now a fact which he demonstrates in the classroom.
20/09	How many sentences will we write today?	As many as we can! (the researcher hugs and rewards him constantly, because he has truly become a different child)	The researcher demonstrates her enthusiasm for the new game – Pedagogical approach because, CHILD 2 responds positively, seems to enjoy and develop through it. His writing is steady, his handwriting is constantly improving and his school performance is entirely different.
02/10	I want to ask my classmate to come over, so I can show him our game.	What a lovely idea! You will teach him something new and you will spend time together as friends. When you allow your wonderful self to be known by your classmates, I am certain they will be very happy to be around you.	His combining ability is fully developed, his knowledge is obviously correct for his age and he no longer resembles the child the researcher met 4 years ago. Reward is an especially important tool the Researcher – Special Educator uses. Social awakening has been achieved through learning.
18/10	Are you happy that I am doing everything right?	I am very proud of you! Well done, CHILD 2! I am very lucky to have met you. You are a wonderful child and I have had faith in you since the moment we met.	He regains his enthusiasm because knowledge develops him and that makes him happy. Depression and the reactions CHILD 2

	Now you are proving me right. Well done!	exhibited have been replaced by healthy actions which are all motivated by learning. The aim of this phase, academically, is the stabilization of his skills and positive development, as well as having substantial faith in himself.

Note: The table above shows the Pedagogical Interaction 4 of CHILD 2 with the researcher.

- **Observations-Interviews-Diary Report**

CHILD 2 is in the 4th grade of primary school and with the new pedagogical approach shows a strong interest in cognitive data that previously did not concern him. He is apt and obeys all the rules. Initially, the new pedagogical method aimed at adding the numbers seen on a car's license plate. Then, the addition led to a letter of the Greek alphabet and this letter would complete the phase with the word for an animal and finally a first name. For example: 1558, sum 19, letter T, Animal Tauros (bull), Name Tasoula. This stage is completed by finding the animal selected by CHILD 2 in the google images app. This moment always remains fun for CHILD 2 who is particularly comfortable with technology. His ability to find pictures of animals is a point he particularly enjoys. When this action was established and entered into his daily routine, the Method was completed by creating sentences from the existing elements. In this phase, the focus was on his confidence towards writing, a feeling which can be established through practice and friction. To avoid "lost" syllables, the researcher-Special Educator added the spelling of animal words and the names that were previously recorded. The timing and completion of the new Pedagogical Approach depended on CHILD 2 and the progress he was making.

Creating sentences based on data from numbers and letters was aimed at reinforcing writing and reading. CHILD 2 writes numbers, animal words and names, slowly and steadily, using capital and small letters. Additionally to the new neuro-linguistic programming implemented by the researcher when CHILD 2 responded correctly in each phase, the child's responses were differentiated by having a positive connotation. The focus was on writing, reading and creative thinking. He struggled to grip his pencil correctly, was embarrassed about his handwriting, did not know the spelling of all the words, but the researcher stayed close to him with support, encouragement and intense cheering which created a happy atmosphere. The aim was to weaken the feelings of anxiety and the inferiority complex which earlier situations had instilled in him. Now, when the time of reward comes, he is ready to receive it, opening his arms to embrace the researcher. Spelling mistakes are corrected immediately, so that they are imprinted in his memory. This type of exercise is also reinforced by the repetition of the words.

His initial response to saying the numbers of the license plates was relatively tame because he was willing to follow the researcher in a "new game". When he decided to do his first addition, the researcher celebrated his success and his courage with zeal, concluding the praise with a round of applause and a hug. The purpose of this response is to create, through neuro-linguistic programming, a new coupling of neurons in the child's brain that will instill a pleasant emotion in him that results from celebrating the completion of his attempt at adding the numbers. Consequently, the addition of the alphabet does not stress him because he is delighted with the animals he is asked to find from the resulting letter. Each time a different number, each time a different letter, each time a different animal. The recording of animals has evolved with finding and recording first names, which has enhanced the joy within the new "game". The persistence and patience of the researcher to stay by the child's side and positively reinforce him at every stage has been a key point in the relationship between CHILD 2 and the researcher. The new Pedagogical Approach is completed by creating a sentence with the already acquired elements and recording this sentence in the "special notebook". The acceptance and love received from the researcher created a feeling of security and as a result, the effort to complete the new Pedagogical Game continues.

His academic performance is improving and it is evident that CHILD 2 has reached a higher level, now understanding the importance of school and the knowledge it offers. It is evident that CHILD 2 has regained his courage and exhibits different behavior whilst in the school environment. His mastery of writing in the school setting shows his decision to free himself and become one with his peers. The new Pedagogical Approach has captured the interest of her teachers who ask about what is happening during homework to cause this positive development in CHILD 2. The child's change in posture and his calmer reactions are noteworthy. He does not exhibit extreme reactions in his behavior. Eye contact during lesson delivery between CHILD 2 and the teacher has been established, a fact which showcases some of his progress. In this phase, the focus was placed on writing and reading, resulting in some difficulties of an emotional nature which were addressed by the researcher-Special Educator with patience and perseverance. After all, CHILD 2 is a child who moves at his own pace and has an intense need of acceptance in order to unlock his true abilities.

The positive interaction he has with the researcher at home, the meaningful communication they have at the time of the new Pedagogical Method and the clear transformation of CHILD 2 is more than enough for the parents, who feel happy. The refusal to feed properly is now a thing of the past. The family environment has calmed down and, in combination with the New Pedagogical Approach which was the motivation for CHILD 2, his appearance has returned to normal. At school, he eats what he is given from home and his appearance is generally calmer and cleaner. Although he is not following any special diet, within a year he has gained 9 kilos, which has helped him in restoring his body to healthy levels.

CHILD 2 has never had any problems with comprehension or perception. On the contrary, depression transformed him into a child indifferent to anything that was

happening in the present. Motivated by the new Pedagogical approach, CHILD 2 is very different in the school environment. The way the New Pedagogical Approach has been presented to him is so special that he wants to share it with other children. He experiences it as an achievement of his own that makes him special, resulting in him wanting to show it to other children, so that they will accept and "love" him for this new thing that he will present to them. The intense praise seems to be necessary for him because every time he celebrates with the researcher his face changes completely and he transforms into a healthy child. He faces his schooling with calmness because he still has defenses but at the same time he listens and learns. He accepts learning more easily through the new Pedagogical Approach and its individualized approach because it is presented to him in the form of play. This fact is new and he accepts it. The anxiety caused by learning in its classical form is reduced and he is therefore more cooperative. He now writes, reads, participates in the lesson delivery at school and dares to demonstrate his development. Whilst writing, reading and thinking he appears as a calm, balanced child. During the lesson delivery, he has the correct books in front of him, answers with ease when asked a question by his teacher, and, at home, he remembers his homework is.

FIFTH YEAR (SEPTEMBER 2020-JULY 2021)

In in the first trimester of the fifth year of systematic observation, the intervention with the new Pedagogical Approach to Childhood Depression has yielded positive results. The outlook of CHILD 2has changed for the better in terms of behavior and reactions, and his cognitive level has aligned with the requirements of his age. Motivated by learning, CHILD 2 now has different reactions to everything that happens at school. He shows that he is part of the class, maintains eye contact with the teacher and more accurately reproduces the lesson delivery during home study. Our online meeting has remained stable and fully operational. The use of the camera is a particularly pleasant technological tool in that CHILD 2 is very comfortable using it.

The new Pedagogical Method became the opening salvo for CHILD 2 to escape the whirlwind of childhood depression and regain an interest in life. His daily life has changed for the better, as he now has an activity through which he learns, acts, communicates and develops. The innovation of the new Method lies in the concept of "play" which each child distinguishes and prefers. From complete refusal to learn, inability to socialize, the pain that loneliness brings and the difficulties that existed in family communication, it is a remarkable moment in which CHILD 2 is activated through an activity. The new Pedagogical Method gave CHILD 2 the motivation to take the "next" step. The trust developed between the researcher and CHILD 2 was crucial because the child had to follow her instructions. The current image of CHILD 2 is described by the parents as a great achievement, as he now appears to be reacting smoothly, communicating and not dwelling on the past. The family is looking forward to the positive development of the child stabilizing because they have placed all their

hopes in the new method of treating childhood depression. At the same time, the parents remain faithful to the advice of the researcher, so that the desired results of the new method remain.

The socialization of CHILD 2 is improving because the child himself is now calmer, he does not play alone but instead watches the play of his classmates, has become part of the class and is eager to show his new knowledge to a friend. He does not focus on the anxiety that any criticism from a classmate or the anxiety of failure would cause him. Instead, he wishes, after a long time, to play in his private space (his home) with a classmate and show him the new "game" he has learned and at which he is very good. During lesson delivery, he is now part of the class, although he does not raise his hand yet. The child's countenance is obviously calmer, more receptive and is beginning to match that of his peers. The key element of the new method, the "reward", has given CHILD 2 the belief that he is capable, creative, intelligent, and he can finally enjoy his achievements. He no longer confronts his peers with the anxiety of failure and, as a result, he is now integrated into the class. His positive development is evident and he is aware of this fact himself. The children in the class realize his different countenance and slowly mention his name, perceiving him as an equal member of the class.

Parent request: to maintain the positive results in the life of CHILD 2 and continue his positive development.

Short-term goal: To maintain attention for a certain period, to regain interest through knowledge and to socialize smoothly within the school environment.

Medium-term goal: to cooperate with school staff. To continue to respond positively to all stages of the New Pedagogical Intervention. To keep working with the researcher as a team and have confidence in his abilities. To consistently continue his positive progress in school.

Long-term goal: Development of cognitive skills and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions. Emotional Safety and Acceptance.

Indicatively, the Teaching Interaction with CHILD 2 in the first trimester can be seen below:

Table 12:

Teaching Interaction Recording Form (Fifth Year-CHILD 2)

Date	Child	Special Educator	Comments
15/09	How many sentences will we stand to write today?	As many as we can! When we are finished, I say we count them. (the researcher hugs and rewards him constantly, because he has truly become a different child)	Encouragement, reward, applauding and hugging her are some of the main tools used by the Researcher – Special Educator to boost the confidence of CHILD 2.

			The researcher demonstrates her enthusiasm for the game – Pedagogical approach because CHILD 2 responds positively, seems to enjoy and evolve through it. His writing is stable, his handwriting is improving and his school performance has completely changed.
07/10	Look in the notebook, how my letters have changed after writing all this time. (he smiles)	Yes! I am very proud of you! Well done, CHILD 2! See how much better you become each day! You are a wonderful child. I have had faith in you since the moment we met and you are now proving me right. Well done!	He regains his enthusiasm because knowledge develops him and that makes him happy. Depression and the reactions he exhibited have been replaced by healthy actions which are all motivated by learning. The aim of this phase, academically, is the stabilization of his skills and positive development, as well as having substantial faith in himself. The goal is to keep his interest in knowledge and learning stable.
28/10	I really love this notebook! I don't want to throw it away when it runs out of space to write.	Don't throw it away. You should look at it and remember what a wonderful child you are and how much you have achieved.	His combining ability is fully developed, his knowledge is obviously appropriate for his age and he no longer resembles the child the researcher met almost 5 years ago. Reward is an especially important tool the Researcher – Special Educator uses. The notebook is important to the new method and that becomes evident in the way CHILD 2 expresses it.
09/11	Today, I will beat you. I will think of sentences faster than you!	Well done, CHILD 2! I am very happy you want to win. Do your best then!	He regains his enthusiasm because knowledge develops him and that makes him happy. Depression and the reactions CHILD 2 exhibited have been replaced by healthy actions which are all motivated by learning. The aim of this phase,

academically, is the stabilization of his skills and positive development, as well as having substantial faith in himself. The goal is to keep his interest in knowledge and learning stable.

Note: The table above shows the Pedagogical Interaction 4 of CHILD 2 with the researcher.

- **Observations-Interviews-Diary Report**

CHILD 2 is in the 5th grade of primary school and with the new pedagogical approach, he is now showing a keen interest in cognitive elements that previously did not concern him. He is apt and obeys all the rules. He now raises his hand courageously during the lesson, focusing on the question he wants to ask rather than on the possibility of a mistake he could reasonably make. He has stopped being so critical of himself and is enjoying the present with a childishness appropriate to his age. Initially, the new pedagogical method aimed at adding the numbers seen on a car's license plate. Then, the addition led to a letter of the Greek alphabet and this letter would complete the phase with the word for an animal and finally a first name. Using technology to find an animal picture was a creative stage through which CHILD 2 gained confidence. The pictures had a particularly enjoyable role, so that this phase always positively reinforced the New Pedagogical Approach. For example: 1558, sum 19, letter T, Animal Tauros (bull), Name Tasoula. When this action was established and entered into his daily routine, the Method was completed by creating sentences from the existing elements. In this phase, the focus was on his confidence towards writing, a feeling which can be established through practice and friction. To avoid "lost" syllables, the researcher-Special Educator added the spelling of animal words and the names that were previously recorded.

The recording of the data was always done in the "special notebook" which, at the end of this school year, also served as a prize for the mental empowerment of CHILD 2, since he could clearly see his substantial progress in it. In this way, he prided himself and emphasized his joy. Rewarding particularly helped the whole process because, through neuro-linguistic programming, CHILD 2 began to seek positive reactions after each correct answer, while instilling the belief that "I deserve to receive praise because I am smart and capable". The neuro-linguistic programming helped create a new coupling of neurons in his brain, which imprinted in him a pleasant emotion resulting from the celebration following the completion of the task. In addition, the aim was to weaken the feeling of anxiety and the inferiority complex which had been created by previous situations. Now, when the time of reward comes, he is ready to receive it by opening his arms to embrace the researcher. Spelling mistakes are corrected immediately, so that they remain in his memory. This type of exercise is also reinforced by the repetition of the words.

The new Pedagogical Method became the start for CHILD 2 to escape the whirlpool of childhood depression and regain his interest in life. His school routine has changed for the better as he now has an activity through which he learns, acts, communicates and develops. His physical appearance has now normalized, as his weight is appropriate for his age and height. The innovation of the new Method lies in the concept of "play" to attract attention, "empathy" to succeed and "reward" to boost the child's confidence, so that he can learn to reward and support himself. From complete refusal to learn, inability to socialize, the pain that loneliness brings and the difficulties that existed in family communication, it is a remarkable moment in which CHILD 2 is activated through an activity. The new Pedagogical Method gave CHILD 2 the motivation to take the "next" step. The enjoyment of creation and its positive results have had a catalytic effect on the psychology of CHILD 2. The trust which has developed between the researcher and CHILD 2 has been crucial because the child has had to follow her instructions. CHILD 2 socially, academically and personally developed smoothly and steadily. His depressive image is now a thing of the past and, in the present, we have a child who longs to live.

- **CHILD 3**

The analysis continues similarly for Child 3 by year. The results are as follows:

FIRST YEAR (SEPTEMBER 2016-JULY 2017)

Before taking any action, the Riven test was administered to CHILD 3 to ensure that the educational indifference-avoidance she exhibits is not due to diminished intellectual capacity but is a result of childhood depression which she experiences. The results from the Riven test confirm that she has a normal IQ and therefore she understands Greek and Mathematics perfectly.

Her behavior seems to affect her progress, punctuality, concentration and performance. In addition, she shows a complete lack of motivation and apathy during lessons, while the rest of the children in the class are working and participating in the lesson delivery. She does not ask to leave the classroom using excuses, yet she remains silent and inactive at her desk. If her teacher does not tell her that she needs to get up from her chair and go to the playground to take her break, then she could remain in the same position until the end of the school day.

