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INTERDISCIPLINARY CONTEXTS OF SPECIAL PEDAGOGY

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Contents

Foreword (ANETA WOJCIECHOWSKA) 5

ARTICLES

BERNADETA SZCZUPAŁ, JOLANTA IZABELA WIŚNIEWSKA
Everyday life and a sense of loneliness in the opinion of elderly persons with disabilities in long-term residential care 11

JOLANTA LIPIŃSKA-LOKŚ
Love experienced by persons with disabilities 27

ANNA PORCZYŃSKA-CISZEWSKA
Intellectual Disability and Experiencing Happiness 51

MARZENA BUCHNAT, ANETA WOJCIECHOWSKA
Early childhood education and care of children with normal and abnormal development in Poland – its importance and barriers 67

DOMINIKA PRZYBYSZEWSKA
Functioning of inclusion classrooms in the opinion of parents – organization, teacher training, individualized instruction and social relations 83

MALWINA KOCOŃ, MAGDALENA SKALNY
Stereotypes about the deaf and sign language in the thinking of special needs education students 109

TOMASZ KASPRZAK
Feminist disability studies vs discrimination of women with disabilities 127

EWELINA ZAJĄC
Communication and functioning of pupils with autism in public school three case studies 139

ANNA GULCZYŃSKA, ANETA WOJCIECHOWSKA
Sex education of adolescents with autism spectrum disorders in Poland 155

AGNIESZKA NYMŚ-GÓRNA
Prisoners with disabilities in the Polish penitentiary system 177

BARBARA TROCHIMIAK
Application of the Three Aspects of Form model in pedagogical diagnosis 189

REVIEW

ZUZANNA NARKUN
Review of the book by Kasper Sipowicz and Tadeusz Pietras *Introduction to inclusive paedagogy*, Wydawnictwo Continuo, Wrocław 2017 213

Interdisciplinary Contexts of Special Pedagogy
No. 24/2019

Foreword

The new volume of *Interdisciplinary Contexts of Special Pedagogy* combines a number of scientific issues in the area of special pedagogy, in the broad meaning of the term. This volume consists of a number of texts discussing different aspects of disabilities, both in theoretical and practical contexts, with respect to approaching persons with various disabilities and at various ages.

It begins with three articles presenting various emotions that persons with disabilities experience in their daily life. Bernadeta Szczupał and Jolanta Wiśniewska discuss the problem of loneliness and living the daily lives of elderly persons with disabilities, Jolanta Lipińska-Lokś focuses on experiencing love, while Anna Porczyńska-Ciszewska – on experiencing happiness by persons with intellectual disabilities. These issues are presented from a theoretical perspective as well as by means of the results of qualitative research.

Subsequent texts discuss systemic solutions associated with caring for children with disabilities, beginning with early therapeutic interaction with young children to school and non-school education.

The text by Marzena Buchnat and Aneta Wojciechowska presents the role and significance of early therapeutic interaction with a child at risk of disability or disabled, but also the difficulties encountered by parents when trying to receive appropriate support. At the stage of school education, the chances, possibilities and difficulties associated with the functioning of integration classes in the opinion of parents, are presented by Dominika Przybyszewska. She quotes the results of research in which the opinions of parents concerned the infrastructure of buildings, number of pupils in a class, accessibility of specialists to parents and teacher qualifications to support the development of disabled children in integration classes.

Malwina Kocoń and Magdalena Skalny, in their text concerning stereotypes about the deaf in the opinion of special pedagogy students present the results of research whose purpose was to identify which of the selected stereotypes about deaf persons exist among 1st year students of special pedagogy in the context of thinking about a deaf person and manual communication systems.

The problem of educating pupils with disabilities is discussed by Ewelina Zając, who presents in her article seven case studies of pupils with autism from the perspective of communication possibilities between a pupil with autism and his or her peers and teachers.

The school and the difficulties encountered by pupils with disabilities are also discussed by Anna Gulczyńska and Aneta Wojciechowska, who identify problems associated with teaching sexuality education to pupils with autism spectrum disorders. The authors present the results of research concerning the opinions of mothers in this respect.

Tomasz Kasprzak, in his text, discusses discrimination of women with disabilities. He presents the socio-political situation of women disabilities and analyses the reasons for such situation.

The text by Agnieszka Namyś-Górnej discusses the situation of persons with disabilities in the Polish penitentiary system. The author presents the functioning of the therapeutic system of imprisonment and placing persons with disabilities in penitentiary isolation.

Barbata Trochimiak, in her article presents her own model of pedagogical diagnosis based on the Three Aspects of Form (TAF) concept applicable for pre-school or school education.

The last text in this volume is a review of the of the book *Introduction to inclusive pedagogy* by K. Sipowicz and T. Pietras, written by Zuzanna Narkun.

We present to you already the 24th volume of *Interdisciplinary Contexts of Special Pedagogy*, hoping that the various aspects of disabilities extensively discussed here will trigger further deliberations and reflections in this field, leading to scientific debates on the forum of our periodical.

I would like to thank the authors for the effort they took to write the articles, hoping for our continued collaboration.

Aneta Wojciechowska

ARTICLES

Interdisciplinary Contexts of Special Pedagogy
No. 24/2019

BERNADETA SZCZUPAŁ,
JOLANTA IZABELA WIŚNIEWSKA
The Maria Grzegorzewska University, Warsaw

Everyday life and a sense of loneliness in the opinion of elderly persons with disabilities in long-term residential care

ABSTRACT: Bernadeta Szczupał, Jolanta Izabela Wiśniewska, *Everyday life and a sense of loneliness in the opinion of elderly persons with disabilities in long-term residential care*. Interdisciplinary Contexts of Special Pedagogy, no. 24, Poznań 2019. Pp. 11-25. Adam Mickiewicz University Press. ISSN 2300-391X. DOI: https://doi.org/10.14746/ikps.2019.24.01

The growing number of elderly people, including persons with disabilities, is a major social, economic and political challenge. The article presents the results of a qualitative research concerning the opinions of elderly persons with disabilities in long-term residential care, about their everyday life and the sense of loneliness experienced by them.

KEY WORDS: everyday life, loneliness, elderly persons with disabilities, social care homes

Foreword

In their daily life, elderly persons with disabilities require special help and support. Ageing is a complex process that involves both physical and psychological changes. The ageing process is different in every individual, both in terms of its pace and intensity.

The condition of elderly persons depends on whether they suffer from chronic diseases that lead to the malfunctioning of many organs as well as the process of physiological ageing. An important factor in the dynamics of this process is also the psychological attitude to one's own age[1]. Deteriorating mental efficiency, manifested by problems with attention focus and memory, and loss of previous social functions often cause lower self-esteem, isolation and loneliness[2]. A growing number of elderly persons, including persons with disabilities, is a major challenge for the community. Because of ongoing demographic and cultural changes, more and more families place elderly persons in specialist institutions. One of the biggest problems faced by an elderly person in such situation is living a lonely life without family, friends or acquaintances. Loneliness understood not only as isolation from others, but also a sense of otherness, being left out from the community or living in a strange environment that cannot be changed. Loneliness may lead to marginalization or exclusion of elderly persons. Such persons do not keep in touch with their immediate or more distant circles, which is either their conscious choice or lack of another option[3]. One of the key factors of happy ageing and prevention of loneliness and changing quality of life is maintaining bonds with others and engaging in effective pro-social activities.

Justification of the research method

The qualitative research whose results are presented in this article was conducted in the years 2016 and 2017. The purpose was to find out what elderly persons with disabilities in residential care

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[1] J.I. Wiśniewska, *Educational activity of seniors as a predictor of successful ageing,* „Interdyscyplinarne Konteksty Pedagogiki Specjalnej" 2018, no. 24, p. 27-46.

[2] B. Szczupał, *Dignity, everyday life, support for seniors with disabilities,* „Interdyscyplinarne Konteksty Pedagogiki Specjalnej" 2018, no. 24, p. 15-26.

[3] K. Ziomek-Michalak, *Znaczenie rodziny w starzeniu się i w starości człowieka,* „Roczniki Teologiczne" 2015, vol. 5, p. 175-194.

think about their daily life and sense of loneliness. The research involved five interviews with four women and one man. They talked about their personal, subjective experiences. In order for a researcher to learn about subjective experiences, he or she must go deep into those phenomena and explore them in their complexity[4]. The research was conducted at the Social Care Home and In-Patient Centre in Mazowieckie region. The respondents of the research were selected on the basis of their age (65-75 years), psychophysical functioning, chronic diseases, acquired or congenital motor, visual or hearing impairment, and time of stay in the social care home or in-patient center (at least three years). Each interview had the same pattern based on the narrative interview methodology[5]. The narrative interview has two subtypes: expert interview and autobiographical-narrative interview. Since the focus of the research was to present everyday situations and changes in the life of the respondents, and positioning those situations in time, the autobiographical-narrative interview method was applied. In this research, respondents may trace certain memories, which makes them reflect on how they evaluate given phenomena and interpret the reality[6]. Talking about one's life is a subjective interpretation of what the respondent experiences, lives through and feels[7]. An analysis of the narrative data was preceded by transcription. The texts of the respective narratives were divided into smaller thematic units and structurally described, in order to identify the processes arising from narratives, e.g. defining the situation of the narrator. Next, the milestones, turning points or critical events in the respective biographies were identified, and elements common for most narratives were identified.

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[4] T. Pilch, T. Bauman, *Zasady badań pedagogicznych. Strategie ilościowe i jakościowe*, Wydawnictwo Akademickie „Żak", Warszawa 2010, p. 327-330.

[5] E. Kos, *Wywiad narracyjny jako metoda badań empirycznych*, [in:] *Badania jakościowe w pedagogice*, ed. D. Urbaniak-Zając, E. Kos, PWN, Warszawa 2013, p. 98-104.

[6] T. Pilch, T. Bauman, *Zasady badań pedagogicznych. Strategie ilościowe i jakościowe*, Wydawnictwo Akademickie „Żak", Warszawa 2010, p. 327-330.

[7] D. Demetrio, *Autobiografia. Terapeutyczny wymiar pisania o sobie*, Oficyna Wydawnicza „Impuls, Kraków 2000, p. 11.

These categories included daily life in the social care home or in-patient center, current health condition, contacts with the family and a sense of loneliness, and the support provided. The interviews revealed the complexity, diversity and ambiguity of these categories[8].

Everyday life and a sense of loneliness in the narratives of the respondents

Being placed in a social care home or in-patient center means that one has to adapt to the new environment. The daily life that one used to control to a greater or lesser extent has radically changed. Currently the organization of life and the living conditions depend mainly on the institution where a person is placed. Being placed in an institution also means various changed in contacts with the family and social relations.

Seniors with disabilities placed in an institution that offers long-term residential care have very different opinions about their new situation, as is shown by the responses below. They include comments on everyday life, which, in their case is life in an institution, and on social relations.

Ewa (aged 70) said:

> *I don't know how many years have passed. I think I've been here since the beginning of this institution, for about five years. Before, I was in a different institution, then in hospital, and later, they moved me here. I think I like it best here. I came here after a stroke and everybody thought I would not make it. For a long time I was bedridden like a vegetable and nobody took much interest in me. I don't know how long it lasted, a year, maybe more. A physical therapist tried to get me out of this. Unfortunately, I will never be quite fit again, I think. Now, I spend most of the time in my room, I don't go out and hardly talk to*

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[8] The article presents the original responses of the elderly persons.

anyone (…). *How do I feel here, in this institution? I got used to it, although obviously I'm not at home here. There was no other option, I had to stay here, because my daughter has other things to do and she could not be with me all the time. I cannot walk on my own, I need full assistance. It's like a hospital here, could be better. I am one of many residents. They do not always see us as a human who has feelings and thoughts, and understands. Elderly persons are not appreciated, they seem to be useless. But one must not allow to be treated badly, one must defend oneself.*

Ewa about her free time:

I do not like going to activities or workshops. Mostly, I stay in my room. I sometimes go for a walk after dinner, if it's warm. When I have free time, I read a book or do a crossword. I watch he TV.

Ewa speaks with some hesitation about contacts with her family.

I don't know… I don't know how I feel. It is hard to say. My daughter comes to visit me. I love her very much. I don't have other children and my husband died 20 years ago. Beata is very good, she helped me a lot before I was placed here, and she comes here frequently. She works in a bank, learns English and often goes on business trips. Last time, she was in Brussels. I brought her up right. She really is a good girl… Whenever she visits me, I am distressed afterwards. I feel sad that I have to stay here. I have here phone number… When I feel very bad, I call her.

Concerning former relations, Ewa says:

I prefer to stay in my room and watch the TV. Sometimes, I talk to the nurses. My friends here are as sick as myself. One of them lives with her son by the sea now. He took her after she had fallen from the stairs. I don't know how she is doing now. We stopped seeing each other once I came here.

Ewa's response suggests that she regards her stay in the institution as a forced situation beyond her control and that she has no other choice. Based on what she says, it may be assumed that she understands and accepts her everyday life, though sometimes, she misses her daughter. She cannot enjoy her life or use the privileges offered by the institution's personnel. Her daily life is limited to spending her time passively in her room. She does not speak negatively about family relations or lack of contacts with the family, but she says her contacts with other people are hindered by her illness. She is rather a loner and does not strive to start or maintain interpersonal relations. Significantly, the woman understands the family who placed her in the institution and approves of the current social relations, even though they are difficult.

Another interlocutor, Seweryn (aged 75), one of the most senior residents in the institution, cannot speak about his situation without tremor in his voice.

> *I had a stroke. It happened all of a sudden. I was hospitalized and then I was placed here to get better. At first I felt uncomfortable, because I didn't know anybody here. Now, I have a few friends here, so I have people to talk to. I have been here for about five years now. At first, my son visited me every day, but now he has more duties so he comes less frequently. Sometimes… often, he does not come to see me at all (…). It is hard to say it in one sentence. I feel good, I cannot complain – I have food, drink and care and nothing hurts me, but I keep thinking what it would be like, if my wife was still alive. When I was back at home with my wife, we had a dog. He was like a family member, he even slept with us in bed. My son had to take him when I came here. My son is a chemist, like myself. I think he took it from me, although he always wanted to be an actor. It's good I have him, because he's the only one left.*

Seweryn once again is moved, speaking about his family.

> *I love my son very much, and I have beautiful grandchildren. They visit me as often as they can. If I was a little younger, I would go to*

> *them myself, but now I am too old for that. I miss them. Especially in the evening, when I go to bed, I think about my family.*

Despite longing for his family, Seweryn does not give up, and he starts contacts with others.

> *I have my friends, so I spend most of my time with them. I also look after an elderly man, Kazimierz, I help feed him, because he cannot eat on his own and there is not always someone to help him, even the personnel no longer have time or patience for him. Sometimes, I take him to the day room to spend time with other people or watch the TV. Without that, I would have no contact whatsoever with others, because the family is gone and I am completely alone.*

Seweryn has not come to terms with the changed environment, although he acknowledges that he does not lack any material things and he appreciates the efforts of the personnel. His daily life is filled by meetings with other residents, which is very much in line with the needs of a person. Nonetheless, despite being among people, i.e. lack of physical loneliness, he is very lonely psychologically, which is intensified by his memories of and longing for his late wife. For him, social relations, especially family bonds are very important. Being placed in an institution, he misses his family and feels the need for more frequent contacts. He evidently needs to feel that he is needed and socially accepted. He is very emotional and cries easily, which may be a sign of his emotions associated with being separated from his family.

The next interlocutor, Gertruda (aged 74), said:

> *I've been here for long, about three years or maybe more. After I had a stroke, I could not return home. My son and daughter could not look after me. It depends, what it's like here. Now, I have a nice roommate, Zosia, so I feel much better here. Only the time passes so slowly here, every day, I do the same things, I have become useless. I have to feel good here, there is no other option for me. Most of the personnel are nice, cheerful and smiling, and this is a big help. Now, despite being*

ill, I know there is always someone to help me, and I wouldn't have this at home. I do not lack anything here, but it is not like home.

About her family, she says:

They rarely come to see me. I love them very much… but they have no time, they have to work. If they had time, I'm sure they would take me from here. I had a granddaughter, she also comes here, she is a darling. She goes to school, she's very wise, maybe she'll be a medical doctor. I keep waiting for them to come, I count the days, but get lost and don't know how much longer I have to wait for them.

Gertruda usually rests together with her friend.

We often go with Zosia to therapeutic activities, where we have a cup of god coffee and talk about things. We do not go out much, we have no power to move around on our own… and we do not like the company of smokers. Every person has their fault and virtues, everybody is different. We are only human, that's right, if you don't like it, do not talk. Do not tell others that she did this or that. I stick with Zosia, we share a room and spend our free time together. We often talk or read newspapers. Of course, in therapy, I talk to everyone… I'm not a loner, but I do not have any complex relations with others and do not feel like meeting new people.

Gertruda talks about her family.

I do not care so much about work or friends, but about the family. I remember them the most. I remember my son being born and later my daughter. My husband was happy to have a son first (laughter)*, but I didn't care, I just wanted them to be healthy. I remember our first holiday, how happy they were! Too bad we cannot go back to those moments if only for a moment. I rarely think about my youth, but I remember sharing one room with all my brothers and sisters… Back then, we were all together. Things are different now. I miss my sister very much, because I had the closest contact with her. She died seven years ago, she was my best friend, I still cannot come to terms with it.*

> *When my family finally come to see me, I feel appreciated. I forget my all regrets and feelings and am happy to have them by my side… But when they are gone for some time, I again feel not understood and neglected. I have felt lonely ever since my husband died. My children have their own lives now and he was always with me, and I was with him. I have friends and relatives, but this is not the same. They come and go, and my husband was always by my side. I had someone to talk to, to argue with, to laugh with, and now? I am alone here. I need full time care and assistance. I cannot take care of myself. It should not be like that, couples should die together* (…). *I don't know what I could do now, I am useless. I have no strength to function independently, so probably, I won't be able to go home, but I would very much like to. If I could live to my daughter's A-level exams, I would be happy to see that she has done well.*

What is characteristic of Gertruda's narrative is that she looks for and provides rational arguments why she has to stay in the institution. Meanwhile, she strives to accept this situation. She is still at the stage where she does not fully approve of her current everyday life. She does not like the daily routine, but she also notices the fact that she has lost her abilities that affect that routine. However, she found space that plays an important part in her current life. These are the therapeutic activities that she likes to attend and is eager to use them. She admits missing psychological proximity. She misses her husband and late sister, with whom she had a very close relationship. Gertruda speaks positively about her family and expresses a need for contacts with them. However, she can justify the fact that they rarely visit her and she dismisses any negative thoughts about her family. She has her roommate to satisfy her need for a close relationship with another person. Her strong desire is to return home.

Zofia (aged 74), whom Gertruda mentioned, said:

> *It feels like home here, or almost like home and not always* (…). *They all take care of me, only the food is poor. When I cooked at home, the food was what it should be. I like attending activities, though usually*

I do not have the strength for that, I already feel tired in the morning and fall asleep at once. I have been here for more than 3 years, if I count correctly. I had a stroke and that's how it all started. My sons placed me here, because they didn't know how to look after me, but I can take care of myself if only someone sits me in the wheelchair. It is quiet here. The three years have gone by so fast… I had a few roommates, but they moved me to different rooms and now I'm with Gerta and we are OK so far.

I have two sons, Piotr and Adam. I like to think about them. I am always curious how they are. They usually visit me once a week or less frequently. Too bad they cannot come more often, but I understand them. The worst thing for me is that my husband cannot visit me. If he were alive, I wouldn't be here, he would take care of me.

My eyes are weak, but in my free time, I read newspapers. The caregivers buy me new newspapers every day. I also like books, but I prefer newspapers, because I like to keep myself updated on all gossip. Then, when my friends come, I have things to chat about with them. Every day, Gerta and I go to therapeutic activities and rehabilitation. But I often doze off there, I think I do it in the wheelchair, too, because when I open my eyes, I find myself in a different place – someone must move me sometimes to the room.

Nobody bothers me and I think I don't bother anybody, either. I don't have friends here, but in therapy or rehabilitation, we play ball together.