In the first trimester of systematic observation, we are still in the reconnaissance phase. She does not have the mood and energy that is usually observed at this age. She remains distant from her peers because she fears rejection and has difficulty communicating with them. She has no meaningful reactions. It is worth mentioning an incident which took place in the home of CHILD 3 at this point. One day, a pot accidentally fell out of the father's hands and made great noise upon crashing on the floor, yet CHILD 3 did

not seem surprised or frightened. She generally did not react to this loud sound. This is clearly a child who has emotional "rigidity" and has difficulty adjusting to our daily routine.

Her behavior at school seems to affect her progress, consistency, concentration and achievement. She has not integrated into the classroom with her peers nor does she appear to enjoy the school environment. Instead, she remains apathetic and indifferent. The learning process remains an indifferent process because she is essentially regressing to the infancy phase and seeks only play. Moreover, she shows a complete lack of motivation and apathy during lesson time while the other children in the class are working and participating in the delivery. She does not ask to leave her classroom making excuses, yet she remains silent and inactive at her desk. Her teacher tries to integrate her into the classroom but CHILD 3 is not willing to follow her instructions.

After observation, it has been determined that CHILD 3 is a wounded child who has completely surrendered to depressive emotion, does not respond meaningfully to age-appropriate actions, and remains quiet and alone for hours at a time. For instance, the father informed the researcher that when the child's mother died, she cried a lot but when she realized that she would never see her again, she stopped and stopped responding to everything, putting her childishness aside. It has been long enough that she has found it difficult to communicate with any familiar person, which frustrates her more and more. Her family is constantly close to her and tries to awaken her, giving her gifts, going on outings and walks but, in essence, they fail to communicate with her. She regresses strongly into infancy, which causes her a sense of security because she has difficulty managing the present. She has a very strong need for meaningful communication but is a child "lost" in a world of her own. The world she has created in her mind causes a feeling of security, a feeling she does not receive from her family.

The apparent difficulties she has in her school performance do not come from low intellectual capacity - perception or reduced ability, instead it all comes from a lack of motivation and interest. She is indifferent to learning because she cannot manage simple emotional concepts with her family that involve daily points of contact. However, her perception of anything new she encounters is quick, but she still lacks the motivation to keep her attention on something new. The way in which the school environment tries to awaken her is clearly not appropriate for CHILD 3. There is no progress, even as the 1st grade school year is nearing completion.

She refuses to write because she exhibits a weakness in Graphic Space. In addition, she is unable to do reading and does not organize her school bag, so she does not bring the correct books according to her school's weekly schedule. In her Behavior, she shows a strong problem in Emotional Support and in improving her Cognitive Image. Complete lack of motivation to progress.

Parent request: to enable CHILD 3 to overcome childhood depression and return to life. To be interested in her school obligations and to socialize smoothly, to have common interests with her peers.

Short-term objective: to maintain her attention for a certain period of time. (The goal is to plan steps with a specific time frame, which will gradually increase, specific activities with a different structure each time, in order to gain her trust, her interest and motivate her zest for life by learning.)

Medium-term goal: To concentrate her attention and cooperate with school individuals and the researcher.

Long-term goal: Development of cognitive skills and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions.

Indicatively, the record of the Teaching Interaction with CHILD 3 in the first trimester of the year follows:

Table 13:

Teaching Interaction Recording Form (First Year-CHILD 3)

Date	Child	Special Educator	Comments
27/09	Do you see other children like me?	I see every child in the world because you are all wonderful! I feel very lucky to have met you!	CHILD 3 exhibits strong elements of inferiority and an inability to manage herself. She seeks inclusivity because she misses her mother. She wants to be special to someone, even though she receives immeasurable love and devotion from her father. But as long as she does not focus on the depressive emotion, she triumphs.
03/10	I didn't think you'd come today. I thought you visited a different child.	But I did and I will keep coming back until we can figure out a way for you to enjoy what you do and learn each day, together.	Though young in age, she seems to have a heavy mind. Today is yet another day that substantial communication is unwanted.
15/10	I don't want to talk today. I'm a bad child, why do you hang out with me?	I was looking forward to seeing you! Every child has something special inside them! I do not believe that there are bad children.	She remains silent next to the researcher. It is apparent that, at home, things operate on a specific behavioral motif, therefore the researcher tries to break the mold when she is with her. However, she is afraid to bond and

			communicate with the researcher because she does not have clear feelings for anyone. She is very confused and disappointed, she is afraid that, after bonding, the researcher will abandon her like her mother did. She is experiencing some form of anger which she expresses through complete apathy and isolation.
27/10	The teacher scolded me today, because I don't pay attention in class and don't do homework. I don't want to do anything, why does she yell at me?	The purpose of school is for all children to learn, evolve, create, make friends, play and laugh! The same applies to you! Your teacher is truly interested in you.	She resents the school space. She cannot acclimatize, cannot integrate; she has trouble socializing, resulting in her constantly feeling unwanted. She rejects the researcher on every occasion because, in truth, she is afraid that the researcher will reject her and leave. Complete lack of motivation. She has not yet understood the purpose of school.

Note: The table above shows the Pedagogical Interaction of CHILD 3 with the researcher.

- **Observations-Interviews-Diary Report**

CHILD 3 is a girl who is in the first grade and has been diagnosed with childhood depression by the K.E.D.D.Y. (public diagnostic entity in Greece) Center for Differential Diagnosis, Diagnosis and Support. They assess students who have not completed the 22nd year of age. The assessment is conducted by a five-member interdisciplinary team, consisting of a Special Education Teacher (SPE) of pre-school, primary or secondary education, a child psychiatrist or pediatrician specializing in Pediatric Neurology, a social worker, a psychologist and a speech therapist. The interdisciplinary team may also include an occupational therapist or a member of the specialized Special Teaching Personnel (STP) of the PE 31 sector, as applicable, on recommendation of the Head of the corresponding K.E.S.Y. Graduates over the age of eighteen (18), who have not been assessed as individuals with disabilities and special educational needs, do not fall within the jurisdiction of K.E.S.Y.

This interdisciplinary team issues an assessment in which the definition and description of the student's difficulty is stated, as well as suggestions for their support. Additionally, the school framework which is preferable for the student to attend is proposed (special

school, Department of Integration, parallel support) and a Personalized Educational Program (EEP) for the educator, in which the objectives for the most effective support of the student are identified.

K.E.S.Y. services are provided free of charge, and the student file is confidential and accessible only to the parents, the principal and the educators of the school involved in the education of the student.

CHILD 3 has completely lost her direction in life and the rest of the family can no longer manage her because she is still in the mourning phase. At the same time, she is in a difficult family environment which does not help her to express herself, to bond, to feel safe and to trust herself again. The school environment, which has a certain rhythm and demands, is not the refuge she seeks and as a result she rejects it. Moreover, she cannot follow children of her own age and integrate into the social group of the classroom, which makes her distant and indifferent because she cannot cover the emotional trauma she carries.

Her teacher treats her like the rest of the children, trying through strictness and boundaries to impose some activities on her. With this behavior, however, CHILD 3 becomes more and more distant, so that she has no reason to participate in the classroom or to cooperate with her teacher. Knowledge does not concern her, in fact she has not understood it, therefore her depressive feeling triumphs and she is increasingly immersed in a world that she creates on her own to survive. The school environment and teaching staff seem unable to cope with such a situation, so the need for a specialized intervention is urgent.

CHILD 3 generally exhibits disorganization in her movements, in her thoughts and in the way she expresses herself. Depression has completely affected the way she thinks, feels and acts. She acts as if she were a kindergartener and regresses strongly to past phases. However, her behavior seems to affect her progress, consistency, concentration and performance. In addition, she shows a complete lack of motivation and apathy during lessons, while the other children in the class are working and participating in the lesson delivery. She does not ask to leave her classroom making up excuses, yet she remains silent and inactive at her desk. She refuses to write because she exhibits weakness in Graphic Space. In addition, she is unable to do reading and does not organize her school bag and as a result, she does not bring the correct books according to her school's weekly schedule. In her Behavior, she shows a strong problem in Emotional Support and in improving her Cognitive Image.

CHILD 3 is a reserved child who does not express her emotions, has difficulty communicating with her family and with her peers at school. She is indifferent to all the activities she did before the loss of her mother and wishes to remain alone in the world she has created in her imagination. She is an intensely lonely child which is not easily managed by either her family environment or her teachers. She has no friends, she does not seek social contact, during lessons she remains silent and does not

participate. During breaks she remains alone and unless the teacher tells her to go out to the yard at break time, she may remain seated and idle until her daily schedule is completed. She is a neat and tidy child, because she does these activities with her father with great affection. She eats normal amounts of food and generally does not disobey. However, her apathy is of particular concern to the father who is still in mourning for his wife. Many obligations have been added to his daily life and he is unable to meet them all at this time He fears that he cannot significantly help CHILD 3 and therefore immediately accepts the intervention of the researcher and the help she offers with her research.

CHILD 3 refuses to write because she has a weakness in the Graphic Space. In addition, she is unable to read and does not organize her school bag, resulting in her not bringing the right books according to her school's weekly schedule. In her Behavior, she shows a strong problem in Emotional Support and in improving her Cognitive Image. Complete lack of motivation for life. Her teacher expresses her own weakness to properly manage CHILD 3 and as a solution she is sympathetic to the great loss the child has experienced, making no particular demands of her. As many times as she has tried to get her attention in the classroom by shouting, CHILD 3 remains silent and as a result she now throws her hands up in the air. Nevertheless, the grade on her report card that is not deserved considering the effort she has put in, but the teacher states "she feels sorry for her".

According to the above, it is understandable that based on the facts of the child's daily life, any further educational intervention was impossible. We are in an exploratory phase and focused on establishing a healthy relationship between the researcher and CHILD 3 which is based on safety, trust, acceptance and support. The only thing CHILD 3 seems to enjoy is drawing on the tablet with the researcher through a drawing app. The use of ICT in general was easily accepted by CHILD 3 as it is part of her daily life. She spends several hours of the day in front of her computer doing google searches or playing games of her choice. CHILD 3 easily and quickly responded to the researcher's encouragement to draw on the tablet app while still refusing to follow any instruction from her teacher at school. This has resulted in her remaining educationally inactive without showing any interest. In contrast, the painting through the tablet and the video call that we established as a way of communication once a week seems to be readily accepted and she seems to follow the process.

SECOND YEAR (SEPTEMBER 2017-JULY 2018)

In the 2nd year of systematic observation, we are still in the reconnaissance phase. She does not have the mood and energy that is usually observed at this age. She remains distant from children her age in her class because she fears rejection and finds it difficult to communicate with them. She is beginning to be surprised that the researcher remains consistently close to her. She has her own particular fears; therefore the researcher

focuses on masking them and gaining her trust. She is a particularly reserved child and does not easily express her preference for someone. She is clearly a child who has emotional 'rigidity' and finds it difficult to adapt to everyday life. CHILD 3 continues to be hurt, cannot escape the depressive feeling and often sees her father crying.

In the 2nd grade of elementary school, CHILD 3 does not show any positive change in how she approaches the school environment. Her teacher is finding it difficult to activate her and it is made evident that she has not received the required knowledge from 1st grade. According to the information provided by her teachers, CHILD 1 does not seem to have much difficulty in her lessons, i.e. the cognitive part. She fully grasps the concepts and understands the language exercises but there remains her refusal to join the classroom and pick up her pencil to do operations and practice. By experiencing CHILD 3 in everyday life, her teacher can understand that she understands the school material at the time of delivery but is unable to reproduce it, retain it for a long period of time and develop it. In the spoken word, she remains equally inert, because she does not find the motivation to engage with what is called knowledge. Her teacher this year, once more expresses weakness in integrating CHILD 3 into the classroom. She does not yell at her like last year's teacher, but instead takes pity on her and consequently leaves her alone in the classroom, even during breaks.

The child's behavior, regardless of her intelligence, causes problems in her cognitive part as well because, as a defense, she does not react to any school stimuli, does not participate, does not study at home and does not do her homework. She finds it difficult to concentrate her attention in class. At the same time, she has a strong emotional disorganization, specifically in "Self-feeling" and "Cooperation with others". She still refuses to write because of her weakness in Graphic Space. In addition, she is unable to read and does not yet organize her school bag but has agreed to prepare it with the researcher every day when their meeting is over. In her Behavior, she shows a strong problem in Emotional Support and in improving her Cognitive Image. Complete lack of motivation for development.

She seeks constants to enable her to overcome the emotional difficulties she is experiencing. Pity and compassion is not the way to help CHILD 3. She needs substantial commitment and gradual awakening of her potential with patience and perseverance. Those two key characteristics are what the researcher possesses, so CHILD 3, at the end of the third trimester, begins to pay more attention to her when they are together. She feels safe and secure now that the researcher remains consistent in their appointments and as a result she does not have abandonment anxiety.

She still refuses to write because she has a weakness in Graphic Space. In addition, she is unable to read and does not organize her thinking. Everything is still muddled in her mind and as a result she does not know where to begin. The teacher at school is not an incentive for CHILD 3 to be active in general and specifically in the area of learning. In her Behavior, she shows a strong problem in Emotional Support and in improving her Precognitive Image.

Parent request: to enable CHILD 3 to overcome childhood depression and return to life. To be interested in her school obligations and to socialize smoothly, so that she has common interests with her peers.

Short-term goal: to maintain her attention for a certain period of time. (The goal is to talk openly to her about the new game the researcher plans to play and explain all the steps, so that she has it all in her mind and can process it in her own time, to gain her trust, interest and motivate her zest for life by learning).

Medium-term goal: To concentrate and collaborate with individuals at school, as well as the researcher.

Long-term goal: Development of cognitive skills and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions.

Indicatively, the Teaching Interaction with CHILD 3 in the first trimester of the year can be seen below:

Table 14:

Teaching Interaction Recording Form (Second Year-CHILD 3)

Date	Child	Special Educator	Comments
27/9	Will I see you when school is out?	Yes, if you would like to! I would love to!	CHILD 3 is very concerned upon realizing that her daily life may change. Even though she has not integrated into the school environment, she wants to be with her peers. The concept of family is a painful subject for her, so she has no motivation to turn to something new and creative. She rejects anything new because her depressive mood prevails.
03/10	Today, the teacher told me that I am very clever and that I will do better at school this year than I did last year.	I am sure that you will achieve anything you set your mind to!	CHILD 3 exhibit strong elements of inferiority. She has no faith in herself and has not received acceptance and love. She needs balance and joy in her life, but her family environment still cannot provide it. Instead, each one of them remains trapped in their pain and in their grief.

12/10	I want you to know that I'm not a bad child.	I never believed you were a bad child, not for one moment!	She remains silent next to the researcher. It is obvious that she cannot communicate with anyone at home, so she expresses several of her thoughts in an anarchic way and without logical continuity. She wants to open up but is afraid, she wants to communicate with the researcher but does not know how because she is afraid that she will betray and leave her. Nevertheless, she has taken a positive step towards the researcher.
20/10	I won't miss my classmates because I don't like them. They're bad children.	I can't believe that there are bad children. I'm sure you will have as many friends as you want soon.	She resents the school space. She cannot acclimatize, cannot integrate, she finds it difficult to socialize, so she constantly feels unwanted. She rejects her classmates at every opportunity because she is actually afraid of being rejected by them first. Complete lack of motivation. She has not yet understood the purpose of school.

Note: The table above shows the Pedagogical Interaction 2 of CHILD 3 with the researcher.