Zofia remembers the most her youth and love of her husband.

My husband loved me to pieces. I was lucky, because he was a good man. He had his faults, like we all do, but he was a very good husband. I remember, before I was married, he would come round my place and when he saw a boy leaving my house, he would beat him… he was so jealous. We spent so many years together, and when he died, it was as if someone tore my heart out and stabbed it with a knife. I still cannot come to terms with it. I wish I could be with him.

Zofia says:

> *I used to think I would leave this place, that it was only for a short time, because they all told me that when I got better and was quite fit, they would take me home. I don't know if I will ever be fit again, because I've been here for so long and nothing gets better. I think this will not happen. I would like very much to be home, but I know they wouldn't want to take care of me. I cannot take care of myself.*

Zofia is the kind of person who has a very good judgment of her current living space in the institution. She appreciates the care and activities offered, although she is not uncritical, because she does not like the meals. Her daily life is quiet. She spends time engaging in the activities offered by the institution. She has a passion for reading newspapers and books. Her bond with the family seem to be satisfactory, because her sons visit her regularly, and she has no complaints about these relations. Significantly, however, the same as the other respondents, she misses her late spouse. Having lost her husband, Zofia feels lonely. She is certain that no one and nothing will replace that relationship. However, she does not avoid people and she has a close relationship with her roommate. Despite her very positive opinion about the institution, she wishes to go back home.

Another respondent, Krystyna (aged 67) also has a positive opinion about the institution.

> *I feel very good here. They treat me well and respect me here. I have come to like my room and roommate very much. At home, I had a lot of stairs and it was narrow, and all the time, I had to ask neighbors for help. Here, everything is at hand, and there are people to talk to, unlike in an empty apartment.*

Krystyna also speaks positively about her rehabilitation:

> *I have suffered from meningomyelocele since childhood. I had my ups and downs, but could always walk on my own. I had a number of sur-*

> *geries. Now, I am in rehabilitation, because I have to use the wheelchair. I couldn't live on my own now. I have been here for four years. I have less and less strength for everything. I exercise every day, but it doesn't help. I never married and had no children. My parents died long ago. I had a brother and sister, but they also died. I was the youngest. That's how it is. Now, I am all alone. I only have my friends* (…). *Sometimes, my neighbors come to see me. When I lived in the apartment building, they would do shopping for me, when I could no longer go out. They always aske me how I am or if I need anything. They really are good people. My friends from work have no way or no strength to come here. I have new friends here, but my old relationships are also very important for me. Contacts with other residents make me feel better. I have my colleagues, but I avoid some of them, because we argued. I trust my roommate, we have our businesses and secrets* (…). *I no longer remember my past life. Here, every day is the same. I always worked a lot, too much. I spent my best years behind a desk. And what is left of it now? If I had a husband and children, maybe I would be somewhere else now, who knows. I don't even know what to say. It's good that at least I've learned to appreciate what I have in life. In my age, you think about these things. I thank God every day, and I hope he will take me from here soon. Then, I will be happy. I have nothing else left apart from faith in heaven and prayer.*

Krystyna is another person to claim that this place makes her feel safe. She notices many benefits and advantages here. In her own apartment, she felt lonely, and dependent on others, because of her problems with mobility. From what she says, she seems to be pleased with her everyday life. Her living conditions (room) and contacts with other residents are satisfactory. She has a close relationship with her roommate, which could mean that she is satisfied with her contacts with other people. Lack of family causes certain psychological discomfort, but it does not make her feel lonely. She mentions death and seems to have mature feelings about it.

Conclusions

To sum up, the characteristic feature of most interviews is bringing the past and the present together, missing the family, the need for social contacts, longing for one's youth and activity, and often no perspectives for change. The respondents also feel a strong need for respect, sense of dignity and sense of being useful. They treat their stay in a social care home or in-patient center as a necessity that, due to their physical limitations, is beyond their control and there is nothing they can do to change it. The respondents are also aware that, in the institution, they have a sense of stability, balance and safety and have access to treatment, rehabilitation and therapy.

The daily life of an adult person consists of activities in various areas of life: family, work, local community. A very important determinant of everyday life is the space where one lives, which is usually the family home. Another important factor are social relations. Persons, whose basic element of their life – their family home – changes, experience major changes in the respective other components of their daily life. Not only do their living conditions change, but, more importantly, their relations with the family transform, and their contacts narrow to other persons in the institution. They also become dependent on others. An analysis of the daily life of the group of seniors who responded to the research leads to the following conclusions:

- residents tend to understand why they are in an institution or they try to rationalize the fact. In their case, the main argument is their poor health;
- characteristically, the respondents do not raise the issue of living or material conditions when talking about to their daily life. This suggests that other aspects of life are more important for them;
- the most important factor of everyday life that the residents of the institutions expect are interpersonal contacts with their families, meaning also family bonds and warm feelings from the families. For elderly, sick persons, it is not enough to have

good care, but they also need understanding and contacts with other people;
- a very important, though wishful – in the case of the respondents – element of everyday life is returning to the familiar space of their family homes. It could be assumed then that an elderly person, even despite the best care, will never fully consent to not being at his or her own home.

To sum up, it seems necessary to take actions in order to improve and broaden the care offered to seniors. The planning of such care should provide for statistical data, social situation and living and economic conditions of a senior, and possibilities of non-residential or institutional support[9]. A growing number of elderly persons, including persons with disabilities, is a major challenge for the community. It is necessary to consider the problems of that group as well as explore the phenomenon of the ageing of persons with disabilities and becoming a person with disabilities in old age[10]. In the evening of their lives, elderly persons with disabilities, who worked, raised children and contributed to the development of their societies expect to be treated with dignity in their everyday life. At this stage if life, assistance and support are very important, but the more so is understanding, attention, ability to listen and respect.

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Love experienced by persons with disabilities

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Humans as social beings feel natural attraction to being with other people, i.e. to establishing and maintaining relationships. Affiliations, such as friendship or love, significantly influence their development from the earliest years of life, either enriching or disturbing the quality of their functioning. Therefore, those who due to their health status or another life situation are marked by otherness, must be prepared to endure hardships. Consequently, persons with disabilities experience failures in their interpersonal contacts. They are often devoid of the opportunity to have a good friend or to experience true love, which may exacerbate their already difficult situation, often triggered within a family setting, where there was no acceptance and/or insufficient quality of parental love. All human beings, children in particular, need closeness and affection. Only then do they develop properly, experience happiness, see the meaning of their lives, feel loved and are able to reciprocate that love. Experiencing a disability or being a parent of a child with a disability may make love more difficult, perhaps even impossible. However, the desire for love can be so strong that it will manage to overcome all obstacles. Unfortunately, it may as well make life a grey existence filled with loneliness and suffering.

KEY WORDS: disability, person with disability, affiliations, love

Foreword

The concept of love, although popularly known and used, is a major challenge for anyone who wishes to define love. Intuitively, we understand very well what love means, but the problem is to define it. *Leksykon psychologii* [Lexicon of Psychology] says that the concept of love has many meanings and "most typically, it means strong affection to a specific person (object), accompanied by pursuit of that person's proximity"[1]. *Słownik psychologii* [Dictionary of Psychology] defines love as a "permanent feeling to a person accompanied by a desire to be with that person and care for that person's happiness and satisfaction"[2]. Meanwhile, *Słownik współczesnego języka polskiego* [Dictionary of Contemporary Polish Language] defines love as "a deep feeling for another persons, usually combined with the desire to constantly be with that person and bestow happiness on that person (…); a strong attachment to someone; willingness to dedicate oneself to and serve someone"[3]. Love manifests itself through care and tenderness and a feeling of great emotional bond with another person, who occupies a central place in the life of the person who loves. A person who loves is ready to give up "many personal matters, and sometimes even love for the object of their love"[4]. Problems with definition are probably due to the fact that there exist many different types of love and that "it concerns various states, attitudes, experiences and feelings"[5], as well as persons. One must mention here motherly, brotherly, friendly, marital love (love between partners), love of oneself, of God or of the home-

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[1] L. Bakiera, Ż. Stelter, *Leksykon psychologii rozwoju człowieka*, Dyfin SA, Warszawa 2011, p. 263.

[2] A.S. Reber, *Słownik psychologii*, Wydawnictwo Naukowe SCHOLAR, Warszawa 2002, p. 372.

[3] B. Dunaj, *Słownik współczesnego języka polskiego,* Wydawnictwo WILGA, Warszawa 1996, p. 524.

[4] W. Szewczuk, *Słownik psychologiczny*, Wiedza Powszechna, Warszawa 1979, p. 147.

[5] L. Bakiera, Ż. Stelter, *Leksykon psychologii rozwoju człowieka,* Dyfin SA, Warszawa 2011, p. 263.

land. There is also unselfish, platonic, sensual or romantic love, or the recently mentioned (by Elizabeth Hurlock, as a stage in the emotional development of adolescents) childish or puppyish love. Love may be lasting, mutual, sincere and real[6].

There are many perceptions of love, but it is always regarded as very important. According to Erik Erikson, love is a developmental force (basic virtue) that stimulates the development of intimacy and helps build closeness without fear of losing one's own identity. For Abraham Maslow, love is the basic need in healthy human development. Elizabeth Hurlock, too, when presenting various types of love (childish, puppyish, romantic), believes them to be an indicator of the proper emotional development of adolescents[7]. Saint Paul, in his First Epistle to the Corinthians, says: "And now these three remain: faith, hope and love. But the greatest of these is love"[8]. Wisława Szymborska, in her poem "Tale on the Love of the Fatherland" speaks very beautifully of this kind of love: "(…) one can live without that love (…). It is possible to not love you – and live, but it is not possible to be fruitful"[9]. Lack of such love not only impoverishes a human and his or her life. Not experiencing love makes one's life to be only dull existence.

Object, method and technique of research, and the respondent group

It is natural for every human being to feel the need for affiliative relationships. Special role is attributed to love, which can determine

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[6] Ibidem, p. 263-265; cf B. Dunaj, *Słownik współczesnego języka polskiego,* Wydawnictwo WILGA, Warszawa 1996, p. 524.

[7] Cf L. Bakiera, Ż. Stelter, *Leksykon psychologii rozwoju człowieka*, Dyfin SA, Warszawa 2011, p. 264.

[8] Św. Paweł, *Pierwszy List do Koryntian*, 1 Kor 13, Pismo Święte Starego i Nowego Testamentu, Komisja Przekładu Pisma Świętego (przekład), Brytyjskie i Zagraniczne Towarzystwo Biblijne, Warszawa 1977, p. 1237-1238.

[9] W. Szymborska, *Gawęda o miłości Ziemi Ojczystej*, [in:] *Strofy o Ojczyźnie. Antologia*, S.R. Dobrowolski (wybór), Państwowe Wydawnictwo „Iskry", p. 233.

the high quality of life and a feeling of happiness. For this important reason, the object of diagnosis are the opinions of persons with disabilities about the significance of love in their life and their experiencing of that feeling.

The respondent group consisted in total of 40 persons (of which 12 persons took part in the author's individual research on affiliative relationships in human life). The respondent group was diversified in terms of gender, age, marital status, place of residence, family, education and professional situation. All the respondents were with disabilities, but the type and degree of those disabilities differed (motor, sensory – visual, hearing disability, somatic disability – chronic diseases: epilepsy, diabetes, mild intellectual disability, mental – schizophrenia, hysterical neurosis, anxieties, depressions, multiple disabilities).

Love in the lives of persons with disabilities was analyzed on the basis of the opinions of the respondents on their current close relations with other people and their former experiences in this area (experiencing parental love, the love of a partner).

The research was qualitative in nature. The individual case study and interview with interview survey methods were used.

The results presented herein constitute only a selected element of the entire research on the quality of life of persons with disabilities conducted over a number of years. The author's individual research is supplemented with the results of research conducted by students[10] attending the MA seminar given by the author of this study.

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[10] The paper includes results of research conducted by D. Kaczmarek, B. Kałużna, N. Kotapska, K. Marzęda as part of the MA seminar (the MA dissertations were defended in 2014 and 2015). The dissertations constitute source material and the authors consented to the use of the results of their research and their dissertations. Certain fragments (research results, quotations of the respondents) were also used in articles published in academic journals, e.g. in: J. Lipińska-Lokś, *Zachowania ryzykowne młodzieży z niepełnosprawnością*, „Interdyscyplinarne Konteksty Pedagogiki Specjalnej" 2014, no. 7, p. 9-25; J. Lipińska-Lokś, *Koleżeństwo i przyjaźń w doświadczeniach osób z niepełnosprawnością*, „Niepełnosprawność. Dyskursy Pedagogiki

Experiencing parental love by persons with disabilities

The love of a parent to a child may be taken for granted, the same as a child's great desire to experience the parent's love. Reciprocity of feelings in the child – parent relation is a natural consequence of the bond that unites them. Love makes parents feel fulfilled and children – important and safe. Love becomes particularly important in difficult situations that go beyond the popular standards. One of such situations is undoubtedly the disability of a child. Parents and children experience love and are capable to give and take love. Most typically, such love is defined as "difficult and often painful, because experienced in solitude, with a sense of opposition to social attitudes (…). A specific combination of love, pain, suffering, fear and despair"[11]. Nonetheless, such love seems to be the most important thing in the life of parents and their children. It enables them to overcome difficulties and makes their lives meaningful.

Interestingly, it may take many shapes, but always the welfare of the child, the way the parents understand it, lies at its core. Małgorzata Kościelska identifies 11 shades of love. It is worth presenting them here and considering the consequences of a given type of love for the development of a child and the functioning of the family system. Love can be:

a) symbiotic, taken for granted in the earliest period of a child's life, slowly, as a child develops, becomes a problem both for the mother (who, in most cases, does not realize it) and for the child, since, as Małgorzata Kościelska claims, "this kind of a relationship poses a threat to the development of the child's individual Me"[12];

Specjalnej" 2015, no. 20, p. 57-69; B. Kałużna, J. Lipińska-Lokś, *Aspiracje i plany życiowe (nie)pełnosprawnych zielonogórzanek*, „Niepełnosprawność – zagadnienia, problemy, rozwiązania" 2016, no. 1, p. 60-89.

[11] M. Kościelska, *Oblicza upośledzenia*, Wydawnictwo Naukowe PWN, Warszawa 1995, p. 57.

[12] Ibidem, p. 59.

b) committing and compensating love, that tries at all costs to make it up for the child that he or she is disabled and protect the child from the dangers of the world. Parents who have that kind of love are on the brink of a breakdown because they are constantly on the watch-out and control the child and the situations that he or she experiences. Consequently, the child becomes passive and socially isolated and the live with a sense of commitment[13];
c) shy, when a parent is at emotional crossroads, on the one hand, being authentically attached to a child and caring for the child as parents do but, on the other hand, identifying him or herself with "the social values that are against disability"[14]. Such parent, loving his or her child, is at the same time ashamed of having such a child. The child sees that he or she is being avoided by the parent and, in most cases, does not understand why, as he or she has done nothing wrong – he or she is just disabled. With time, the child may start to think like the parent and become ashamed of his or her disability;
d) from a distance, when, despite of declarations of loving a child, a parent does not cope with having a child with disability. Being with a child is a torture for a parent, a proof of failed parenthood. Such parents try to balance their negative emotions by escaping into work, earning money to provide for the family, which is socially accepted and, at the same time, does away with the remorse felt by the parent who loves his or her child but preferably without having to have too much contact with him or her[15]. A child feels emotionally rejected by the absent parent;
e) the go-ahead, pro-active love of a parent addressed to a child and his or her like. A parent creates conditions for a child to develop as best as possible and be present in the social space.

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[13] Ibidem, p. 60.
[14] Ibidem, p. 60.
[15] Cf ibidem, p. 61-62.

Go-ahead parents, on the one hand, have a sense of mission: to raise social awareness about persons with disabilities and fight for their being accepted but, on the other hand, in their combat, they manifest many claims, believing that the injustice must be compensated. The children of go-ahead parents are familiar with the world around them but also, "in such contacts, they are often, perhaps unnecessarily, hurt and humiliated and they involuntarily become a tool for manipulation"[16];

f) love striving for normality at all costs, which, however, has little to do with normal life for a child. It is an effort to "make a child normal" by treating the child as if he or she did not experience any limitations associated with disability. It is a certain defense mechanism for the parents who will perhaps never come to terms with the otherness of their child, or will even negate his or her developmental problems. A child, who experiences such parental love will never be able to meet their expectations, will try to be normal, but, not being able to overcome his or her limitations, will feel less valuable and guilty of the unhappiness of the parents;

g) rationalized love, trying to explain to oneself and to others the disability of a child. Such love is a duty and a task, since there exist more or less reasonable causes for the disability in the family. A child who experiences such love will be surrounded by care, since his or her parents fulfil without any reservations the tasks bestowed on them by God or fate. Unfortunately, in such task-based approach to a child, his or her actual child often go unnoticed[17];

h) not reciprocated love, often very painful for the parents, takes place when contact with a child is much limited due to the nature of the impairment. A parent expects a child to reciprocate his or her feelings, but not receiving any signs of love from

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[16] Ibidem, p. 61.

[17] Ibidem, p. 62.

the child, experiences negative emotions and his or her motivation to act for the child may be reduced, which in turn may intensify a sense of injustice and guilt for the child's condition. A child (in this case, typically autistic or with severe intellectual disability) lives in his or her own world and experiences major developmental limitations, usually not being aware either of the parent's emotions or of the effects of his or her indifferent or aggressive behavior[18];

i) self-love, when "this type of love is to some extent not reciprocated, the same as the former, but here, it is limited to the parent and does not unite the parent with the child"[19]. Parents with self love are so focused on their own problems that, in a relationship with a child, they only notice him or herself. A child may feel to be only the background for emotions, thoughts, behaviors of the parent;

j) wise love, that makes it possible to love a child, be sensitive to his or her needs and at the same time, as Małgorzata Kościelska writes, "thinking with the heart" enables the parent to feel important, to achieve the values that matter for him or her and fulfil everyday life with other content than the disability of a child and the related limitations[20]. A child bestowed with wise love has a chance to grow up in a family, where every member is important and has the right for his or her subjectivity.

k) love that makes happy, usually developed at the end of a long road to accepting a child's uniqueness. Such love enables parents to "live a life without a feeling of pain and failure, replaced by the dominant feeling of acceptance for the child as he or she is, for oneself an for the family, with the ability to draw satisfaction from all the events of everyday life"[21]. Such

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[18] Ibidem, p. 62-63.

[19] Ibidem, p. 63.

[20] Cf ibidem, p. 63.

[21] Ibidem, p. 65.

love – despite, or maybe thanks to the child's disability – enables parents to feel that they live a good and happy life. Such love should be wished to parents and children, as it makes the life of the whole family normal and enables a sense of a high quality of life.

The research shows that persons with disabilities experience the love of their parents. They experienced it in childhood and they experience it in their adult life. Interestingly, those persons often perceive changes taking place over the years in the attitudes and the feelings of their parents and the way they show them. These changes take the following directions:

a) from unconditional to conditional love:

> *Mum used to love me just because I was there and now, I feel that I am loved for being… such and such, like my mum expects me to be* (…). *She loves me, but I think she shows that love more when, in her opinion, I deserve it more.* (…) *Because I have good grades at school or dress properly for an occasion, because I do not cause problems, like my cousin does who had a child before she graduated from school*[22]*;*

b) from love expressed directly to restrained, somewhat concealed love:

> *It is normal that you hug and kiss a small child, that you tell that you love him or her, but as the child becomes older, the feelings are no longer so openly shown. Such was the case in my house, too. I remember that, when I was a child, I could not "escape" from my parents' love, and as a teenager, I was even ashamed before my girl friends because of such manifestations of love: "give me a good-bye kiss* (…) *mummy lovers you, have a good day". Now, that I am 23 years old and no longer sit on my parents' knees or kiss them goodbye, or hug them, or tell them "I love you"* (…)*, I need to know that that love is still there. They love me…, if they didn't, they*

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[22] All the quotations come from interviews, cf. footnote 10.

wouldn't be like that for me (…) *wonderful, understanding, giving them all to myself, their little daughter. I love them too, just don't tell them, because such things do not need telling. I know and they know*[23]*;*

c) from love full of control to trusting love that accepts independent choices:

Mum's love was always and everywhere, so possessive, (…) *I could feel that for my sake, mum will never stop being so overprotective.* (…) *I know that every loving parent cares, but my mum was always worried about me, because not only was I her only child but I also had epilepsy. She would always be near me.* (…) *Now, I am grown up and mum… she has matured to understand that a child grows up and becomes independent. We have tamed my illness and my mum feels more comfortable. She knows I can cope, she knows I am responsible, so her own control has loosened, I feel I can breathe, but I also know that I can always tell her about my problem and I will not be left alone* (…). *I would like to be a mother like her one day*[24]*;*

d) from love that is desired to love that is a burden:

I am grateful to my family for taking such good care of me, and even for taking many of my duties off me. I could not cope on my own. (…) *The illness came so suddenly, I was terrified, if it was not for my family…* (…) *sometimes their care is a nuisance, because I'm just ill, not dying*[25] (response of an adult man suffering from diabetes and surrounded by a big and supportive family); *"I look at my family and I see people who love me. It is important for me, but* (…) *my parents make such a fuss about me* (…)*, I hate it when people lament over me, I don't like it when want to help me even if I don't need it* (…)*. It was only when I came here that I felt*

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[23] Ibidem.