- **Observations-Interviews-Diary Report**

CHILD 3 has lost her direction in life and the rest of the family can no longer manage her because she is still in the mourning phase. At the same time, she is in a lonely and difficult environment which does not help her to express herself, to bond, to feel safe and to trust herself again. She needs support and acceptance, but there is still not the right framework in the family for her to feel this way. The school environment, which has a certain pace and demands, is not the refuge she is looking for and, as a result, she rejects it. It has been long enough that she has found it difficult to communicate with a familiar person, which is increasingly frustrating for her. By the end of the fourth trimester, she seems to be consciously seeking out the researcher and clearly remembering their meeting schedule. She is not indifferent to the researcher and sits very close to her through each meeting. It is more meaningful because CHILD 3 looks her in the eye and responds fully to everything said. However, the school environment remains an indifferent place in the second grade which does not help her and she consequently rejects it. With what she experiences daily at school, depression triumphs and as a result, it strongly shows in her reactions and thoughts.

It is evident that CHILD 3 is in need of a specialized approach which will meet her own particular needs and can accommodate her own reaction time. Her apparent difficulties in school performance do not stem from low intellectual capacity - perception or reduced ability; instead they all stem from a lack of motivation and interest. In addition, the results from our Rivan test prove to us that there is no intellectual problem or difficulty in understanding in CHILD 3. Her life is paused on the day she experienced the traumatic event. She is disinterested in learning because she cannot manage simple emotional concepts with her family. Instead of feeling relief while in the school environment, with children her own age, she resents the obligations and the fast pace of the school. She feels oppressed because her "social image" does not match that of children her age, which also makes it difficult for those who want to communicate with her. So she remains alone and creates her own world in which she can protect and express herself, feel safe and loved. However, her perception of anything new she encounters is quick, but she still lacks the motivation to keep her attention on something new. The way in which they try to awaken her in her school environment is clearly not appropriate for CHILD 3.

Completing the 2nd grade of primary school, her teacher informs the researcher of her own inability to manage CHILD 3. She does not have the required knowledge and does not want to take on the responsibility that CHILD 3 presents. She singles out CHILD 3 from all the other children in the class because she actually believes that she is at a disadvantage compared to the other children because of the grief she is experiencing. According to all the above, we understand that CHILD 3 still does not receive the same opportunities as the rest of the children in the class, therefore depression makes this a special case that needs special educational treatment. This fact is welcomed by her school teacher.

CHILD 3, regardless of the depressive phase she is experiencing, is an intelligent child who always focuses on the literal sense of events and situations. When talking to the researcher, she likes to use metaphors of speech, which proves to us that she listens at the time of delivery but does not wish to participate. Moreover, the knowledge she receives daily cannot be retained since she does not practice it, therefore it is forgotten in a short time.

CHILD 3 is a reserved child, intensely lonely who does not express her emotions, still finds it difficult to communicate with her family and with her peers at school. The relationship she has established with the researcher is different from the other ones she already has, and as a result she now positively singles her out and trusts her. She does not want to be alone but did not know who she could trust and be understood by. She is a quiet and timid child because she feels she has lost the "light" in her life. She has no friends, does not seek social contact, during class she remains silent and does not participate. All the extracurricular activities she did in the past she does not want to discuss or continue. She does not exercise at school because she cannot stand the shock and discomfort. It is difficult for her teachers and parent to manage her, therefore she remains essentially alone, becoming more and more silent every day.

None of her teachers have the way or the knowledge to reach her, therefore CHILD 3 remains educationally raw and completely inactive. She does not follow the basic rules of school, does not want to do her homework, she does not want to write or read at school and at home, therefore there is no sign of how to awaken CHILD 3 in order to help her get better. Most of her teachers give her marks which she has not earned with her knowledge, projecting their pity for what she has experienced and what she is going through. But this behavior gives her an excuse to sink further into depression and continue to lose herself.

According to the above, it is understandable that any educational intervention still seems difficult. However, despite all the difficulties, the researcher has managed to gain the attention and trust of CHILD 3 within the second year of observation, so that the following year is the opening salvo for the New Pedagogical Approach Intervention, which aims at the educational awakening of CHILD 3 who suffers daily from the symptoms of depression. At the end of the second year of observation and due to the particular communication difficulties that the researcher faced with CHILD 3 and her family, in their meetings she always referred to the "new game" she would like to play together. In this way, CHILD 3 has full knowledge of all the steps, as well as the stages that make up this game. The reason why this was done is because the researcher felt that CHILD 3 needs more time to process a situation before reacting to it. The only thing that remains to follow as a guideline is the use of ICT in the drawing application as well as our once a week contact via video call. She does not try to avoid it, nor does she create false scenarios to avoid meeting the researcher. She is familiar with the technology and does not treat it as through learning simply as through play. The use of ICT helped to create intimacy and bonding between the researcher and CHILD 3.

THIRD YEAR (SEPTEMBER 2018-JULY 2019)

In the 3rd year of systematic observation, the new pedagogical approach to treating childhood depression has already started. CHILD 3 remains distant from her peers because she fears rejection and has difficulty communicating with them. Her relationship with the researcher is becoming increasingly meaningful. She remains steady in their appointments and always focuses on creative elements that catch the child's attention. This game has a strong element of reward and acceptance, so CHILD 3 responds positively. The researcher begins with her enthusiasm gradually rising until she understands that the child is ready to participate and has her attention focused on the game. The researcher never halts her effort, she simply moves at a slower pace. The researcher stays beside CHILD 3 and simply counts the cars that will cross the road in front of them. The first stage of the "game" is simple. Being on the balcony of her house and watching the cars passing by on the street, they focus on their color. The first prompt is to loudly state the color of the car. CHILD 3 responds positively and when her turn comes, she simply says the colors she sees. With no particular emotion at the time, she simply carries out the command given by the researcher. This is especially

important because it is the first occasion that CHILD 3 chose to take the initiative and become involved in an activity. The interaction that takes place at that moment is treated with particular enthusiasm and reward since, in the two previous years of observation, the absolute refusal of CHILD 3 to participate in anything she was asked to do by her teachers was evident. Our meeting once a week by video call remains fixed and CHILD 3 accepts it.

Her behavior at school still seems to be affecting her progress, consistency, concentration and achievements. The goal of the pedagogical approach to treating childhood depression is to awaken CHILD 3 through learning. Teaching is individualized in a fun way to capture her attention and interest. The process of learning, as presented by her teacher, remains an uninteresting process to the child. She still shows a complete lack of motivation and apathy during the lesson, while the other children in the class are working and participating in the lesson delivery. She has no problem with comprehension; on the contrary, she expresses a refusal to anything new that might develop her. In contrast to her behavior while in the classroom, during play time with the researcher, she seems to have her attention on the activity. She responds correctly and sometimes smiles when the researcher accompanies her reward with applause and a hug.

Her new teacher intends to integrate her into the classroom gradually and with specific activities that she will ask all the children to do. CHILD 3 is a child who needs to feel the interest of her peers and to feel safe with the adults who guide her. The researcher asks the school teacher for cooperation so that, in time, the same opportunity is given to CHILD 3 to express the knowledge acquired from the new pedagogical method. Her socialization is partially inactive but it is believed that she will be activated and when she has the courage and knowledge, she will follow the rest of the class in the learning process. This year's teacher is cooperative and willing to help CHILD 3 in a substantial way. She does not single her out, does not pity her and resents that it has already been 3 school years that her colleagues have failed to teach the child.

After personal observation, it is determined that CHILD 3 is a wounded child. However, she is an eight year old girl who has experienced hard times that have scarred her entire family. Her reality is locked in a world she has created and it is difficult for anyone to penetrate it. The trust, love and security provided by her relationship with the researcher were the initial stages which gave her the right to "come closer". There is intense pain which is not expressed and manifests in inertia and loneliness. It has been long enough that she has found it difficult to communicate with a familiar person which is increasingly frustrating to her. The new learning process that the researcher has implemented in her daily routine has a dual character. Initially didactic, but what catches her attention is the childlike-simple way it is presented to her through play.

She still refuses to write because of her weakness in Graphic Space. Her weakness in preparing her school bag has now been replaced with appetite and this process is integrated into her daily routine. The focus is placed on her obligation to always be

prepared for her next school day. She has accepted this and this action is completed daily. In her Behavior, she still shows problems in Emotional Support and in improving her Cognitive Image. Her new teacher is optimistic about the progress of CHILD 3 and is always willing to follow the researcher's instructions.

In the 3rd Grade of primary school, CHILD 3 is beginning to show some positive change in the way she approaches the school environment. Her new teacher wants to integrate her into the classroom and CHILD 3 is registering her interest. She remains hesitant towards her classmates but her attention is diverted from this thought and her learning is reinforced. According to her teacher's update, CHILD 3 has knowledge lacking from the previous year, but does not seem to have much difficulty in the lessons, i.e., the cognitive part. She fully grasps the concepts and understands the language exercises, but her refusal to join the classroom and pick up her pencil to do operations and practice remains. In her school routine, CHILD 3 can understand the school material during lesson deliveries, but is unable to reproduce it, retain it for a long period of time and develop it.

Parent request: that CHILD 3 overcomes childhood depression and comes back to life. That she continues to show some interest through the new Pedagogical Method and is interested in her schoolwork. He is especially moved when she notices the interaction of our "new game" in the home, and states that it has been a long time since he has seen CHILD 3 do anything.

Short-term goal: To remain steady in executing the steps of the New Pedagogical Approach and focusing on the mastery of writing because CHILD 3 still states she is not yet ready for it.

Medium-term goal: To concentrate and collaborate with individuals at school, as well as the researcher.

Long-term goal: Development of cognitive skills and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions.

Indicatively, the Teaching Interaction with CHILD 3 in the first trimester of the year can be seen below:

Table 15:

Teaching Interaction Recording Form (Third Year-CHILD 3)

Date	Child	Special Educator	Comments
02/11	When I syllabicate, it is as though I'm singing the words.	Each day you think of more animal words, first names, and create beautiful sentences! Well done, CHILD 3! Congratulations on your progress, I am always proud of you. I like how you matched	Encouragement, reward, applauding and hugging her are some of the main tools used by the Researcher – Special Educator to boost the confidence of CHILD 3. Based off the new Pedagogical Approach,

		syllabification to singing. So, we will be singing!	CHILD 3 is developing positively, she responds to the learning process and her external image has completely changed.
14/11	Will something new be added again?	Yes! Since we've said so many animal words and first names, and we are already creating sentences, we can move further. I know that it will be a piece of cake for you, with your skills. The time has come for you to write all these lovely words in your own, "special notebook"!	The researcher demonstrates her enthusiasm for the new game – Pedagogical approach because, basically, CHILD 1 responds positively all this time and for it to remain a pleasant process is desired. Writing has not yet been activated and she seems to hesitate. It is important that she knows the steps she must follow and time is allowed for her to be ready to conquer this stage.
29/11	I know many names. I will say those of my classmates too.	I'm very proud of you! Your knowledge is so vast that it excites me! When you allow your beautiful self to be known by your classmates, I am certain they will be very happy to be around you.	She remains faithful to the game because she feels trust. The reward is also an especially important tool used by the Researcher – Special Educator. The main goal of this phase is awakening writing and the psychological refreshment of the child.
30/11	You won't like my handwriting. I think it's best that I don't write. Can you write for me?	There's no stopping us now that we've started. You are amazing! Don't forget that we enjoy this game and it gives us happiness through knowledge! I am very proud of you. It's important that you leave your own "handprint" on the paper and, I promise you, we will celebrate together!	She regains her enthusiasm because knowledge develops and makes her happy. The addition of writing pressured her a little, but with the patience and insistence of the Researcher – Special Educator the focus was placed on the success following each effort. The depression and reactions CHILD 3 exhibited have been replaced by healthy actions, which all are motivated by learning.

Note: The table above shows the Pedagogical Interaction 3 of CHILD 3 with the researcher.

- **Observations-Interviews-Diary Report**

CHILD 3 is in the 3rd grade of primary school and with the new pedagogical approach she shows interest in cognitive elements that previously did not concern her. She is not yet willing to pick up a pencil, she does not know how to spell and is afraid of negative criticism. The focus is placed on her positive development through the game of the new method, so that she is left with applause and a hug after each correct answer. She answers correctly and obeys all the rules. She does not yet show excitement like other children her age might, but she responds to the researcher's call whenever she is asked to move to the balcony area where she knows is where the game is played.

The goal is to awaken CHILD 3 with learning as a motivation. CHILD 3 is asked to move to the balcony of the house and once a car passes, the numbers on the license plate are said aloud. Then, the sum of the numbers on the license plate is calculated. At this point, it should be made clear that the resulting sum must always be smaller than or equal to 24, because that is how many letters there are in the Greek alphabet. Therefore, the addition of numbers continues until a number smaller than or equal to 24 is found. This sum leads to a specific letter in the Greek alphabet and then, a word for an Animal beginning with this letter is sought. When we say an animal then we use technology to google an image of that animal. This process is particularly enjoyed by CHILD 3 because she understands that she is good at using technology so she works confidently without realizing it. She is rewarded with exaggerated zeal and she seems surprised because the process was easy and the numbers simple. She loves animals especially, so she continues playing. She knows most of the animal words and as a result is very successful. The researcher's enthusiasm is intense and is accompanied by applause and a hug to create a new enjoyable experience for her through neuro-linguistic programming. When the time for the reward comes, she is ready to receive it, opening her arms to hug the researcher back.

Her initial response to saying the license plate numbers was relatively tame because she was willing to follow the researcher in a "new game". When she decided to do her first addition, her success and courage was intensely celebrated, concluding the praise with a round of applause and a hug. The purpose of this response is to create through neuro-linguistic programming a new coupling of neurons in her brain which will imprint in her a pleasant emotion resulting from the celebration when she completes her attempt at adding the numbers. Then, the addition of the alphabet does not stress her, because she is delighted with the animals she is asked to find from the resulting Letter. Each time a different number, each time a different letter, each time a different animal.

In the second trimester of the year, she is fully capable of thinking of an animal, a first name, and creating a sentence deriving from the number of the sum of the license plate. A loud celebration and a hug follows. To summarize, sentences that have a number, an animal, a name (Subject) in them are created and, with our imagination, "an action" emerges. For example: Number 4 leads to the letter D, Animal word - Dolphin, First name – Dimitris, and finally we create a complete sentence. "Dimitris and the 4 dolphins are swimming in the sea." She is happy to see that she is completing task correctly and seeks this game because she clearly sees that it is good. In this way,

CHILD 3 also demonstrates her trust in the researcher who accepts, supports and praises her every step of the way. The researcher always reminds her to let herself get carried away by the joy of the new game and, more importantly, to allow the feeling of joy to carry her towards new paths of love, creativity and laughter. At times, although it is very early, she seems happy to be part of the game but still does not express it; she simply exists in the space. The more she talks, is part of the game and understands that she is succeeding, the more she wants to play and receive praise. All the steps are successfully completed but she still does not feel confident enough to write them down in the "special notebook". The "special notebook" is a notebook that has bright and cheerful colors on the cover, a gift that the researcher gave to CHILD 3 so that when she starts writing, she will have a uniquely different notebook in which to record her progress, her achievements and when all the pages are filled, then she will have a record to remind her of all she can do, all she has already achieved, and through it she will be able to pride herself with confidence and balance.

Her school performance has not reached the level of the requirements of the 3rd grade of primary school, but it is evident that CHILD 3 has regained her courage and has a different attitude whilst in the school space. Her new teacher has true interest in CHILD 3 and is intent on integrating her into the class. She often mentions the child's name during class, to get her attention. It is noteworthy that the posture of CHILD 3 has changed and her reactions are calmer. She does not exhibit extreme reactions in her behavior; instead, during breaks she observes the games of her classmates, does not seem to withdraw in "her" world and no longer wishes to be left alone in the classroom. When she hears the break bell, she gets up like the rest of the children and goes out into the playground.