[24] Ibidem; Cf J. Lipińska-Lokś, *Koleżeństwo i przyjaźń w doświadczeniach osób z niepełnosprawnością*, „Niepełnosprawność. Dyskursy Pedagogiki Specjalnej" 2015, no. 20, p. 65.

[25] Ibidem.

> *alive again*[26] (response of a student who, having overprotective parents, felt suppressed by them and felt she was free only when she started studying away from home).

However, the respondents always emphasize that their parents' love is honest and unselfish, and they may be certain that, for as long as their parents are around, their closeness will be natural.

However, there are persons with disabilities who were not/are not certain of the true love of their parents. Does a parent – a mother love a child, if she rejects him or her, abandons emotionally or gives him or her away, because she cannot, she will not live her life with the burden of disability? Does someone who is explicitly or implicitly ashamed of his or her child, love that child? It is not quite rare that a child hears: *I cannot look at you, because all I see are the bad things that happened to me*[27] (a girl with cerebral palsy; difficult delivery, lack of acceptance by the family, quoted her mother). *When the aunt comes, do not talk too much with her, only answer "yes" or "no", she does not need to know about your problems*[28] – z 25-year-old man with intellectual disability remembers what her mother once told him. *The donkeywork again, to work, from home, from this cosmos*[29] – said by the father of a person with hearing impairment, serious visual impairment and chronically ill. Such parents, even if they look after their not fully abled children – even the adults ones, do it probably with a sense of duty, because this is the right thing to do, and in order to heave clean conscience. They do their duties routinely, without kindness and warmth. Perhaps it is the consequence of many years of daily hardships, or of lack of acceptance for a child with disability and for oneself as the parent of such a child. It is a difficult experience in the life of both a parent and a child, who is not indifferent to difficult situations in the family home and to distorted bonds with the closest persons – the parents. Sometimes, relations with parents

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[26] Ibidem.

[27] Ibidem.

[28] Ibidem.

[29] Ibidem.

cast a shadow on the relations with other people, established either in childhood or in adult life. Relations with parents, as the respondents suggest, become a *road sign for relations with other people*[30] and are a manifestation of esteem and respect for another person[31].

Love in the life of adult persons with disabilities

A human being has the natural need for relations with other people, for establishing close bonds with them. He or she desires, through contacts with others, to satisfy their psychological needs: of belonging, acceptance, esteem and closeness. Affiliative relations of friendship make it possible to satisfy such important human needs. Undoubtedly, however, in adult life, love-based relations are particularly important. And although "love is hard to define, love has more than one name…"[32], its appearance ennobles human existence and makes it possible to express one's feelings, desires and emotions, and to achieve the fullness of self-realization, and often constitutes the core sense and goal of life[33].

The essence of love is not only to take from its resources, but also to give something to the loved person. After all, love is "a deep feeling, driven by passion, friendship or attachment, making the partners to care for each other, to get rid of one's egoism and actions that cause moral damage"[34]. Both parties achieve certain advantages on love. It is worth noting that "life together stimulates a sense of happiness (…) married persons take their strength from the close,

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[30] Ibidem.

[31] Cf A.P. Sperling, *Psychologia*, Wydawnictwo Zysk i S-ka, Poznań 1995, p. 181.

[32] W. Żarski, B. Staniów, *Wstęp*, [in:] *Miłość niejedno ma imię. Studium monograficzne*, ed. W. Żarski, B. Staniów, Państwowa Wyższa Szkoła Zawodowa w Koszalinie, Koszalin 2011, p. 5.

[33] Cf ibidem

[34] W. Szewczuk, *Słownik psychologiczny*, Wiedza Powszechna, Warszawa 1998, p. 250.

intimate and supportive relationship with the partner and less often experience loneliness. (…) life in a union with another person is a chance for them to assume the additional roles of a husband or wife, mother or father, the fulfilment of which may be an important source of self-esteem”[35].

The latter quotation becomes particularly significant with respect to persons with disabilities, who, experiencing their disabilities, are often exposed to suffering their negative consequences, namely:

a) being treated like children despite reaching formal and actual maturity, adulthood,
b) not being allowed (usually by parents who are overprotective or simple take care of their child) to be independent in adult life,
c) treating the adulthood (sexuality) of persons with disabilities as a taboo or at least difficult topic,
d) isolating, backing away from social contacts due to feeling like someone different – not full abled, which means worse, may result in low self-esteem,
e) social exclusion as a result of negative social attitudes.

The results of the research confirm that the adulthood of the respondents is regarded, both by themselves and their communities, most often from the perspective of their disabilities:

> *Whenever I think about something, I always confront it with my disability, whether I can, whether I will manage, what will people say?*[36] – what the girl said fully illustrates the situation. Another respondent sais: *I accept myself, I accept my otherness, but sometimes, it hurts me that I lose something because of my disability, that it limits me* (…) *mainly physically, but also mentally, because I’m afraid of something, terrified of something, ashamed* (…). *Yes, I often wonder*

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[35] D.G. Myers, *Psychologia społeczna*, Wydawnictwo Zysk i S-ka, Poznań 2003, p. 567.

[36] All the quotations come from interviews.

> *what my life would be like without disability* (…). *I give up, because I shouldn't, because, being handicapped, I cannot, I won't make it* (…). *I give in to it, because I think I am too weak to fight not only with my own weaknesses, but also with so-called social opinion* (…). *Apparently, I am so free, but I depend on the opinion of my parents, friends… strangers on the street* (…). *They comment on my disability and it is enough for me, I don't want them to have more reasons to talk about*[37].

Research shows that persons with disabilities are aware of the importance of relations with other persons, of the feelings they have for others and others have for them:

> *Everyone needs someone to talk to* (…), *to tell about one's sorrows, to cry,* (…) *and it is better to be joyful in a company* (…) *it is so normal: to have a soul mate, someone close*[38].

The research also shows the great desire of the respondents to love and be loved. They often say:

> *At one point in life, the love of the parents, siblings, grandparents is no longer enough, you want someone else to love you, too* (…). *I want to experience another kind of love, I want to make sure that I can love someone who is not my family – first, a stranger, then the closest person in the world*[39]*; I would give everything to experience real love*[40]*; The day I met my wife was the happiest day in my life, and that happiness later exploded when my children were born.* (…) *before, I did not even dream I would have all this* (…) *and live like … a person*[41].

Analysis of the content of the interviews showed four images of love in the lives of persons with disabilities.

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[37] Ibidem.

[38] Ibidem.

[39] Ibidem.

[40] Ibidem.

[41] Ibidem.

The first image, where love, experiencing it and waiting for it, is a natural stage in the development of every human being, regardless of their health and degree of ability. The most characteristic of the interview responses are: *Everyone has the right to love*[42]; *There's a nut for every bolt – funny, isn't it? I believe there is my other half somewhere out there, someone who will see a woman, not a cripple in me*[43]; "It's not for me yet (…) I am too young. Young people are not responsible. One day certainly (having a family and children), when I'm ready. I am not mature enough for it, yet"[44]. The respondents treat love as something embedded in human existence. For some, it comes sooner, for others later, but *loving is just a matter of time*[45]. One *will be found by a prince on white horse*[46], others *will meet someone one day*[47]. It is worth noting here, how important it is for the respondents to be perceived by others in the categories of a person, rather than a person with disability who perhaps should be love out of goodness, of pity. It is also worth noting the attitude of the respondents to a relationship with another person, mainly, they speak of readiness, maturity and responsibility.

The other image in fact does not contain love, but it is full of loneliness and suffering, a sense of loss – initially, which later, with the passage of time, transforms into acceptance of the existing condition, as it is normal that *love does not happen to the disabled*[48]; Love exists in the reality of *young, beautiful and healthy* persons[49]; "Have someone to hug to. A man who will… support, respect, love, (…) but, being disabled, I can only dream about it"[50]. In few of the re-

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[42] Ibidem.

[43] Ibidem.

[44] B. Kałużna, J. Lipińska-Lokś, *Aspiracje i plany życiowe (nie)pełnosprawnych zielonogórzanek*, „Niepełnosprawność – zagadnienia, problemy, rozwiązania" 2016, no. 1, p. 69.

[45] All the quotations come from interviews.

[46] Ibidem.

[47] Ibidem.

[48] Ibidem.

[49] Ibidem.

[50] B. Kałużna, J. Lipińska-Lokś, op. cit., p. 72.

sponses, love is perceived as something real and attainable, but, it should be noted that then, respondents perceive that love as a substitute of the love that is available to abled persons, depreciating either their own value, or the value of the person *who will love* (…) *and will be* (…) *loved*[51]; *I cannot hope for much, maybe someone ill like will take interest in me* (…). *I only have a chance to meet someone like me, because this is the only kind of friends I have.* (…) *I wouldn't dare to speak to a healthy boy*[52]. Persons with disabilities often feel responsible for not experiencing love in their lives: *I do not want to be a burden to anyone. And I even don't know if I can love at all, though perhaps… after all, I love the sea, birds singing, flame in the fireplace*[53]. It is worth pondering here on what the respondent said, who, on the one hand, perceives love to a person with disability as a burden but, on the other hand, is doubtful about the quality of love of a person with disability, whether, not being fully abled, she can give a valuable feeling to another person, whether she can love another person. Accepting herself and her disability, she at one point answers her own questions: after all, she feels something that she identifies as love in contact with the world.