She seems to prefer the individualized approach of the researcher-Special Educator because it creates a sense of security, but for the first time she demonstrates interest in something new. The way the new Pedagogical Approach has been presented to her is so unique that she wants to share it with other children. She experiences it as an achievement of her own that makes her special, resulting in her wanting to show it to other children so that they may accept and "love" her for this new thing she is presenting to them. She approaches her academic course with calm, because she still has defenses but, at the same time, is also listening and learning. She faces learning more easily through the new Pedagogical Approach and its individualized approach because it is presented to her in the form of a game. This fact is new and she accepts it. The anxiety caused by learning in the classical form is reduced and she is therefore more cooperative. Although she states her desire to share her "new game", she does not yet dare say so, because she knows that she has not completed the writing stage.

Though CHILD 3 still bears some characteristics of depression, her positive development should not be understated. As long as the environment she lives in keeps a positive outlook, then CHILD 3 is calm and focuses on her new "game", consequently receiving all the positives of the new method. The motivation sought within the school has been presented through the new Pedagogical Approach and its positive effects are

slowly unfolding in the school environment. She is focusing on the present and getting positive energy through her new achievements. The relationship with the researcher-Special Educator seems to calm her down because it does not create surprises to which she will be called upon to adjust or from which to defend herself. In her, she finds a balanced presence that through dialogue, acceptance and love makes the child feel secure. She does not know how to manage her emotions yet, but seems to choose the new "game" precisely because it triggers something pleasant. The father perceives the difference in the behavior of CHILD 3 and expresses his enthusiasm. He is very grateful to the researcher for his daughter's positive development and warmly expresses his confidence in the researcher.

FOURTH YEAR (SEPTEMBER 2019-JULY 2020)

In the 4th year of systematic observation, the new pedagogical approach to treating childhood depression has already started to yield positive results. Her behavior at school has changed because she does not withdraw so strongly in "her" world. During breaks, she is in the school yard and does not sit alone. She observes her classmates' games and when she hears jokes she seems to smile. She has unlocked herself and does not keep as much distance because she feels better and wants to introduce her "new game" to her classmates, as well as her family. There are times when she feels the "anxiety of failure" but she manages it with the researcher by focusing on effort, courage and her uniqueness. The goal of the new pedagogical approach to treating childhood depression is to awaken CHILD 3 through learning. Teaching is personalized in a fun way to capture her attention and interest. One meeting a week always remains via video call and CHILD 3 remains firmly faithful to our online appointment. Technology is part of her daily routine and she enjoys it.

This year, she is gaining clear eye contact with her teacher which is highly encouraged by the teacher. During the individualized tutoring sessions with the researcher, CHILD 3 answers correctly and sometimes smiles when her reward is accompanied by applause and a hug. She does not show this familiarity with the school teacher yet, but has certainly made great progress since the implementation of the new pedagogical approach. CHILD 3 is a child who needs to feel cared for by her peers and to feel safe with the adults who guide her. Her socialization has been activated since she does not seek to get lost in "her" world. Nevertheless, the game hidden in the new pedagogical approach excites her and she states that she would like to play it with other children of her age in order to show that she is 'good' at something. She is now ready, because writing has been activated since the first trimester.

Writing has been integrated within the New Pedagogical Approach program and CHILD 3 has been responding positively to the 'special notebook' since the first trimester of the year. In the classroom, she masters writing in the second trimester of the year because she feels embarrassed and is afraid of making a mistake and being

ridiculed. In her Behavior, she shows positive development, as long as her environment remains calm. Her teacher is optimistic about the progress of CHILD 3 and is always willing to follow the researcher's instructions.

According to her teacher's information, CHILD 3 makes eye contact with her and the teacher often smiles (to communicate silently) to register the child's different attitude in the classroom. Positive connotations are given to everything that CHILD 3 does differently, so that through neuro-linguistic programming, it is imprinted in her that the right action brings the desired development and personal success. She has deficiencies from the year prior, but does not seem to have great difficulties in the lessons, i.e. the cognitive part. Her pace is slower and she sometimes forgets to write some letters. But, on the occasion of this weakness, the researcher adds syllabication, i.e. the slow reading of the name of each animal. This addition is offered so that CHILD 3 feels secure in her writing and does not forget letters.

CHILD 3, in her school routine, can understand the school curriculum at the time of delivery, but she does not yet raise her hand, nor does she reproduce the new knowledge. In the spoken word, her teacher stresses that she appears to have knowledge and understanding. In the second trimester, the new pedagogical approach has been the motivation for CHILD 3 to come back to life and to adapt to the school environment. The new Pedagogical Approach stimulates her spirit positively because it is based on rules of play and ends with applause and a hug. This was the initial promotion of the new Method to attract the interest of CHILD 3, who had been diagnosed with childhood depression. Touch warms the "frigid" feeling and helps her with the Emotional Uncertainty she is experiencing. She feels satisfaction in being able to do addition of numbers on her own and using the result to come up with an animal, a first name, then spell all of these and record a complete sentence in her "special notebook". In this way, from the second trimester, CHILD 3 is able to fully read and write.

The security and trust that has developed between the researcher and CHILD 3 is of particular importance because it positively enhances the child's development. She decodes with relative ease simple words and simple sentences containing words familiar to her. She shows an understanding of their content, as she also knows all the letters, capital and small. In spoken word, she is more efficient, since she now adds numbers with ease, says the Greek alphabet quickly and easily finds animal names, nouns and creates sentences in the new pedagogical method. The researcher, with patience, perseverance and dedication, is always by the side of CHILD 3 to properly strengthen her psyche and remind her of the value of knowledge. Moreover, the purpose of the uniqueness of the "special notebook " that records and spells out the steps of the New Pedagogical Method, is so that when she gets discouraged and loses her motivation to develop and learn, this works as an encouragement to her, since she can see how much she has written herself and the enormous amount of her potential.

Parent request: that CHILD 3 continues the positive development and returns fully to the life and age-appropriate concerns of children her age. He expresses his gratitude and joy for the current image that CHILD 3 presents.

Short-term goal: To retain in her memory elements of the lesson delivery and actively participate in the classroom. To focus her interest on creative situations that contain joy and development.

Medium-term goal: to concentrate her attention on the steps of the New Pedagogical Method and to take courage and joy from this process.

Long-term goal: Development of cognitive abilities and emotional organization, School readiness, Social adjustment (behavior), Perceptual functions.

Indicatively, the Teaching Interaction with CHILD 3 in the first trimester of the year can be seen below:

Table 16:

Teaching Interaction Recording Form (Forth Year-CHILD 3)

Date	Child	Special Educator	Comments
08/09	I am not in the mood today, but alright, let's play	I understand that not all days are the same, moods often change. Since our game brings so much joy, we will let it carry us into that emotion and everything will change for the better.	Encouragement, reward, applauding and hugging her are some of the main tools used by the Researcher – Special Educator to boost the confidence of CHILD 3. It is only normal that moods will be low on some days, but the researcher acts in order to not allow emotion to turn into melancholy. Thus, the new Pedagogical Approach is the ideal tool in order to spend time pleasantly and positively activate us.
19/09	I will ask Maria and Helen to visit me this Saturday, so we can play with numbers and letters.	Great idea, CHILD 3! They will be thrilled with your knowledge and together you will enjoy the rewards of applause and hugs.	The researcher demonstrates her enthusiasm for the game – Pedagogical approach because CHILD 3 now shares the game with other children. She responds positively to cheering and suggests that her friends do the same. The past image of CHILD 3 could not manage such emotions of joy. Her development

			is evident and she enjoys it.
05/10	Maria liked our game and she said that she will come back to play with me.	Lovely! I am glad you enjoyed such a creative game together. You are a wonderful child with principles, intelligence and understanding. Anyone would like to keep you company!	Her combining ability is fully developed, her knowledge is obviously correct for her age and she no longer resembles the child the researcher met 4 years ago. Reward is an especially important tool the Researcher – Special Educator uses. Social awakening has been achieved through learning.
20/10	Are you happy that I am writing and reading?	Yes, I am very proud of you! Well done, CHILD 3! I am extremely lucky to have met you. You are a wonderful child. I have had faith in you since the moment we met. Well done!	She repeats questions because she wants to receive the stability of the researcher's emotions. She regains her enthusiasm because knowledge develops her and that makes her happy. Depression and the reactions she exhibited have been replaced by healthy actions which are all motivated by learning. The aim of this phase, academically, is the stabilization of her skills and positive development, as well as having substantial faith in herself. The goal is to keep her interest in knowledge and learning stable.

Note: The table above shows the Pedagogical Interaction 4 of CHILD 3 with the researcher.

- **Observations-Interviews-Diary Report**

Her teacher is quite confident that she understands the syllabus at the time of delivery and is particularly pleased with the step of writing her schoolwork on her own. At the same, time she gives her time in the classroom and integrates her by simply mentioning her name. The collaboration between the teacher and the researcher has enhanced the child's school image and is done in an atmosphere of joy and creativity. CHILD 3 has special educational needs that are very important for the teacher to understand, in order to stimulate the interest of the child suffering from depression and to give her equal

opportunities with the other children in the class. The next step, which CHILD 3 is encouraged to do, is to form questions and have the courage to share them with her classmates.

The relationship with the researcher is established and consistently creative and enjoyable, therefore the personalized learning program she administers has been able to awaken CHILD 3 with the numbers game, followed by letters, words and their meanings, spelling them and writing a complete sentence. Specifically, from the license plates of cars, she looks for the sum of the numbers, then finds in the Greek alphabet the letter corresponding to the number and finally mentions the name of an animal that begins with said letter. To avoid "lost" syllables, the researcher added the spelling of each animal recorded. This way, the child feels more confident and secure. This stage is completed by finding the animal selected by CHILD 3 in the google images app. This moment always remains fun for CHILD 3 who is particularly comfortable with technology. Her ability to find pictures of animals is a point she particularly enjoys. When this process was established and became routine, after the search for an animal, the search for first name beginning with the same letter was added. Both were then recorded by CHILD 3 to reinforce the writing skill as well. Theoretically, this is the time that CHILD 3 is ready and receptive to communication. This task is completed by creating sentences based on the existing data. Writing down the suggestions is important because they enhance her comfort in the Graphic Space, her confidence as a student and her academic development. Childhood depression, as experienced by CHILD 3, is a condition that affects her in how she thinks, feels and acts. The trust and stability in the relationship with the researcher is now established, so it has helped to make learning the motivation for her reintegration into life.

In this phase, focus was placed on her confidence towards writing, a feeling that can be enshrined through practice and friction. To avoid "lost" syllables, the researcher added the spelling of the animals and names that were recorded. The timing and completion of the new Pedagogical Approach depends on CHILD 3 and the progress she makes.

Creating sentences based on data from numbers and letters was aimed at reinforcing writing and reading. CHILD 3 writes numbers, animal words and names, slowly and steadily, using capital and small letters. Additionally to the new neuro-linguistic programming implemented by the researcher when CHILD 3 responded correctly in each phase, the child's responses were differentiated by having a positive connotation. The focus was on writing, reading and creative thinking. She struggled to grip her pencil correctly, was embarrassed about her handwriting, did not know the spelling of all the words, but the researcher stayed close to her with support, encouragement and intense cheering which created a happy atmosphere. The aim was to weaken the feelings of anxiety and the inferiority complex which earlier situations had instilled in her. Now, when the time of reward comes, she is ready to receive it, opening her arms to embrace the researcher. Spelling mistakes are corrected immediately, so that they are imprinted in her memory. This type of exercise is also reinforced by the repetition of the words.

The writing stage was the final stage needed for CHILD 3 to complete the New Pedagogical Approach.

Her school performance is improving and it is evident that CHILD 3 has reached a higher level and now understands the importance of school and the knowledge it offers. CHILD 3 has regained her courage and has a different behavior whilst in the school setting. Her mastery of writing in the school setting shows her decision to free herself and integrate with her peers. The new Pedagogical Approach has captured the interest of her teachers who ask about what is happening during homework to cause this positive development in CHILD 3. It is notable that her posture has changed and her reactions are calmer. She does not show extreme reactions in her behavior; instead, during breaks she observes the games of her classmates and does not seem to withdraw in "her" world.

The beginning to combat childhood depression with the weapon of learning has already been made and the child is responding positively. CHILD 3 seems to feel secure through the relationship she has developed with the researcher and is ready to try the new game with her, i.e. the new Pedagogical Approach aimed at awakening CHILD 3 from depression. Everyone working with CHILD 3 is happy about her progress and excited about her positive development.

The new Pedagogical Method became the opening salvo for CHILD 3 to escape the whirlwind of childhood depression and regain her interest in life. Her daily life has changed for the better, as she now has an activity through which she learns, acts, communicates and develops. The innovation of the new Method lies in the concept of "play" which each child prefers and responds positively. From complete refusal to learn, inability to socialize, the pain that loneliness brings and the difficulties that existed in family communication, it is a remarkable moment in which CHILD 3 is activated through an activity. The new Pedagogical Method gave CHILD 3 the motivation to take the "next" step. The trust developed between the researcher and CHILD 3 was crucial because the child was invited to follow her instructions. The child's current image is described by her father as a great achievement because she now seems to be reacting smoothly, communicating and not dwelling on the past. CHILD 3 socially, academically and personally is developing smoothly and steadily.

FIFTH YEAR (SEPTEMBER 2020-JULY 2021)

In the first trimester of the 5th year of systematic observation, the intervention with the new Pedagogical Approach for the treatment of childhood depression has yielded positive results. The outlook of CHILD 3 has changed for the better in terms of behavior and reactions, and her cognitive level has aligned with the requirements of her age. Motivated to learn, CHILD 3 now has different reactions to everything that happens at school. She shows that she is part of the school environment, maintains eye contact with her teacher and more accurately reproduces the lesson delivery during home study. Her relationship with the researcher is becoming increasingly meaningful. She remains

consistent in their appointments and always focuses on creative elements that catch her attention. When CHILD 3 has something else in mind, she expresses it so that it may be discussed, and then start "playing" with the new pedagogical approach which has activated her interest. She was clearly a child who had emotional "rigidity" and was struggling to adapt to daily life, but now shows positive social development and better school performance. Our online meeting has remained stable and fully operational. The use of the camera is a particularly pleasant technological tool in that CHILD 3 is very comfortable using it.

Her behavior at school has changed because she is not withdrawing in "her own" world. She observes the games of her classmates and when she hears jokes, she appears to smile. She has unlocked herself and does not keep as much distance, because she feels better and wants to show this to her classmates as well as her family. Her decision to start writing her homework and participate in the lesson delivery, in a free and supportive way, was the main purpose of the new Pedagogical Approach to the phenomenon of Childhood Depression.

Depression has been scientifically proven to be the greatest enemy of our health as its effects go beyond the psychological dimension and extend across the entire spectrum of health. Depression changes everything in the lives of people suffering from it and often has a decisive impact even on the lives of people who are close to the sufferers. The trust, love and security provided by the relationship with the researcher were the starting point for someone else to enter the world of CHILD 3. The new learning method that the researcher introduced in her daily routine has borne fruit and she is enjoying the praise from everyone. Now CHILD 3 focuses only on the wonderful abilities she has, her intelligent mind and the unique skills she possesses. The teaching role of the 'play' method has proved to be the key to getting to the current school development of CHILD 3 and her best social image.

Since last year, she has not had many shortcomings because she now asks questions and raises her hand in class to have things clarified to her. In spoken word, CHILD 3 shows more development, she asks any questions that arise and in this way her gaps are covered. She fully grasps concepts and understands language tasks. She uses grammar and syntax rules correctly and now manages to keep her attention focused on the 50 minutes of delivery as required by Greek law. Her concentration is clearly at a better level, which is evident in her answers when the teacher asks her comprehension questions. Her pace is becoming faster and faster, based on her own data and stamina.

CHILD 3 writes down her homework from the class board on her own, notes the homework she has and participates in the classroom. This action was rewarded by the researcher in the form of hugs and mental encouragement. CHILD 3 got the satisfaction that through positive Action, the right Reaction emerges. In the spoken word, her teacher emphasizes that she appears to have knowledge and perception.

Parent request: that this positive development of CHILD 3 successfully continues, on an academic and social level.

Short-term goal: To keep in her memory elements of the lesson delivery and to participate actively in the classroom. To focus her interest on creative situations that contain within them joy and development.

Medium-term goal: to concentrate her attention on the steps of the New Pedagogical Method and to take courage and joy from this process. The steady positive development of CHILD 3.

Long-term goal: Development of mental abilities and emotional organization, School readiness, Social adaptation (behavior), Perceptual functions.

Indicatively, the Teaching Interaction with CHILD 3 in the first trimester can be seen below:

Table 17:

Teaching Interaction Recording Form (Fifth Year-CHILD 3)

Date	Child	Special Educator	Comments
04/09	How many sentences will we stand to write today?	As many as we can! When we are finished, I say we count them. (the researcher hugs and rewards her constantly, because she has truly become a different child)	Encouragement, reward, applauding and hugging her are some of the main tools used by the Researcher – Special Educator to boost the confidence of CHILD 3. The researcher demonstrates her enthusiasm for the new game – Pedagogical approach because, CHILD 3 responds positively, seems to enjoy and develop through it. Her writing is steady, her handwriting is constantly improving and her school performance is entirely different.
17/09	I'll start! 6+8+9+0=2+3=5 E, Eleni, Elafi (deer) Sentence: "At five o' clock, Eleni was playing in the field and saw a deer (elafi) looking at her".	Yes! I am very proud of you! Well done, CHILD 3! See how much better you become each day!	She regains her enthusiasm because knowledge develops her and that makes her happy. Depression and the reactions CHILD 3 exhibited have been replaced by healthy actions which are all motivated by learning. The aim of this phase,

			academically, is the stabilization of her skills and positive development, as well as having substantial faith in herself. The goal is to keep her interest in knowledge and learning stable.
30/09	I really love this notebook! I don't want to throw it away when it runs out of space to write.	Don't throw it away. You should look at it and remember what a wonderful child you are and how much you have achieved.	Her combining ability is fully developed, her knowledge is obviously appropriate for her age and she no longer resembles the child the researcher met almost 5 years ago. Reward is an especially important tool the Researcher – Special Educator uses. The notebook is important to the new method and that becomes evident in the way CHILD 3 expresses it.
20/10	Today, I will beat you. I will think of sentences faster than you!	Well done, CHILD 3! I am very happy you want to win. Do your best!	She regains her enthusiasm because knowledge develops her and that makes her happy. Depression and the reactions CHILD 3 exhibited have been replaced by healthy actions which are all motivated by learning. The aim of this phase, academically, is the stabilization of her skills and positive development, as well as having substantial faith in herself. The goal is to keep her interest in knowledge and learning stable.

Note: The table above shows the Pedagogical Interaction 5 of CHILD 3 with the researcher.

- **Observations-Interviews-Diary Report**

CHILD 3 is in the 5th grade of primary school and the new pedagogical approach has awakened her interest in the cognitive elements that previously did not concern her. She is articulate and obeys all the rules. She now raises her hand boldly at lesson delivery, focusing on the question she wants to ask, rather than the possibility of a mistake she may reasonably make. Initially, the new pedagogical method aimed at adding the

numbers seen on a car's license plate. Then, the addition led to a letter of the Greek alphabet and this letter would complete the phase with the word for an animal and finally a first name. Using technology to find an animal picture was a creative stage through which CHILD 3 gained confidence. The pictures had a particularly enjoyable role, so that this phase always positively reinforced the New Pedagogical Approach. For example: 1558, sum 19, letter T, Animal Tauros (bull), Name Tasoula. When this action was established and entered into her daily routine, the Method was completed by creating sentences from the existing data. In this phase, the focus was on her confidence towards writing, a feeling which can be established through practice and friction. To avoid "lost" syllables, the researcher-Special Educator added the spelling of animal words and the names that were previously recorded.

The recording of the data was always done in the "special notebook" which, at the end of this school year, served as a prize for the mental strengthening of CHILD 3, since she could clearly see her progress in it. In this way, she prided herself and emphasized her joy. Rewarding particularly helped the whole process because, through neuro-linguistic programming, CHILD 3 began to seek positive reactions after each correct answer, while instilling the belief that "I deserve to receive praise because I am smart and capable". The neuro-linguistic programming helped create a new coupling of neurons in her brain, which imprinted in her a pleasant emotion resulting from the celebration following the completion of the task. In addition, the aim was to weaken the feeling of anxiety and the inferiority complex which had been created by previous situations. Now, when the time of reward comes, she is ready to receive it by opening her arms to embrace the researcher. Spelling mistakes are corrected immediately, so that they remain in her memory. This type of exercise is also reinforced by the repetition of the words.

The new Pedagogical Method became the start for CHILD 3 to escape the whirlpool of childhood depression and regain her interest in life. Her school routine has changed for the better as she now has an activity through which she learns, acts, communicates and develops. The innovation of the new Method lies in the concept of "play" to attract attention, "empathy" to succeed and "reward" to boost the child's confidence, so that she can learn to reward and support herself. From complete refusal to learn, inability to socialize, the pain that loneliness brings and the difficulties that existed in family communication, it is a remarkable moment in which CHILD 3 is activated through an activity. The new Pedagogical Method gave CHILD 3 the motivation to take the "next" step. The enjoyment of creation and its positive results have had a catalytic effect on the psychology of CHILD 3. The trust which has developed between the researcher and CHILD 3 has been crucial because the child has had to follow her instructions. CHILD 3 socially, academically and personally developed smoothly and steadily. Her depressive image is now a thing of the past and, in the present, we have a child who longs to live.

Her socialization has normalized and she is enjoying her choices. She is exhibiting behavior which is getting better and better because she has calmed down, has become

part of the classroom and now interacts with her classmates and shares the same concerns. She welcomes and invites classmates to play in her personal space (her home) and shows them the new educational "game" she has learned and so enjoys. During lesson delivery, she is now part of the class and raises her hand to give a possible answer to the teacher's question. The child's countenance is obviously calmer, more receptive and beginning to match that of her peers more closely. The key element of the new method, the "reward", has given CHILD 3 the belief that she is capable, creative, intelligent, and she finally can enjoy her achievements. Her social life is now stable and she enjoys it.

Motivated by the new Pedagogical approach, CHILD 3 has progressed a lot in the school environment. Her teachers are surprised by her positive development and ask the researcher for cooperation and guidance to enhance the child's positive reactions themselves. CHILD 3 now raises her hand to join in the lesson delivery and takes part in the discussions that take place in the classroom. Her speech is layered and calm when expressing her opinions or presenting her knowledge. Her teacher rewards her like all the other children, not singling her out. The way the new Pedagogical Approach has been presented to her is so special that she wants to share it with other children. She experiences it as an achievement of her own that makes her special, resulting in her wanting to show it to other children, so that they will accept and "love" her for this new thing she is presenting to them. The intense reward seems to be still necessary for her because, every time she celebrates with the researcher, her face changes completely and she projects intense feelings of joy. She approaches her schooling with calmness while listening and learning. She accepts learning more easily through the new Pedagogical Approach and its individualized approach because it is presented to her in the form of play. This is new and exciting for her. She writes down the activities she has at school herself, copies from the blackboard and participates in the lesson delivery. She copies the exercises from the blackboard on her own, reads when her teacher asks her to and asks her classmates if she has not had time to copy something. During the time she is writing, reading and thinking, she appears to be a calm, poised child with no pressure or anxiety about her performance. During the lesson delivery, she has the correct books in front of her, speaks when asked a question by her teacher and answers with ease, and at home, she remembers her homework. She is happy to have harmonized with the school's requirements and it is evident that she does not have any learning weaknesses at this time.

Definitely, in this thesis, the data was analyzed through the ATLAS.TI program which was considered the most suitable for decoding the data collected, following the researcher's long research on the major issue of childhood depression. (ATLASTI: Software (with subscription) for processing qualitative research data). The version used was 6.0.15 the Knowledge workbench.

According to the coding resulting from the data analysis, we came up with the following plan:

Figure 2:

Result of the conceptual content analysis. The diagram represents the relationships between the main categories obtained.
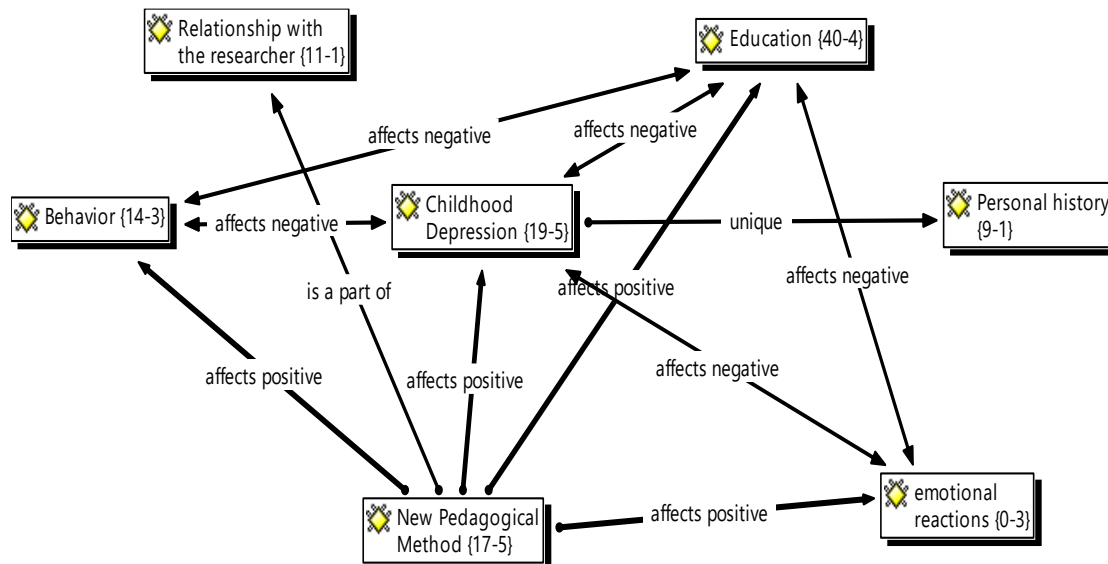
Note: The graph shows the interaction of the codes affected by Childhood Depression

The figure represents this network of relationships and we can see the important way in which these concepts are related to each other.

1. The Childhood Depression is the main axis that negatively affects the basic functions of children. It affects their behavior, the way they receive education, determines their emotional reactions and is the real reason why they are marginalized. With the intervention of the Freedom method there is positive development in these areas.

2. The Personal History is unique because it addresses the reason why each child was led to depression as well as the unique way each child was approached by the researcher to gain their attention, trust and interest. The Participant Observation played a key role in the development of this phase.

3. The Education is completely blocked by depression; it affects behavior, making it either aggressive or inactive, and creates strong emotional reactions. With the administration of the New Pedagogical Method, education is brought back to the basic claims that every child has and enables them to develop smoothly and have equal opportunities in learning.

4. Behavior is determined by the depression and blocks the ability of education. Because of this peculiarity, the intense reactions of the children are not manageable by their teachers. The New Pedagogical Method helps children to restore their normal reactions to communication.

5. The Emotional Reactions of children suffering from depression which are not manageable by their teachers in the classroom function in the same pattern. They are complicit in their inability to accept any form of education and lead them to marginalization. With the New Pedagogical Method, there have been positive reactions, mitigation of depression and positive differentiation of the mood that each child now has.

6. The New Pedagogical Method arose due to the need for education and normal socialization of children suffering from depression. Important factors of its correct implementation are the perseverance, patience and will of the researcher during all the years of intervention. Through the new Pedagogical Method, the extreme behavior of the children was reduced, the emotional reactions were normalized and the goal of education in the life of each child was achieved. With the completion of the research, the children lives have fully returned to normal.

7. The relationship with the researcher played a key role because in all three cases the children were experiencing difficult family moments at the same time, which caused dysfunction in everyday life and in the effective initiation of the New Pedagogical Intervention. For this reason, it took on average the two years of systematic follow-up, a tool that helped to establish trust and create a bond between child and researcher. The perseverance and patience of the researcher were instrumental in the completion of the thesis.

For the second research objective, which was the creation of a new Educational Intervention, the following emerged. The trust of the children has been gained by the researcher by the end of the second year of the interaction and with the considerable assistance provided by the ICTs. All three children, in the first two years, faced very difficult situations in their families, due to the grief they were experiencing and childhood depression, therefore any pedagogical intervention was impossible during that period. Nevertheless, the use of ICT played a crucial role in the smooth way of approaching the depressed children because their familiarity with technology made them more receptive to follow the steps of the researcher. With the start of the New Educational Intervention in year three, CHILD 2 responded immediately to the steps of the new game and by the end of the year was able to read, write, copy from the school blackboard and interact with their peers with the initial desire to teach them his "new game". CHILD 1 was initially more reluctant to get into the action of the 'new game', but by the beginning of the 4th year she was writing, reading and raising her hand during the lessons. CHILD 3, who was also hesitant at first, in the second trimester of the 4th year, managed to actively participate in the classroom, writing, reading and raising her hand for questions.

The existence of the "special notebook" played an important role for all three children. Upon completing the New Pedagogical Approach, they had evidence of their development at all stages of the research. Their self-confidence was fortified and they then showed their classmates the "special notebook" and were proud of themselves. At the end of the 4th year, all three children were fully involved in the educational process of the classroom and were following their teacher's instructions during lesson

deliveries. They were writing their homework assignments down, doing their homework and raising their hand with courage to ask any questions they had. It was observed that, when all three children were able to confidently write complete sentences in the 'special notebook', in the following term they were able to write in the conventional school notebooks. By the end of the second year of the intervention with the New Pedagogical Method, the behavior of all three children was significantly improved and their emotional reactions were smoothed and more easily controllable. As a result, the children were generally accepted by other students. Once their integration in the school environment was established, approximately at the beginning of the fifth year, the children showed a stable positive performance in school, being able to read, write and participate during the lessons.

The use of ICT enhanced the attention and acceptance of the New Pedagogical Method, as all three children exhibited particular familiarity with technology. Their family provided them with tablets, computers and game consoles and, as a result, they easily accepted the researcher's guidance in the application of drawing. All three children showed particular enthusiasm from the first trimester of intervention when searching for pictures of animals on the Google search engine. With this process, the researcher was particularly encouraging to all three children who were able to find the animal pictures on their own.

Particularly important are the effects which result from the stages of rewarding, celebrating each successful effort and the hug that completed the process. All three children, at the beginning of the study, were visibly emotionally "rigid" and completely lacked any positive emotional response. With patience and persistence in rewarding, celebrating and hugging, in the third trimester of the third year, CHILD 1 and CHILD 2 had become attuned to this process to the point of enjoying it. They were fully aware that their positive response to the Learning Process resulted in positive emotions which were crowned with reward, celebration and hugging. CHILD 3 responded to this stage in the fourth quarter of Year 3. This helped them in their smooth socialization in the school environment and in their behavior towards their peers.

The duration of the research is recorded at 5 years from the year 2016 to 2021. During the first two years of the study, participant observation was particularly helpful in fully understanding the climate in which each child lived and to observe their particular educational needs. We observed the children's daily life in the school environment, their reactions and their behavior towards their classmates, teachers and parents. In the third year on average the administration of the New Pedagogical Method was started and its positive influences were recorded daily in the research diary. At the same time, the pedagogical development of the children was recorded, which was accompanied by their smooth socialization. The informal interviews were aimed at consulting parents and guardians.