Another, third image shows a great desire for love, but is also full of fear of it. The respondents crave for love, they want to love and be loved, however, they are often hindered from experiencing love by huge fear, at the bottom of which lies thinking about their disability and its consequences. The respondents are afraid of their reaction should they meet a person who would love them: *I'm afraid I would run away from love, because I don't know what it's like when people love each other*[54]. They have certain fears about the intentions of the persons who would assure them of true love: "I would like first to achieve something, so that that person would be interested in me for other reasons, not only to help me or feel sorry for me"[55]. Fear of

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[51] All the quotations come from interviews.

[52] Ibidem.

[53] Ibidem.

[54] Ibidem.

[55] B. Kałużna, J. Lipińska-Lokś, op. cit., p. 69.

love appears also when persons with disabilities think about the reactions of other persons: *To love is to devote oneself to another person, and if that person were unhappy, to not allow that, even if that would make us unhappy* (…). *We can be buddies or even friends, but if we fell in love, I don't know if my parents would take it with joy* (…). *It's good as it is* (…)[56]. It is also of no little significance, thinking about "the fruits of love", of the intimate relationship between two adult persons. Having children is huge responsibility and a major changer in life, perhaps a child could inherit the disability of a parent – such perception of the parental love as a natural consequence of the love of spouses may be a source of fear of having close, intimate relations with another person.

And the last, fourth image, very different from the former. Here, the desire for love is so great that nothing else matters. It is important to love and be loved, to satisfy the natural human need to feel what "normal people" feel, to experience love regardless of the consequences. Characteristic of such love is the response of a young woman: "(…) with a classmate (…), it was in high school (…), he was kind, I liked it when he always listened patiently to what I said, he smiled and helped me when there was something I did not understand at school, (…) he wanted to, (…) I didn't want to refuse, he was good, like no one else at school, (…) he understood me, we could always talk, his parents were also divorced, my father left, my mother had a new partner, and she was no good to talk to about things, (…) long, not long, does it matter? he found a better girl – not hard of hearing like myself, that you have to try hard to understand (…) no, I don't feel used, I also wanted, it was good when we went out together"[57]. This response not only shows "love above all else", but also the drama of otherness and loneliness and the huge, almost blind craving for love and normality. This is a one step away

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[56] All the quotations come from interviews; cf J. Lipińska-Lokś, *Zachowania ryzykowne młodzieży z niepełnosprawnością*, „Interdyscyplinarne Konteksty Pedagogiki Specjalnej" 2014, no. 7, p. 22-23.

[57] J. Lipińska-Lokś, *Zachowania…*, p. 22-23.

from abuse and violence with respect to a person with disability. Such persons may become victims of mistreatment. This situation is, undoubtedly, often stimulated by social isolation of persons with disabilities, the abovementioned non-fulfilment of needs (for safety, belonging, acceptance) and a huge hunger for feelings and closeness, and fear of rejection. It is very easy to hurt a person, who, due to his or her limitations (mainly intellectual) does not have a sense of the impropriety of violence. If we add to this the typical social perception of persons with disabilities as less worthy and unable to feel pain, fear or humiliation, their mistreatment actually appears to be a natural phenomenon[58]. Even persons with disabilities, who do not fully accept themselves and their disability, feeling guilt and shame, get used to mistreatment and often think they deserve it. Living in a circle of mistreatment, paradoxically they search for something positive in it, they believe that this way, they experience a substitute of happiness: *He was interested in me, I was important for him then* (…). *I gave him joy,* (…) *I felt happy*[59].

In a reflection on adulthood, one must not forget about the motherhood, fatherhood, parenthood of persons with disabilities, even though this is one of the more difficult issues in social discourse and in the reality of persons, particularly women, with disabilities. Aleksandra Maciarz claimed that:

> the motherhood of an ill and disabled person is difficult because of her limited or even lack of ability to take an effort and independently perform physical tasks, or make decisions and solve the problems of everyday life. (…) however, only some women who are chronically ill or disabled resign from motherhood. Most of them desire to meet their needs concerning family life and motherhood, they get married and have children. Usually, these women need help in their motherly du-

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[58] K. Mrugalska, M. Zima, *Doświadczanie przemocy przez osoby niepełnosprawne, „Ręce są do przytulania”,* Biuletyn RPO Konferencja Rzecznika Praw Obywatelskich, Warszawa 2010.

[59] All the quotations come from interviews.

> ties and with overcoming the difficulties associated with their limitations caused by illness and disability[60].

The theme of having offspring was mentioned in many interviews and, the same as love, the desire to experience it, to have a husband, wife, partner were presented in many different ways, this particular issue has many different shades, too. However, in most responses one could sense a great desire to have a child, a dream to become a mother, a father, a parent. At the same time, the respondents are afraid that this dream will never come true: *I had a dream once – I went fishing with my son, I taught him to catch fish – then, I woke up* (…) *I don't have a son and probably never will have – who with, if no girl even wants to look at me* (…), *how would I handle fishing with a kid if I need help myself*[61]. A young woman says: *I have a dream – something that is so natural for others that they even don't think or talk about it, it just happens to then and I dream and will probably always only dream* (…). *I will say it very quietly: I would like to be a mum* (…). *Do you think it's possible? That someone like me could have a husband, a child?*[62].

Interestingly, the respondents also fear that their dream of having offspring could come true, because they fear they might give live to a child with disability. A sense of guilt for the disability of a child, a sense of remorse for hurting an innocent creature is so great that it constitutes a barrier that – they intuitively feel – cannot be overcome.

In a situation when the arrival of a child *was just a coincidence, I did not plan it but it just happened*[63] or if a child was born before a parent became disabled – there is another reflection, namely: *will I cope as a mother?* (…), *who will help me, if I won't be able to take care of*

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[60] A. Maciarz, *Macierzyństwo w kontekście zmian społecznych*, Wydawnictwo Akademickie „Żak", Warszawa 2004, p. 31-32.

[61] All the quotations come from interviews.

[62] Ibidem.

[63] Ibidem.

the child?[64]. Parents are also doubtful about their children's love and acceptance of them – ill and disabled parents whose children are healthy and abled: *I hope my son will love me like I love him* (…). *I love him more than my life and always will!*[65]. In the young mother's words, one can sense love and faith that her unconditional love will be reciprocated, which will compensate for all her misfortune in life and make hopeful about the future. This is what we should wish her and persons like her, who, despite disability, or maybe thanks to disability, crave to live and make their dreams and desires come true. It should also be hoped that those persons will be surrounded by supportive persons in situations that will be difficult for them and beyond their ability to cope on their own with adversities and unkindness of people who find it very difficult to acknowledge the right of persons with disabilities to happiness.

Conclusions

The research undoubtedly proves that there is the theme of love in the experiences of persons with disabilities. This theme reappears practically throughout their entire life. As children, they experience the love of their parents, the types of which are so many and so diversified as there are parents' attitudes to children. And as different the parental attitudes are, as diversified are the effects of the respective variations of love on the functioning of children and their present and future lives. In the adult life of persons with disabilities, alongside the still present parental love, there appears also the sensual love between partners. This is the natural course of events in human life, but, in the case of the biography of persons with disabilities, its existence is not at all that evident. Adults with disabilities can often only dream about love or abandon that feeling in a relationship with another person, and replace it with a feeling to the

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[64] Ibidem.

[65] Ibidem.

world and life as such, or create a philosophy of life, where there is no room for such love. The same is with the love of an adult person with disability as a mother or a father. Natural developmental limitations are often a real obstacle to becoming a mother or a father. More often, however, a person with disability has an internal, mental blockade that stops him or her from assuming the role of a parent. Of no little significance are also social stereotypes, which put into question the procreative and parental success of persons with disabilities.

It should be noted that, in many cases, persons with disabilities themselves cannot, do not know how to or do not want to acknowledge the responsibility of a parent, a father or a mother. They cannot fully recognize their abilities to meet this challenge. This, indeed, may hinder making an informed decision on having a child, becoming a parent. An attempt to help recognize one's own parental possibilities and become aware of one's own limitations, and make a decision on becoming or not becoming a parent more informed are educational projects[66] with the use of toddler simulators, where conditions are created that enable persons with disabilities (mostly intellectual)

> to experience parenthood at least to some extent. (…) a toddler simulator is undeniably a tool that teaches. It teaches specific skills, such as changing the diaper, feeding, lulling, holding in arms. It familiarizes one with the phenomenon of adulthood, it shows what it is like and

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[66] An example of such project is and educational program implemented under the academic supervision of Zbigniew Izdebski: "Be responsible – bringing up a person to responsibility and partnership in family" (A. Gonera, *Symulatory niemowlęcia a uczenie się rodzicielstwa*, „Niepełnosprawność. Dyskursy Pedagogiki Specjalnej" 2015, no. 20, p. 191; cf K. Wąż, *Realizacja programu,* [in:] *Bądź odpowiedzialny. Wychowanie do odpowiedzialności i partnerstwa w rodzinie. Opis programu edukacyjnego i jego realizacji,* ed. K. Wąż, Oficyna Wydawnicza Uniwersytetu Zielonogórskiego, Zielona Góra 2008. The project inspired the authors (e.g. Katarzyna Karczewska, Izabela Fornalik) of another project – "Taming the adulthood", the purpose of which was to enable persons with intellectual disabilities to experience, at least to some extent, the adulthood, parenthood (A. Gonera, op. cit., p. 190-199)

> what duties it is associated with. It should be remembered, however, that there is more to parenthood that just a set of competencies, it is a type of a unique bond that can exist only between two persons[67].

One cannot become a parent only for a moment, try loving and being loved by a child and then, if he or she does not like it or becomes bored with it, or if it is too difficult, stop loving.