The recording of events and contact with the sample was carried out on a daily basis for 5 years in the context of a learning dynamic. One meeting per week with each one

of the three children was conducted via video call. The reason this procedure was used was because all three children had associated their tablets with the concept of play, so the meeting via video call, again on their tablets, was similarly accepted as play. The pedagogical development of the sample was recorded in great detail in Oral Language, Psychomotor Skills, Cognitive Abilities, Emotional Organization, Perceptual Functions, Mnemonic Functions, Graphic Space, Reading Function and finally Behavior. The New Pedagogical Method aims to make learning function as a motivator in the child suffering from childhood depression and to bring them back to the light of life in an orderly manner. Difficulties were treated along with the children's parents who, due to their personal difficulties, were not always cooperative.

After completing the New Pedagogical Intervention, CHILD 1, CHILD 2 and CHILD 3 wrote the lesson delivery in their school notebooks, wrote down their homework assignments, were able to do reading and fully followed their teachers' instructions while in the school environment. Regardless of their diagnoses and the difficult situations they had faced, mentally they were fully awake and educationally they were meeting the demands of the classroom.

4. Description of the new pedagogical method (Freedom method)

In this doctoral thesis, the researcher has chosen qualitative research and case study in particular, as the most appropriate method. The children who were selected to participate in the study had been diagnosed with childhood depression from a public-state institution. To ensure the reliability of the results, the researcher administered Raven's Matrices (intelligence and aptitude test) to all children, in order to ascertain their mental abilities and to focus on the pedagogical method as a way to cope with childhood depression. All of the aforementioned scientific tools are an integral part of the research, and their results will be presented step by step below. The goal was that, by using the learning process as motivation, children with disabilities would use the particular method developed by the researcher, and would begin once more to write, read texts, and return to being functional children, free from any form of mental dysfunction. Along with the research tools and during the development of the doctoral dissertation, counseling was provided to the parents of the children, in order to make them aware of the results of each week and to provide guidance on how to communicate with the child and deal with the phenomenon. After 5 years of study and research, the results are positive, and the depressive children today are students integrated into the educational system and have the anxieties considered normal for children attending primary school. Scientific studies to date highlight the phenomenon of childhood depression and look for new ways of dealing with it. The necessity of this research is demonstrated by the high rates of depression present in young children, which is of particular concern. The purpose of this doctoral thesis is to present a new innovative pedagogical method, through which the researcher has managed with patience,

perseverance, will power and passion to help the children come back to life and be reintegrated in their school environment. The case study was recognized as the most appropriate choice due to it possessing the right criteria to respect each child's personal specificities and ethically not target the particular educational needs.

During the first two years of the study, the focus was on the comprehension of the environment in which each child lived and the identification of their particular educational needs. We have observed their daily life in the school environment, their reactions and their behavior towards their classmates, teachers and parents. In the third year, on average, the administration of the new pedagogical method began. A description of the method is given in the following subsection.

In the Greek language, the word "*play*" (*παιχνίδι*) is the root from which the word "*child*" (*παιδί*) derives, leading to the conclusion that the two are intertwined in such a fundamental way that one always completes the other. Whenever we hear a child's laughter, the thought that immediately comes to mind is a child playing. The new pedagogical method, called the Freedom method, is based on a game. Its aim is to use a structured game to attract the attention of the depressed child, to awaken their childhood and to reintegrate them into the school environment in a natural manner.

During this game, the initial aim of the researcher and the child is to observe the cars passing in front of them, focusing on their colors. This stage serves to draw the child's attention and focus on the colors, which have the potential to stimulate the brain and prepare the child for the following stage. Then, the license plate number is observed and the numbers are reported by the child with the researcher's assistance, if needed. In the beginning, they only see and say the numbers aloud. After the child says each number, the researcher rewards them by cheerfully celebrating this small victory, as it assists with the child's mental empowerment. Another element which becomes evident by the child's participation in the game and should be rewarded as well is their agreement to cooperate and become a team with the researcher. The next step focuses on the addition of these numbers and their sum leading to a new number. For example, a license plate with the number 1120 leads to the number $1+1+2+0 = 4$. When the addition is successfully completed by the child, the researcher then rewards them with intense celebration in order to imprint in their mind that with their first successful act regarding the learning process, they gained a happy reaction and praise. Then, the child is asked to find the corresponding letter in the alphabet, which is the letter "d" for the previous example. If a license plate leads to a number larger than the number of letters in the Greek alphabet, the numbers are added again so that they provide an appropriate number and letter. Namely, the numbers are added until the resulting sum is smaller or equal to 24, which is the number of letters in the Greek alphabet.

Subsequently, the child is asked to find an animal starting with the letter "d", for example "dog". At this point to keep the child's interest we used the google application in which we wrote the name of the animal and searched for various images available on the internet. When the child completes this task, the researcher once again focuses on the reward with intensity, in order for the child to receive the praise resulting from their correct answer, but also not to feel the mental strain of this learning process. It should not be forgotten the fact that those children, due to childhood depression,

become easily tired and, due to their young age, their positive response to any educational process is recorded for the first time. The process continues by asking the child to find a first name starting with the letter "d", for example "Diana". After giving the correct response, the child is again rewarded by the researcher. As a next step, the child is asked to write down the two words they found in a special notebook. Having agreed to complete this stage, the child conquers their development in the Graphic Space and the celebration that follows is intense because, based on their school history, this is the first time they accept to write. The final stage is the creation of a full sentence using these words which also has to be written down on the special notebook. The notebook is given to the children as a present by the researcher. Its cover is chosen to be quite colorful so that it can easily draw the attention of the child and create nice emotions for them.

Upon completion of the entire process, the child is in possession of an active notebook containing their achievements and development in writing. This is very important, if we take into account the inactivity of the child during the conventional learning process. It should be noted that during the entire process, the completion of a task is rewarded by a cheerful celebration, in order to effectively capture the child's attention and, through Neuro-Linguistic Programming (NLP), make them redefine the learning process and suspend any negative personal feelings, and allow the joy resulting in their life from this new educational process to prevail. The purpose of the rewards is to strengthen the self-confidence in each child, the need to believe in their own potential again and to deal with depression through joy, laughter, creativity and a sense of development.

In addition, once a week the meetings with the children were held via video call. Children of today's age have ICT use registered in their minds with positive characteristics, either because of a favorite game or because of many and intense audiovisual media working simultaneously in the applications. For this reason and to get past the family difficulties that the children were facing psychologically in their families, we established once a week to meet via video call so that we remain in their minds as a beautiful game they want to participate in. The use of ICT supported the method of freedom so that it was successfully completed. The children handled the video call process with great comfort and enjoyment. Even these moments worked positively in creating a bond of trust between the researcher and the children as they usually asked the children to see through the camera the space where the researcher was in order to get intimate with her.

5. Discussion and Conclusions

According to the literature, the importance of fundamental education as a public good has been confirmed for many years. There is a general agreement that the economic, social and cultural development of a country largely correlates with the quality of public education. The main objective of this work is to provide a method for the educational awakening of children suffering from depression. When the objectives of education are achieved, then the individual is accomplished and develops his intelligence. However,

there are cases of children who find it difficult to integrate into this process, not by choice but by weakness.

Furthermore that has been said in the thesis, the inability of these children to master knowledge is understandable. Learning becomes a difficult and anarchic process in their minds and as a result they slowly refrain from it. Their distraction during the lesson makes them poor learners at first and teachers either burden the child with more study, which he still cannot cope with, or punish him by way of example. But along with learning, in the school life of depressed children, their smooth integration is also shaken. School integration is a special and large chapter in special education because its purpose is to integrate the student into society, into life and then into employment. In the specific situation experienced emotionally by children suffering from depression, this integration often seems impossible. Either because of their complete isolation or because of their intense aggressiveness, they become easily unwanted in the company of their peers and an easy target for scolding by teachers.

According to the General Principles of Education the classroom should:

- cultivate the student's skills and bring out his or her interests

- ensure equal opportunities and possibilities for learning for all pupils

- raise awareness of the need to protect the natural environment and to adopt appropriate patterns of behavior

- achieve their physical, mental and social development; and

- raises awareness of human rights, world peace and the safeguarding of human dignity. (Giavrimis et al., 2011)

Depression however is a condition or which affects the individual universally in the way they feel, think and act. Therefore, the necessity of this research is revealed in order to propose a new learning plan, a new educational process, which will address this particular student population. At the same time, it is extremely important to prevent childhood depression within the school environment because then there will be more chances to reduce this phenomenon. An accurate diagnosis of childhood depression increases the chances of its effective treatment through learning. Learning, transformed into a motivation for life, has the power to create new goals and aspirations for young people to escape from the "darkness".

At the same time, education is the cornerstone of every human being's life for his or her smooth integration into society, his or her upward path in life and the achievement of personal ambitions. Education is defined as the development of the physical, mental and moral powers of the individual, upbringing, education. It broadens the individual's spiritual horizons and opens up prospects for enriching his impulses, a process by means of which he constantly learns and changes his personality to the highest possible point. The human being is refined and strengthened by abandoning inertia and emptiness, enjoying the pleasures of life and facing its adversities with courage and

vigour. This happens because the human being - the child gets used to thinking, accepting criticism, making choices, making efforts to strengthen his/her relations with the rest of society for the exchange of views, ideas, for the instillation and transmission of ideals (Moschouta, 2010).

As mentioned above, depression is an abnormality of the brain which affects the individual as a whole that is, how they feel, think and act (Ioannidou, 2016). The phenomenon of depression is therefore an inhibiting factor in the learning process. Thus the depressed child loses his/her basic right to knowledge. Teachers and parents often justify the child's apathetic behavior in the classroom or at home by saying that he/she is indifferent, while if he/she is aggressive they are likely to punish him/her. But the reality is particularly harsh for these children. On the one hand, that is happening because they cannot follow the natural progression of education and on the other hand because the chances of their smooth socialization in the school environment are minimized. Children suffering from depression constitute a distinct category of students which require special treatment in order for their educational needs to be sufficiently covered. It is clear that basic brain functions are 'blocked', making it impossible to absorb, understand and process new information. Learning therefore "stops" for the affected child. Watson, Emery and Bayliss, with Boushel and Mclnnes (Watson et al., 2012) focus on the fact that nowadays children present particularly high rates of depression, therefore research on the subject is inevitably needed.

The innovation of this research lies in the fact that the new pedagogical method of learning, with the power of knowledge as a tool, aims at the spiritual awakening of children suffering from depression. The main criterion is that education is a right of all children and it is imperative that they all have equal opportunities towards learning. The results of the research are addressed to Special Educators and Teachers - Educators working in Special Education schools. Moreover, it is a burning issue which, to date, has received little attention by the scientific community, even though the rates of childhood depression are increasing.

Through education, the child is refined and strengthened by giving up inertia and emptiness, enjoying the pleasures of life and facing its adversities with fortitude. This is because the child becomes accustomed to thinking, accepting criticism, making choices, making efforts to strengthen their relations with the rest of society for the exchange of opinions, ideas, for the instillation and transmission of ideals. The appearance of the Information and Communication Technologies (ICT) in education has brought with it changes which have affected the two main factors of the education process, students and educators (Marín-Díaz et al., 2020). The tablet applications that children use in their lives every day, the information and picture search engine, as well as drawing games have helped the development of the research because children are now very familiar with them.

According to the above, it becomes clear that education and human development are two identical concepts. Knowledge complements life and as a result they are

inextricably linked (Bartzis, 2016). However, the phenomenon of depression is an inhibiting factor in this process. The Hellenic Statistical Authority informs us that between 2009 and 2014 the incidence of depression increased by a striking 80.8% and continues to increase (Hellenis Statistical Authority (ELSTAT), 2021). For this reason, Greece was preferred as the country from which a research sample should be taken. According to Dr. Panos Efstathiou (administrator of the National Health Centre of the Ministry of Health), there is at least one Greek child suffering from depression in every class. In the early 1980s, many psychiatrists believed that children could not experience depression because they lacked emotional maturity. Today's reality, however, belies that statement. In fact, childhood depression exists and seriously affects the child's learning development, urging for further research (Nilsen, 2014).

For example, a depressed child often has problems with emotions, thinking, physical problems and behavioral problems and is at risk of suicide. In more detail, the main characteristics of childhood and adolescent depression include:

- a constant feeling of sadness, hopelessness and emptiness,

- reduced self-esteem and self-respect

- difficulty in concentrating

- inability to make even simple decisions

- remembering basic things (memory)

- completing his/her homework

- controlling pessimistic thoughts

- suffering from headaches, stomach aches and pains

- lack of energy and feeling physically tired

- problems sleeping

- marked weight gain or weight loss

- increased motor activity or a sluggish mood

- excessive crying

- aggressive verbal behaviour with frequent outbursts of anger - destructive behaviour

- thinking about death, suicide and other gruesome things. (Katsiana et al., 2021)

At the same time, the modern conditions of education and integration of children with special needs in school, at work and in society as a whole urgently highlight the need for a substantial and systematic approach to their education. Today, special education is internationally a scientific field and has moved away from the welfare-medical

central concepts of the past. The research data of the last twenty years have documented the learning abilities of pupils with special needs and their potential for educational, occupational and social integration to the extent that they receive appropriate education. Special education establishments are not a place of treatment or care for children with special needs, but a place of education and learning. However, if systematic, scientific and appropriate education is to be possible, it is necessary to have appropriate curricula that meet the specific needs of each category and of each child in special education, so that individualized education can be provided. (Boon, 2017)

Law 2817/2000 (Walter Berka , Jan De Groof, 2013) on Special Education clearly defines the categories of pupils with special needs and the obligation of the school and the state to implement special programmes, methods and materials to facilitate their education, mainly in the context of general education. However, although there has been a positive development in special education, in the categories of pupils with special educational needs, there is still no mention of childhood depression. This fact according to high rates of child depression recorded show the inability of the system to meet all the basic needs that arise. Children suffering from depression are a new category, which is now clearly a new category, and there is an urgent need to meet their special educational needs. It is now clear that basic brain functions are 'blocked', making it impossible to absorb and understand new information. Learning therefore "stops" for the affected child. In the curricula, the category relating to autism is the most appropriate to include the new educational methods relating to childhood depression.

Matzoglou D. & Milioni I. (Milioni, I., & Matzoglou, 2010) in a sample of 3 children aged 10-15 years old with diagnosed depression, focused on their school behaviour. In all three cases there was school failure, social withdrawal and lack of friendship. The children showed suicidal tendencies and thus the psychologists came to the following conclusions. Depression is not due to a personal weakness of the individual, but is a mental disorder that affects the whole body and has an impact on the way the person feels, thinks and behaves. Psychiatrist Garo Esayan says "A child's behaviour at school is a mirror of his psychological health". Hadziara V. & Petraki I. (Hatziara, V., & Petraki, 2015) in a sample of 9-12 year old children who are depressed, in addition to their phobias, hopelessness and monotone speech, they all show attention-focusing difficulties resulting in school failure and suicidal tendencies. The child learns to internalize their school inability and experience their despair in silence. Kavanozi M. (Kavanozi, 2014) through her research emphasizes that there are still no effective ways of dealing with Depression, resulting in children suffering, leading to school failure, drug and alcohol abuse, all of which have the potential to turn them to suicide.