Relevant to the topic of this article is also the problem of feelings as such, of love in today's reality. A human being, rushing through life, experiences emotions and feelings. Some of them are between colleagues or friends, others are called love. Unfortunately, very often a colleague is a rival to achieving e.g. professional success. Someone, whom we called a friend, let us down when we needed the support of a real friend[68]. And love…? Well, let us hope we will find it one day and, indeed, it will prove to be love, not infatuation, not mutual interest, not an illusion of closeness with another person. Love is such a natural human need, so why is it so difficult to find? Or, perhaps, we pass it by indifferently only too often, or we do not recognize it in what we experience?

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[67] A. Gonera, op. cit., p. 191, 199.

[68] Cf J. Lipińska-Lokś, *Koleżeństwo…*, p. 57-69.

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Intellectual Disability and Experiencing Happiness

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Although it may be challenging to unambiguously recognize and define it, the notion of experiencing happiness, a constituent of psychological well-being, is undoubtedly one of the key traits featuring every person, whether intellectually fit or disabled. The feeling of happiness plays a significant role when coping with various types of situations including also the circumstances faced by an intellectually disabled person. Due to the diversity and multeity of the dimensions where it occurs, the experience of happiness can be subject of analyses from various stances, including the viewpoint of an intellectually disabled person. It seems that the disabled individual's ability to deal with difficulties, which also influences efficiency of the rehabilitation process, is actually determined by the feelings of happiness, content and optimism, all of which remain in a relation with one's personality, life situation, and conditions in which they live. The article draws attention to the subject of experiencing happiness by and psychological well-being of intellectually disabled people. It emphasizes the possibility of both theoretical and practical applications of assumptions of positive psychology as a requisite condition for the optimization of functioning of intellectually disabled people. Beyond any doubt, due care for the intellectually disabled people's experience of happiness and psychological well-being is one of the most crucial requirements of their rehabilitation process as "positive states of mind (…) provide the power to struggle with adversities of life"[1].

KEY WORDS: experiencing happiness, psychological well-being, intellectual disability

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[1] J. Czapiński, *Czy szczęście popłaca? Dobrostan psychiczny jako przyczyna pomyślności życiowej,* [in:] *Psychologia pozytywna. Nauka o szczęściu, zdrowiu, sile i cnotach człowieka*, ed. J. Czapiński, PWN, Warszawa 2004, p. 235.

Foreword

The pursuit of happiness is undoubtedly one of the basic rights of every human being. The right to happiness is even provided for in the United States Declaration of Independence of 1776, where we read that: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness"[2]. It is worth noting that the pursuit of happiness is not limited only to abled persons, but it is guaranteed to all men, including disabled persons. This is confirmed by the opinion of James S. Mill, who believes that it is better to be Socrates dissatisfied than a fool satisfied. This opinion, of course, may be interpreted in may different ways, but it shows that both the sage and the fool, the sick and the healthy, the rich and the poor, the fortunate and the unfortunate one have equal chances to find, in the stream of their own experiences, the sense of their life and the corresponding happiness[3].

When discussing the happiness experienced by persons with intellectual disabilities, it is worth quoting Władysław Tatarkiewicz, who said that "Some need more, others need less to be happy, but the happiness of that who is satisfied with little is no less or no smaller happiness than the happiness of that who demands a lot from life"[4]. Thus, the problem of the psychological well-being of persons with disabilities, especially intellectual disregarded, seems very important, though often disregarded. This is also confirmed by the fact that the vast majority of studies on intellectual disabilities focuses on negative issues, associated mainly with the problems of persons with intellectual disabilities, their deficits, diseases and impairments caused by disability. Thus, it seems necessary to shift

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[2] United States Declaration of Independence of 1776.

[3] A. Porczyńska-Ciszewska., *Cechy osobowości a doświadczanie szczęścia i poczucie sensu życia*, Wydawnictwo Uniwersytetu Śląskiego, Katowice 2013.

[4] W. Tatarkiewicz, *O szczęściu*, Państwowe Wydawnictwo Naukowe, Warszawa 1965, p. 45.

the focus of the theory of disability, research and practice to its positive aspects.

It is also worth noting that psychological well-being plays a very important motivational role. According to the onion theory of happiness – it is not only or not so much the effect of life experiences and actions but, in the first place, it determines those experiences and actions as well as their results. Janusz Czapiński claims that the advantages of positive emotional states, satisfaction with life and optimism are quite measurable and objective, and the life of a happy persons looks completely different than that of an unhappy one. One could state that "happiness is like a lottery ticket – it is a chance to win a prize"[5]. The prize may take many different forms – it could be good interpersonal relations, health, professional success, material goods – shortly speaking – anything that people dream of, strive for and believe to be the promise of "real happiness"[6].

To sum up, it could be claimed that happy people can more effectively strive for better living conditions or minimize stress in life compared to those who are less happy[7]. It seems then that the psychological well-being, whose indicator is a sense of happiness, is an important mechanism for intellectually disabled persons to cope with the problems caused by their disability.

1. Happiness experienced by persons with intellectual disabilities

When undertaking to discuss the subject of happiness and how it is understood and defined, it could be said that a precise and unequivocal definition of the concept of "happiness" seems unattainable[8]. Despite the fact the scholars have been trying to determine what happiness is since Antiquity to this day, the problem remains

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[5] J. Czapiński, *Czy szczęście popłaca…*, p. 237.

[6] Ibidem, p. 237.

[7] Ibidem, p. 51-102.

[8] A. Porczyńska-Ciszewska, op. cit.

unsolved, because issues that relate to happiness and psychological well-being lie at the border of many different sciences on human nature and may be analyzed from various scientific perspectives.

The problems of the psychology of happiness, psychological well-being and the sense of life have already been studied by ancient philosophers, followed by theologians, psychologists, sociologists, anthropologists, psychiatrists, educators and even historians and writers. In recent years, this subject-matter has been of interest for psychologists in the positive psychology trend initiated in late 20th century by Martin Seligman.

His positive psychology is about happiness and self-fulfillment, it highlights the strengths of a person and deals with the problems of a contemporary human being who looks for ways to live a happy, successful and meaningful life[9].

Positive psychologists look for answers to the basic questions concerning both the psychological and existential condition of the human being. They try to answer questions like: What affects the feeling of happiness and why some people are more content with life than others? What should a person do and be guided by so that their own happiness does not reduce the happiness of others, who also affect their own happiness?

This type of questions seem to be important from the perspective of persons with disabilities, also intellectual disabilities, especially given the fact that there are few scientific studies on the psychological well-being or feeling happiness and its role in life as well as in the process of rehabilitating persons with intellectual disabilities.

When it comes to happiness, in a search for its definition, it seems relevant what saint Augustine said about time: "it is something we are all familiar with but cannot really define it"[10]. Many

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[9] M. Seligman, *Psychologia pozytywna*, [in:] *Psychologia pozytywna. Nauka o szczęściu, zdrowiu, sile i cnotach człowieka*, ed. J. Czapiński, Wydawnictwo Naukowe PWN, Warszawa 2004.

[10] J. Czapiński, *Psychologia szczęścia. Przegląd badań i zarys teorii cebulowej,* Pracownia Testów Psychologicznych Polskie Towarzystwo Psychologiczne, Warszawa 1994, p. 6.

researchers have tried to define the concept of happiness, but none of them managed to form its one and only, irrefutable definition. Thus, speaking of happiness, one should bear in mind the equivocality of the term and distinguish different concepts of happiness from one another. However, despite the existing differences, they all have on thing in common, namely, they all mean something positive and precious[11].

In order to systematize the significance of the concept of happiness, it could be arranged in two dimensions: the level of activation and the degree of objectivity. As far as the first dimension is concerned, happiness covers sensations from a low level of activation (e.g. contentment, psychological balance, peace of mind) to a high level of activation (e.g. joy, excitation, ecstasy). The other dimension is associated with determining the emotional state on the basis of internal (subjective) or external (objective) criteria. For example, even though contentment and joy differ in terms of the level of activation, both emotions have an inevitable subjective component – one of the most reliable of their indicators are self-descriptions[12]. This classification of the co of "happiness" is presented in table 1.

Table 1. Four concepts of happiness

Level of activation	Level of objectivity	
	subjective (good mood)	objective (doing the right thing)
High	joy	eudaimonia
Low	contentment	peace of mind

Source: J.R. Averill, T.A. More, *Szczęście*, [in:] *Psychologia emocji*, ed. M. Lewis, J.M. Haviland-Jones, Gdańskie Wydawnictwo Psychologiczne, Gdańsk 2005

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[11] W. Tatarkiewicz, op. cit.

[12] J.R. Averill, T.A. More, *Szczęście*, [in:] *Psychologia emocji*, ed. M. Lewis, J.M. Haviland-Jones, Gdańskie Wydawnictwo Psychologiczne, Gdańsk 2005.

According to this classification, we can identify: happiness as joy (a state of strong activation accompanied by good mood), happiness as contentment (low level of activation accompanied by good mood), happiness as peace of mind (low level of activation accompanied by a sense of doing the right thing) and happiness as eudaimonia (an emotional state associated with full engagement in an actvity that is very important for a person, or with an optimal level of its performance; this is so-called optimal state of full engagement).

2. Intellectual disability from the perspective of positive psychology

When discussing intellectual disability, it should be mentioned that, in recent years, there has been a major change in defining and explaining the phenomenon, which could be described as a shift from the medical to the social model. This change makes it possible to apply the assumptions and theory of the positive psychology to understanding and explaining disability[13].

For many years, the dominant approach to disability assumed an apparent lack of diversity in the group of persons with disabilities and accentuated the assumption of the universality of disabled persons′ experiences, this way discriminating and marginalizing this social group. According to the assumptions of the medical model, disability was treated as personal tragedy, an individual trait of a given person, and the problems encountered by persons with disabilities were perceived as the direct cause of their disease or damage. According to this model, both the diagnosis and treatment should be based on medical knowledge and classifications of disabilities should focus on identifying the biological limitation[14].

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[13] M.L. Wehmeyer, *The Oxford Handbook of Positive Psychology and Disability*, Oxford University Press, New York 2013.