Gatsis A. & Sikioti E. (Gatsis, A., & Sikioti, 2016) in their research, when childhood became the sample of their study then it was reported that 60-80% of primary school children have learning difficulties along with Depression. A common characteristic that the children exhibited was difficulty in concentration and attention. Therefore school failure becomes inevitable. Kokkoris H. , Katopoulou O. & Maladaki P. (Kokkori, Ch. Ά. A., Kotopoulou, O. A., & Maladakis, 2015) characteristically emphasize that in our

daily life, people often use the term Depression, thus wanting to identify a state of sadness that is usually transient. Sadness, grief and melancholy are normal emotions that all people feel from time to time. However, when these feelings become more intense, then clinical depression is referred to. Clinical depression, characterized by symptoms that last for more than two weeks and are so severe that they interfere with and disrupt a person's daily life.

Serafetinidou (Serafetinidou, 2020) refers to the major issue of depression and presents the teenager who is ill as if he or she is "turned off", as if the depression prevents the person from functioning normally. Therefore, it results in certain social exclusion and at the same time causes educational disorders. In the school environment problems may manifest themselves, which are not apparent in other environments. Teachers, having the opportunity to observe children in groups, must point out aspects of their students' functioning that are not apparent to parents, since they are not affected by intra-family relationships. After parents, teachers are the most important adults in a child's life. Therefore, the quality of teacher-student interpersonal relationships exerts a significant influence on both student achievement and student behavior within the school setting. According to researchers, the type of school climate prevailing in the classroom influences student achievement more than the type of teaching.

Children with learning difficulties due to the rejection they receive from their environment because of their failure at school experience feelings of anger, which when turned inward take the form of depression. Children with learning disabilities describe that during failed academic efforts in the classroom they feel deep sadness. Research has also shown that success-oriented rather than achievement-oriented goals are associated with depression in students with learning disabilities (Tsarouchas, N. T., Antoniou, A. S., & Polychroni, 2021). Children with learning disabilities do not display strong motivation, usually adopt passive forms of learning and are characterized by an attitude of "learned helplessness". These characteristics, which make up a motivational vulnerability for children with learning difficulties, interfere with and negatively affect the effectiveness of children's cognitive and metacognitive actions, making it difficult to generalize whatever results are achieved. The repeated school failure experienced by children with learning difficulties makes them believe that their cognitive ability is too low and that their efforts are futile and useless.

In particular, children with learning disabilities show reduced intention to learn and much more so to active learning, reduced interest in anything related to school work, refusal or resistance to making an effort to complete a task, a strong belief that they cannot learn or achieve anything (learned helplessness), dependence on others and seeking social support and finally a preference for external reinforcement over internal reinforcement resulting from satisfactory and successful performance (Souzana Panteliadou, Georgios Mpotsas, 2000). Children with learning difficulties usually experience strongly their inability to meet the demands of school without being able, at the same time, to understand why they are different from other children. For this reason, their daily experiences may lead them to expressions of anger and disobedience and

gradually their motivation to learn is likely to decrease, as well as their level of self-esteem. Most of the behavioral problems of children with learning disabilities seem to be a kind of reaction to the school failure and deprivation they experience because of their difficulties. Psychological support can lead to a positive development of these negative feelings.

The progress of children with learning disabilities is often slower than that of their peers, as they need more time, effort and support to achieve satisfactory performance. Children who have the support, understanding and encouragement of both home and school, and who receive specialist help in the subjects in which they have particular difficulties, make more positive progress. Emotional and psychological support is therefore a very important factor in children's adjustment and positive outcomes. Vereraki A. , Katsiana M. & Stathoudaki A. (Katsiana, M., Vereraki, A., & Stathoudaki, 2017) focused on the term Specific Learning Difficulties saying that it refers to problems where the individual shows limited development in a specific area involving learning skills, language or speech skills or motor skills and which are not due to mental retardation, autism, an obvious physical problem or lack of educational opportunities. Children with specific learning disabilities usually have average or above average intelligence, but have difficulty learning a particular skill in the area where the problem is identified, which hinders their performance in school.

According to everything studied above, it can be understood that Childhood Depression is at an early stage of research but due to its extremely high rates in children it has caught everyone's attention. Most of the researches aim to present the phenomenon and emphasize the necessity that exists now educationally for new methods that are adapted to the special educational needs of children suffering from the disease.

Motivation as a concept is very often used in everyday life and in a multitude of situations. However, they are not used one-dimensionally and this is an element that reveals the complexity of the term. (Ross M.G. Norman, Deborah Windell , Jill Lynch, 2011)

Attributing the content of motivation with a definition may initially seem easy, but when we try to give a definition we will find it difficult or the definition we give will be too general. Often the concept of motivation has been overlooked in educational practice, perhaps because they are not obviously observable quantities or because they are not easy to ascertain or perhaps because they are taken for granted. This was the case until a few years ago, when the modern pedagogical concept of child-centredness and the active participation of pupils in the educational process had not yet prevailed. In order for a child to be actively involved in the educational act, the process and the subject matter being taught must be meaningful to him/her, he/she must find them interesting, he/she must consider that they can offer him/her something new and useful, and ultimately be able to motivate him/her simply by their very nature. (Angelini, V., Klijs, B., Smidt, N., & Mierau, 2016)

Children enter the schoolroom having already had some experiences and some experiences which have shaped their desires up to that moment, their preferences and aspirations. Teachers can distinguish them and build on them to further cultivate students' motivation until the motivation to learn is cultivated. This process may be more important than any other in the learning process, since everything starts from curiosity and interest in engagement, which the teachers to activate. From the moment children discover the essence and meaning of learning itself, they are able to define the and successfully navigate their educational path. (Anagnostopoulos, D.K., Lazaratou, E., Giannakopoulos, 2016)

Mental Health according to the World Health Organization (World Health Organization., 2015)is defined as "the state of well-being where each individual successfully copes with life's problems, can work productively and actively participate in his or her social environment, rather than simply the absence of a problem or 'disorder'". From this definition two key and essential conclusions are clear, firstly Mental Health is not a clearly measurable goal, this means that it is difficult to achieve and remains an ideal that each of us strives to achieve.

Therefore, the definition has enormous utility from a theoretical point of view but in order to translate it into Mental Health systems, services and structures, it needs more analysis. This analysis should be different for each country or organization that undertakes to create such services, as it should take into account:

1. The different theoretical approaches and scientific evidence,

2. The cultural facts (culture) of each society.

Therefore, the complete and uncritical acceptance of only one scientific approach is not sufficient and does not work for the person it is called upon to serve. Furthermore, adopting in one country Mental Health systems or services and structures that have been successful elsewhere does not guarantee their success as they do not take into account the habits, cultural elements, i.e. the culture, of the other society in which they are applied. (World Health Organization, World Health Organization. Department of Mental Health, Substance Abuse, World Psychiatric Association, International Association for Child, Adolescent Psychiatry, 2005)

A second point, to which we need to pay particular attention, is the fact that in order to determine a person as mentally healthy, it is in no way sufficient to be examined by a specialist, however knowledgeable he or she may be. Mental Health must be based both on the opinion of an expert and - to the same extent - on the individual's subjective view of himself.

While in physical health the diagnosis is accompanied by tests and data, in mental health there is no clear laboratory test, as any diagnosis is based on assessments. This makes the importance of the subjective dimension, i.e. the view that the individual has of himself or herself, even greater. This subjective dimension of Mental Health, the

individual's view of himself or herself, must therefore be taken into account in every service and in every treatment in the field of Mental Health.

The findings of the present study highlight the particularly low levels of values, beliefs, perceptions and attitudes of teachers. Therefore, according to the results it reveals the imperative need to integrate the special handling that depressed children need in order to "flourish" educationally. The Freedom Method is aimed at Special Educators and teachers who encounter such children in their classrooms on a daily basis. It is equally paramount that teachers are properly trained so that they have the appropriate knowledge and fulfill their mission equally to all children without discrimination. In this way, the phenomenon of depression is weakened and knowledge triumphs.

The present study revealed the crucial negative role that depression plays in every child's life and specifically in the education process. The interaction with the depressed child require special handling and special knowledge from teachers, which makes their daily work in the classroom very difficult. The special educational needs of children suffering from depression should be addressed by special educators who, through an individualized method such the one proposed in this work, can really help the children and bring them back to their daily lives. The methodology is based on a qualitative research with a sample of three depressed children. The aim was to make the learning process a motivation, through the use of game involving simple tasks and rewards. According to Gray (Peter Gray, 2011), games play a vital role in a child's life and their absence contributes to the increase in psychopathological reactions. This has been the main motivation behind the development of the New Pedagogical Method. Along with the research tools counseling was also conducted with the parents of the children in order to communicate the results every week and to provide guidance on how to communicate with the child and deal with the phenomenon. In conclusion, after this 5 year study, the results are positive and the children who were depressed are now students who have been integrated into the educational system.

The scientific studies to date emphasize the phenomenon of childhood depression and seek new methods of treatment. The necessity of this research is demonstrated by the high rates of depression that occur in young children, which is particularly worrying. Bernaras, Jaureguizar and Garaigordobil (Bernaras et al., 2019) cite depression as the leading cause of disease and disability worldwide. Studies documenting the rise of the phenomenon in childhood report high rates of depressive symptoms. Moreover, Maughan, Collishaw and Stringaris (Maughan et al., 2013) particularly emphasize the existing need for the creation of new ways of dealing with childhood and adolescent depression because now the rates recorded are very high. Haygeman (Haygeman, 2017) in her research stresses the need for further research on the major issue of mental disorders in childhood and adolescence. Gajre, Meshram H., Soares N., Nidhi C, Anagha A. (Gajre et al., 2016), in their quantitative research make it clear that the onset of depression at such a young age clearly reveals the urgent need to create a new

framework in which these children can be helped cognitively and the learning process is not blocked for them.

Montessori's view that play is the children's work had dominated for several years. Youell believes that "play and work are not opposites, nor are they mutually exclusive."

Youell defines play not only as fun but as a process in which the child thinks flexibly, takes risks (in mind or action) and allows creative thoughts to surface.

Else (2014) listed the following ten characteristics of play:

1. It is a process, not a concrete action.

2. It is chosen by the child, with a willingness to participate.

3. It requires the active involvement of the child.

4. It is sufficiently safe, physically and psychologically.

5. It is a total physical and mental experience

6. The sense of time is lost.

7. Curiosity is needed.

8. It gives pleasure.

9. It is different for every child.

10. It offers satisfaction as an end in itself

Peter Gray (P. Gray, 2013) argues that the definition of play should include the following five elements. And most researchers consider these to be the most important characteristics that make an activity play:

1. It is chosen by children and is self-directed

2. It is internally motivated.

3. It is guided by internal rules.

4. It requires imagination.

5. The child is energetic and alert, but not tense or irritable.

1. It is chosen by the child and is self-directed

- The child wants to play and we do not force him/her to play.

- The child chooses not only to play but also what to play.

- For group games, it is essential that it is possible to leave without disturbing the structure and continuity of the game.

 2. It is intrinsically motivated

- Children get satisfaction from the process of playing and do not play for a reward. In other words, it is the process itself that is important, not the outcome.

- The game has goals, but the goals are seen as part of the game, not the main reasons for playing. The objectives of the game are secondary to the way in which they are achieved. When children are motivated by prizes, rewards and praise, they are not actually playing.

 3. Play is directed and motivated by internal rules, but the rules leave room for creativity

- The game always has a structure, derived from the ideas of the players. In group play the rules are commonly accepted. Vygotsky's theory is based on the rules of play, as this is how children learn to control their impulses and comply with social rules.

- The rules are not absolute and can be changed according to circumstances. Each type of game has different rules, e.g. the rules for a construction game are different from those for a role-playing game.

 4. The game needs imagination

- Play requires a degree of mental and psychological detachment from reality. Huizinga's theory is based on the fact that play is the basis of social innovations.

- Researchers attach great importance to the role of play in developing creativity and the ability to direct one's thinking outside the norms of everyday reality.

- The importance of imagination is evident in role-playing games, where children create characters. Also in rough and tumble play, children do not fight but do what they fight. But in other types of play, such as construction play, imagination plays a key role, e.g. when children build a castle in sand, it is not real but they act as if it were real.

5. The child is energetic and alert but not tense or irritable in play the child must be in control of his/her behavior, observe the rules and generally be in a state of alertness. Sometimes there is tension in children's play and, when this tension causes stress, the activity is not play. (P. Gray, 2013)

Mihalyi Csikszentmihalyi (1990) has talked about the flow of the mind while the child is playing. He believes that people are happy when they are in a state of flow, a kind of inner inspiration that causes intense concentration and focus on an activity. He describes flow as 'full participation in an activity. The ego is absent. Time flows harmoniously. Each action, movement, thought emerges in harmonious continuity from

the previous one, like a musical piece of jazz. The whole being is involved and all abilities are used to the full. (Kalpogianni, E., Fyssas, K., Avdelidou, 2015)

Attention is focused on the activity and the sense of time and self is reduced. The mind is focused on ideas, rules and external realities are of little importance. This state of mind is ideal for creativity and the acquisition of new skills. Children act in and out of play, according to their desires and their environment. There is a continuity of play, which means that there is no clear distinction between 'playing' and 'not playing'.(Kalpogianni, E., Fyssas, K., Avdelidou, 2015).

The present study indicates that the use of games may enable the significant improvement of the depressed child's learning ability which can lead to its re-integration to the school environment. Although, the New Pedagogical Method was applied in conjunction with the course of the Greek Language, other courses may be considered as well. This could potentially accelerate the positive development of the child.

6. Bibliographic References

Alesi, M., Rappo, G., & Pepi, A. (2014). Depression, Anxiety at School and Self-Esteem in Children with Learning Disabilities. *Journal of Psychological Abnormalities in Children*, *03*(03), 64–72. https://doi.org/10.4172/2329-9525.1000125

Anagnostopoulos, D.K., Lazaratou, E., Giannakopoulos, G. (2016). Early Detection and Treatment of Adolescent Mental Health Problems in Primary Care. *Athens Medical Society*, *28*(2), 25–39. 10.13140/RG.2.1.2914.5204

Anagnostopoulos, D.K.; Soumaki, E. (2012). The impact of socio-economic crisis on mental health of children and adolescents. *Psychiatry*, *23*(1), 13–16. http://www.ncbi.nlm.nih.gov/pubmed/22549037

Anastasiadou, R., & Arapi, E. (2014). *Learning difficulties and behavioural problems.* [University of Ioannina]. https://doi.org/https://doi.org/10.12681/jret.20789

Angelini, V., Klijs, B., Smidt, N., & Mierau, J. O. (2016). Associations between childhood parental mental health difficulties and depressive symptoms in late adulthood: the influence of life-course socioeconomic, health and lifestyle factors. *Plos One*, *11*(12), 78–91. https://doi.org/10.1371/journal.pone.0167703

Arifin, S. R. M. (2018). Ethical considerations in qualitative study. *International Journal of Care Scholars*, *1*(2), 30–33. https://doi.org/10.1177/019394598801000204

Avramidou, E. (2016). The impact of children's psychosocial disorders in the learning process: A case study of the 5th grade (In Greek). *Panchellenic Conference of Educational Science*, *2014*(2), 505. https://doi.org/10.12681/edusc.289

Ballon, D. (2003). Challenges and Choices: Finding Mental Health Services in Ontario. In *Centre for Addiction and Mental Health*. National Library of Canada.

Bartzis, D. A. (2016). *Adolescent Depression and Suicide. The role of the nurse. (In Greek)* [Higher Educational Institution of Western Greece]. http://repository.library.teimes.gr/xmlui/handle/123456789/5227

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, *2*, 8–14. https://doi.org/10.1016/j.npls.2016.01.001

Bernaras, E., Jaureguizar, J., & Garaigordobil, M. (2019). Child and adolescent depression: A review of theories, evaluation instruments, prevention programs, and treatments. *Frontiers in Psychology*, *10*(MAR), 12–14. https://doi.org/10.3389/fpsyg.2019.00543

Birmaher, B., Axelson, D., Yorbik, O., Williamson, D. E., & Ryan, N. D. (2004). disorder. (2004). Clinical characteristics of depressive symptoms in children and adolescents with major depressive. *Journal of Clinical Psychiatry*, *65*(12), 1654-1659.

Boon, M. L. (2017). An Adaptation of the "Mindful Schools" Curriculum for Adolescents with Autism Spectrum Disorder: Implementation Feasibility and Impact on Anxiety, Rigidity, and Mindfulness. In *ProQuest LLC*. ProQuest LLC. 789 East Eisenhower Parkway, P.O. Box 1346, Ann Arbor, MI 48106. Tel: 800-521-0600; Web site: http://www.proquest.com/en-US/products/dissertations/individuals.shtml.

Christakis, K. (2013). *Programs and teaching strategies for people with special education needs and severe learning difficulties (Vol.A)*. Diadrasis.

Christine K. Syriopoulou Delli, Polychronopoulou, S. A., Kolaitis, G. A., & Antoniou, A.-S. G. (2018). Review of interventions for the management of anxiety symptoms in children with ASD. *Neuroscience & Biobehavioral Reviews*, *95*, 449–463. https://doi.org/10.1016/j.neubiorev.2018.10.023

Chrysi Hadjichristou, Fotini Polychronis, Elias Bezevegis, K. M. (2020). Investigation of developmental characteristics of school and psychosocial adjustment of preschool and school-age children based on the weighted test of Psychosocial Adjustment. *Psychology: The Journal of the Hellenic Psychological Society*, *18*(4), 503. https://doi.org/10.12681/psy_hps.23737

Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC Medical Research Methodology*, *11*(1), 100. https://doi.org/10.1186/1471-2288-11-100

Drosinou - Korea, M., & Grigoropoulou, S. (2016). Creation of a special education programme with a focus on emotional difficulties. *Panhellenic Conference of Education Sciences*, *2015*(1), 449. https://doi.org/10.12681/edusc.218

Economou, M., Peppou, L. E., Louki, E., Komporozos, A., Mellou, A., & Stefanis, C. (2012). Depression telephone helpline: help seeking during the financial crisis. *Psychiatrike = Psychiatriki*, *23*(1), 17–28. http://www.ncbi.nlm.nih.gov/pubmed/22549037

Fishbein, W., & Gutwein, B. M. (1977). Paradoxical sleep and memory storage

processes. *Behavioral Biology*, *19*(4), 425–464. https://doi.org/10.1016/S0091-6773(77)91903-4

Gajre, M., Meshram, H., Soares, N., & Anagha, M. (2016). Prevalence of Depressive Disorders in Children with Specific Learning Disabilities. *Journal of Behavioral Health*, *5*(3), 105. https://doi.org/10.5455/jbh.20160324111100

Gatsis, A., & Sikioti, E. (2016). *Manic depression in childhood and the role of the nurse* [University of Patras]. https://doi.org/http://dx.doi.org/10.12681/eadd/48827

Giavrimis, P., Papanis, E., & Papanis, E.-M. (2011). Information and Communication Technologies and Development of Learners' Critical Thinking: Primary School Teachers' Attitudes. *International Education Studies*, *4*(3), 150–160. https://doi.org/10.5539/ies.v4n3p150

Gill, C. C. (1977). *The Educational System of Mexico.* (1st ed.). The Nettie Lee Benson Latin American Collection.

Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011). Supporting children's mental health in schools: Teacher views. Teachers and Teaching. *Taylor & Francis*, *17*(4), 479-496.

Gray, P. (2013). Definitions of play. *Scholarpedia*, *8*(7), 30578. https://doi.org/10.4249/scholarpedia.30578

Gray, Peter. (2011). The decline of play and the rise of psychopathology in children and adolescents. *American Journal of Play*, *3*(4), 443–463.

Hansen, T., & Slagsvold, B. (2017). The East-West divide in Late-life depression in Europe: Results from the Generations and Gender Survey. *Scandinavian Psychologist*, *4*, 3–5. https://doi.org/10.15714/scandpsychol.4.e4

Hatziara, V., & Petraki, I. (2015). *Depression* [Technological Educational Institute of Kalamata]. https://doi.org/http://dx.doi.org/10.12681/eadd/48827

Haygeman, E. A. (2017). *An adaptation of the Mindful schools curriculum for adolescents: feasibility and preliminary effectiveness on stree, depression, and mindfulness of adolescent in an after-school setting.* [University of Utah]. https://doi.org/10271420

Hellenis Statistical Authority (ELSTAT). (2021). *HEALTH SURVEY 2019: CHILDREN'S HEALTH 2 TO 14 YEARS OLD*. Http://Www.Statistics.Gr/.

Ioannidou, L. (2016). *Depression in Children and Adolescents*. Available Online: Https://Www.Paidiatros.Com/Paidi/Psychologia/Depression-Adolescents .

Isari, F., Pourkos, M. (2015). *Qualitative research methodology* (1st ed.). Kallipos. http://hdl.handle.net/11419/5826

Kallinikaki, T. (2010). *Issues of ethics and ethics in qualitative research. In Th. Kallinikaki (Ed.). Qualitative methods in social work research.* Topos.

Katsiana, M., Vereraki, A., & Stathoudaki, A. (2017). Teachers' perceptions of acceptance/rejection of children with learning, emotional and behavioural difficulties. [TECHNOLOGICAL EDUCATIONAL INSTITUTION OF

CRETE]. In *Hellenic Mediterranean University*.
http://hdl.handle.net/20.500.12688/8120

Katsiana, A., Galanakis, M., Saprikis, V., Tsiamitros, D., & Stalikas, A. (2021).
Psychological Resilience and Burnout Levels in Occupational Therapists in
Greece. An Epidemiological Nationwide Research. *Psychology*, *12*(01), 86–106.
https://doi.org/10.4236/psych.2021.121006

Kavanozi, M. (2014). *Depression in adolescence (causes and therapeutic
intervention)* [TEI of Eastern Macedonia and Thrace].
https://doi.org/http://dx.doi.org/10.12681/eadd/10379

Kokkori, Ch. Ά. A., Kotopoulou, O. A., & Maladakis, P. A. (2015). *Depression (the
disease of modern times) and suicide* [T.E.I. OF Western Greek].
http://hdl.handle.net/10442/hedi/10379

Laggari, V., Diareme, S., Christogiorgos, S., Deligeoroglou, E., Christopoulos, P.,
Tsiantis, J., & Creatsas, G. (2009). Anxiety and depression in adolescents with
polycystic ovary syndrome and Mayer-Rokitansky-Küster-Hauser syndrome.
Journal of Psychosomatic Obstetrics & Gynecology, *30*(2), 83–88.
https://doi.org/10.1080/01674820802546204

Lazaratu, E., & Anagnostopoulos, D. K. (2001). Adolescence and depression.
Archives of Greek Medicine, *18*(5), 466–474.

Marín-Díaz, V., Riquelme, I., & Cabero-Almenara, J. (2020). Uses of ICT tools from
the perspective of chilean university teachers. *Sustainability (Switzerland)*,
12(15), 12–32. https://doi.org/10.3390/su12156134

Markou Dimitra. (2019). *From the traditional game to the electronic game: social
and educational approach and impact on childhood* [University of Western
Macedonia]. https://dspace.uowm.gr/xmlui/handle/123456789/1452

Martinsen, K. D., Neumer, S. P., Holen, S., Waaktaar, T., Sund, A. M., & Kendall, P.
C. (2016). Self-reported quality of life and self-esteem in sad and anxious school
children. BMC psychology. *BMC Psychology*, *4*(1), 1–10.
https://doi.org/10.1186/s40359-016-0153-0

Maughan, B., Collishaw, S., & Stringaris, A. (2013). Depression in childhood and
adolescence. *Journal of the Canadian Academy of Child and Adolescent
Psychiatry*, *22*(1), 35–40. https://doi.org/10.1097/00005053-198307000-00004

Milioni, I., & Matzoglou, D. (2010). *Adolescents and depression*
[TECHNOLOGICAL TRAINING INSTITUTE OF CRETE].
http://hdl.handle.net/20.500.12688/1457

Mumtzi, S. (2016). Contraception and sterilization in patients with severe psychiatric
disease. *Bioethica*, *2*(2), 51. https://doi.org/10.12681/bioeth.19781

Nilsen, W. (2014). *DEPRESSIVE SYMPTOMS IN ADOLESCENCE A longitudinal
study of predictors, pathways, and consequences* [University of Oslo].
http://urn.nb.no/URN:NBN:no-36061

O'connor, E., Bureau, J. F., Mccartney, K., & Lyons-Ruth, K. (2011). Risks and
outcomes associated with disorganized/controlling patterns of attachment at age
three years in the national institute of child health & human development study

of early child care and youth development. *Infant Mental Health Journal*, *32*(4), 450–472. https://doi.org/10.1002/imhj.20305

Oprea, T. I., Bologa, C. G., Brunak, S., Campbell, A., Gan, G. N., Gaulton, A., ... & Zahoránszky-Köhalmi, G. (2018). Unexplored therapeutic opportunities in the human genome. *Nature Reviews Drug Discovery Volume*, *17*(5), 317–332. https://doi.org/https://doi.org/10.1038/nrd.2018.14

Oshima, K. M. M., Huang, J., Jonson-Reid, M., & Drake, B. (2010). Children with disabilities in poor households: Association with juvenile and adult offending. *Social Work Research*, *34*(2), 102–113. https://doi.org/10.1093/swr/34.2.102

Panagiotis, G. (2017). Social exclusion and People with Disabilities: The case of Greek Secondary Education. *Journal of Regional & Socio-Economic Issues*, *7*(2), 43–52.

Papadimitriou, Th. A., & Sarantoglou, A. A. (2015). *Mental health and depression* [T.E.I. of West Attica]. http://repository.library.teimes.gr/xmlui/handle/123456789/4110

Papanis, E., Yavrimis, P., & Viki, A. (2011). *Research and Educational Practice in Special Education.* (1st ed.). Sideris.

Petridou, E., Emporiadou, M., Chroussos, G., & Bakopoulou, F. (2015). (2015). *Children and adolescents in Greece in crisis.* (1st ed.). Kallipos Publications. http://creativecommons.org/licenses/by-nc-nd/3.0/gr

Renaud, S. M., & Zacchia, C. (2012). Toward a Definition of Affective Instability. *Harvard Review of Psychiatry*, *20*(6), 298–308. https://doi.org/10.3109/10673229.2012.747798

Ross M.G. Norman, Deborah Windell , Jill Lynch, R. M. (2011). Parsing the relationship of stigma and insight to psychological well-being in psychotic disorders. *ELSEVIER*, *133*(1–3), 3–7. https://doi.org/10.1016/j.schres.2011.09.002

Sailen Barik. (2020). The Uniqueness of Tryptophan in Biology: Properties, Metabolism, Interactions and Localization in Proteins. *International Journal of Molecular Sciences*, *21*(22), 8776. https://doi.org/10.3390/ijms21228776

Sakellariou, A. (2018). *A longitudinal study of the development of reading ability of students with learning disabilities from second to fifth grade (at the beginning to the end of primary school)* [National and Kapodistrian University of Athens (NKUA), School of Health Sciences, Department of Medicine, Division of Social Medicine - Psychiatry and Neurology, Clinic A' Psychiatry AIGINETEI Hospital]. https://doi.org/10.12681/eadd/44821

Sburlati, E. S., Lyneham, H. J., Schniering, C. A., & Rapee, R. M. (2014). Evidence-based CBT for anxiety and depression in children and adolescents: A competencies-based approach. In *Evidence-Based CBT for Anxiety and Depression in Children and Adolescents: A Competencies Based Approach*. wiley. https://doi.org/10.1002/9781118500576

Serafetinidou, E. (2020). Assessment of factors determining levels and patterns of morbidity in vulnerable population groups in Greece and other European

countries with emphasis on mental health. [University of Piraeus, School of Finance and Statistics, Department of Statistics and Insurance Science]. In *University of Piraeus (UNIPI)*. https://doi.org/10.12681/eadd/47415

Sobocki, P., Jönsson, B., Angst, J., & Rehnberg, C. (2006). Cost of depression in Europe. *The Journal of Mental Health Policy and Economics*, *9*(2), 87–98. http://www.ncbi.nlm.nih.gov/pubmed/17007486

Souzana Panteliadou, Georgios Mpotsas, G. S. (2000). Explaining reading performance based on phonemic awareness, family environment and social level: A preliminary analysis with first grade children. *Exploring the World of the Child*, *4*, 53. https://doi.org/10.12681/icw.18133

Spanou, E., & Morogiannis, F. (2010). The role of family and socio-cultural factors in the development of eating disorders. *Psychiatrike= Psychiatriki*, *21*(1), 41–53. http://repository.library.teimes.gr/xmlui/handle/123456789/5293

Subcommittee on Attention-Deficit/Hyperactivity Disorder, S. C. on Q. I. and M. (2011). ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics*, *128*(5), 1007–1022.

Theodoropoulou, O. (2010). *Psychological problems of children and adolescents* [HIGHER TECHNOLOGICAL EDUCATION KALAMATA INSTITUTION]. http://nestor.teipel.gr/xmlui/handle/123456789/13008

Togia, A. S., & Koretsi, E. (2018). National and European policy for the education of people with special needs. Erkyna, Review of Educational-Scientific Issues. *Erkina*, *14*, 119–127.

Traianou, A. (2014). The centrality of ethics in qualitative research. In *The Oxford handbook of qualitative research* (1st ed., Vol. 1, pp. 62–77). Oxford University PRESS.

Triga-Mertika, E. (2010). *Learning Difficulties: General and specific learning difficulties-Dyslexia* (1st ed.). Grigoris.

Tsarouchas, N. T., Antoniou, A. S., & Polychroni, F. (2021). OCCUPATIONAL STRESS, DEPRESSION AND JOB SATISFACTION OF SPECIAL EDUCATION TEACHERS. *European Journal of Education Studies*, *8*(4), 37-52. https://doi.org/http://dx.doi.org/10.46827/ejes.v8i4.3685

Tsiakalos, G. (2008). The Promise of Pedagogy. In *Observer (1st edition)*. Epikentro.

Walter Berka , Jan De Groof, H. P. (2013). *Special Education: Yearbook of the European Association for Education Law and Policy* (2000th edi). Kluwer Law International. https://books.google.gr

Watson, D., Emery, C., & and Bayliss M. and McInnes, K., P. with B. (2012). Children's Social and Emotional Wellbeing in Schools: a Critical Perspective . By D. Watson, C. Emery and P. Bayliss with M. Boushel and K. McInnes. *British Journal of Educational Studies*, *60*(4), 439–441. https://doi.org/10.1080/00071005.2012.742274

World Health Organization, World Health Organization. Department of Mental Health, Substance Abuse, World Psychiatric Association, International

Association for Child, Adolescent Psychiatry, & A. P. (2005). Atlas: child and adolescent mental health resources: global concerns, implications for the future. In *World Health Organization*.

World Health Organization. (2015). *Global status report on road safety 2015*. (2nd ed.). WHO Press.

Xiromerisiou, A. (2009). *The association of anxiety and depression with automatic thoughts : a study of 4th, 5th, and 5th grade children* [Institutional Repository of the University of Thessaly]. http://dx.doi.org/10.26253/heal.uth.3113

Zacharoula Smyrnaiou, Panagiota Argyri, G. E. (2020). Enhancing Social and Emotional Learning through mediating digital tools in the post-coronial era. In *International Journal of Educational Innovation* (1st ed., Vol. 2, Issue 6, pp. 149–158). Scientific Association for the Promotion of Educational Innovation.