[14] Z. Kazanowski, *Społeczny wymiar współczesnej koncepcji niepełnosprawności intelektualnej*, ANNALES Universitatis Mariae Curie-Skłodowska, Lublin-Polonia, Vol. XXVIII, 2015, no. 1, p. 33-43.

The modern and different from the former approach to disability introduces a positive paradigm to the thinking about disability and underlines the importance of applying, in research and in practice, the assumptions of positive psychology as a condition for the optimization of functioning and supporting persons with disabilities[15]. In the social model, disability is defined as the consequence of social, economic and physical barriers encountered by a disabled person in their environment. One could say that the ideas contained in the social model constitute foundations for the concept of social integration of individuals with disabilities, because they question the contribution of biological factors to the etiology of disability[16]. Disability regarded from the perspective of the social model requires not so much treatment (as was assumed in the medical model) but changes in the society.

An example of such new approach are definitely the models of disability presented by the World Health Organization (WHO) in the International Classification of Functioning, Disability and Health (ICF). This classification resigns from the traditional perception of disability in anatomic categories and replaces it with thinking about disability in functional categories, focusing on what a person with disability may achieve and searching for methods to support disabled persons in achieving their aspirations.

It is worth highlighting the innovative character of the ICF, which classifies "health components" (rather than disease), this way emphasizing the positive elements and the functions that an individual may perform in association with them. In this classification, a very important role is played by elements that comprise the well-being of a person, i.e. their good psychological and physical condition. Apart from the ICF, a new approach to disability is also accentuated by the United Nations Convention on the Rights of Persons with Disabilities, which constitutes the main set of international values necessary for the implementation of a positive policy towards persons with disabilities.

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[15] M.L. Wehmeyer, op. cit.

[16] Z. Kazanowski, op. cit.

Also, the assumptions of the contemporary concept of intellectual disability developed by Robert L. Schalocka[17] refer to the social model of disability and are in line with the International Classification of Functioning (ICF). According to the definition proposed by R.L. Schalock "intellectual disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. Such disability originates during the developmental period"[18]. The definition in itself may seem to have nothing in common with the social model, but the assumptions accompanying the definition, considered to be important for its implementation, explicitly highlight the social aspect of intellectual disability. According to these assumptions, limitations in the current functioning must be analyzed in the context of the peer community and the culture. Moreover, a proper evaluation should take into consideration cultural and linguistic diversity as well as differences in the communication process and sensory, motor and behavioral factors. Another assumption, according to which limitations coexist with strengths in each individual, accentuates an analysis of the phenomenon from the perspective of positive psychology. At the same time, it is assumed that an important element in the characteristics of limitations is to develop a profile of the required support and that proper support provided to an individual with intellectual disability over a longer period of time results in improved functioning[19]. These assumptions evidently highlight the need to take into consideration the social context of intellectual disability. It can be claimed then tat intellectual disability is not a phenomenon that is subject to the same criteria of evaluation in every conditions. The social community may either expose differences, speaking in the clinical terms, or present an attitude of acceptance for otherness, this way marginalizing it[20].

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[17] R.L. Schalock et al, *Intellectual Disability. Definition, Classification and Systems of Supports (11th Edition)*, AAIDD, Washington 2010.

[18] Ibidem, p. 1.

[19] Ibidem.

[20] Z. Kazanowski, op. cit.

Adopting a positive perception of disability, including intellectual disability, may undoubtedly be interpreted as a process of meeting half-way the various needs of persons with disabilities by increasing their involvement in all the areas of social life, while at the same time eliminating various forms of social exclusion.

3. Experiencing happiness as a forerunner of successful therapy of persons with intellectual disabilities

Experiencing happiness, which is a fundamental element of psychological well-being, undoubtedly constitutes one of the most important (if not the most important) driving factors of human activity that enables a person to undertake all kinds of activity and helps one find their way in the reality and choose their goals and methods of action. The psychological well-being, happiness and contentment, and having a sense of purpose in life, i.e. positive mental states, play an extremely important motivational function – they empower a person to cope with adversities, stimulating success in life, which, in turn, make a person happy. The research conducted so far clearly suggests that happy persons are better-off – have better interpersonal relations, better health and longer life, earn more money and enjoy professional successes – just because they are happy[21]. The advantages of strengthening the subjective psychological well-being, a sense of happiness being one of its indicators, are evident both for individual and social functioning of not only abled persons but also persons with physical or intellectual disabilities.

Thus, it is vital to analyze the links between psychological well-being, measured, among other things, by experiencing happiness, with the success and effectiveness of the therapy of persons with intellectual disabilities. Accordingly, this article focuses mainly on the problem of happiness as experienced by persons with intellectual disabilities and its role in the process of their rehabilitation.

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[21] A. Porczyńska-Ciszewska, op. cit.

Even though the way people think about intellectual disabilities changes, persons suffering from various kinds of disabilities are very often threatened by social isolation and their communities not infrequently expect from them behavior that goes beyond standards. We also observe a tendency to undervalue the developmental possibilities of those persons and to expose limitations associated with intellectual disabilities. Undoubtedly, limits are often imposed on the development and social functioning of persons with intellectual disabilities and the state of disability is deepened as a result of handicapping external conditions. Viewing this social group as persons of limited usefulness and capacity results in their being associated with marginalizing social roles[22]. The relatively low awareness of the consequences of social degradation of persons with intellectual disabilities poses obstacles to social simulation, as a result of which, there are no possibilities to live and independent and active life. Because of such attitude to the intellectually disabled, we forget that the development of those persons is generally conditioned by the same principles and mechanisms as apply to abled persons[23].

Undoubtedly, the important elements of the quality of life that can affect the rehabilitation and enabling of persons with disabilities are: a sense of happiness, contentment and psychological well-being. According to research, feeling happiness may be considered as one of the most important prerequisites of success in various area of human activity, health condition, pro-social attitude and motivation to collaborate with other people[24]. Thus, it seems that actions focusing on helping people, both abled and disabled, so that they may feel more happiness, should be one of the tactics both in the

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[22] Z. Gajdzica, *Dystans społeczny wobec osób z upośledzeniem umysłowym jako czynnik determinujący ich marginalizację*, „Chowanna" 2012, 1, p. 83-92.

[23] L. Bakiera, Ż. Stelter, *Wspomaganie rozwoju osób niepełnosprawnych intelektualnie*, [in:] *Diagnoza potrzeb i modele pomocy dla osób z ograniczeniami sprawności*, ed. A. Brzezińska, R. Kaczan, K. Smoczyńska, Wydawnictwo Naukowe Scholar, Warszawa 2010, p. 143-162.

[24] E. Diener, R.E. Lucas, C. Napa Scolon, *Beyond the hedonic treademill. Revising the adaptation theory of well-being*, "American Psychologist" 2006, 5, p. 305-314.

prevention and rehabilitation processes. This is confirmed by what Martin Seligman said in a speech inaugurating the positive trend in psychology: "Treatment is not just fixing what is broken; it is nurturing what is best"[25]. These words definitely apply to the rehabilitation of persons with intellectual disabilities, where a special focus should be placed on what is best in a person.

According to the assumptions of positive psychology, the key element of helping people who suffer, are in a crisis situation and display mental disorders are interactions that aim to reveal and develop their mental abilities to cope with difficulties, and in particular, their mental strength. The goal of such approach is to improve the sense of well-being and to provide a person not only with the ability to cope with existing problems but also to increase their threshold of resistance to future difficulties. The psychotherapy and mental rehabilitation methods developed within positive psychology differ from the traditional ones in that, instead of focusing on weaknesses and deficits, they emphasize the resources one has[26]. Positive psychology assumes that, by introducing interactions aimed at developing resources to clinical interventions, it is possible not only to improve the quality of patients' life much more and for much longer, but also to avoid the risks of a helping model that centers only around what is irregular and disadvantageous in the functioning and environment of a person[27].

Taking care of the psychological well-being and increasing the feeling of happiness are undoubtedly important aspects of the rehabilitation of persons with intellectual disabilities, since "positive states of mind (…) empower one to overcome adversities"[28]. Positive emotions, which are strongly associated with experiencing

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[25] E. Trzebińska, *Psychologia pozytywna*, Wydawnictwa Akademickie i Profesjonalne, Warszawa 2008, p. 135.

[26] M. Seligman, T. Steen, N. Park, C. Peterson, *Positive psychology progress: Empirical validation of interventions*, "American Psychologist" 2005, 60, p. 410-421.

[27] E. Trzebińska, *Psychologia pozytywna*, Wydawnictwa Akademickie i Profesjonalne, Warszawa 2008.

[28] J. Czapiński, *Czy szczęście popłaca…*, p. 235.

happiness, openly signal new possibilities, which stimulates broadening of the field of vision and reaching beyond a ready-made repertoire of habitual thoughts and actions[29], which is most probably very significant in rehabilitation and therapy. By opening a person to new possibilities, positive emotions have another adaptive advantage, namely they enrich resources that help cope with stressful situations. Increasing knowledge, possessions and the repertoire of activities contributes to the development of sustainable personal resources, while the enrichment of resources reduces susceptibility to threats, thus increasing changes for experiencing more positive emotions. This mechanism undoubtedly contributed to the effectiveness of therapy and rehabilitation of persons with intellectual disabilities whose development, as was mentioned above, is determined by the same principles and mechanisms that apply to abled individuals. For this reason, working to increase the feeling of happiness seems to be an important element of therapy and rehabilitation since, as Barbara Fredrickson says, the feeling of happiness not only results from successful life but also – or perhaps most importantly – builds success, which means that happiness if the main author of happiness[30]. In association with the above, it could be said that the feeling of happiness is one of the main prerequisites of successful life, which stimulates the achievement of life goals[31], and one of such goals may also be positive effects of rehabilitation that persons with disabilities strive to achieve.

It is also worth noting one of currently the most popular and most intensely verified hypotheses, associated with the new and quickly developing field of science, namely psychoimmunology or psychoneuroimmunology According to this hypothesis, well-being may affect the immunity of an organism, this way determining the

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[29] B.L. Fredrickson, *Positive emotions*, [in:] *Handbook of positive psychology*, ed. C.R. Snyder, S.J. Lopez, Oxford University Press, New York 2002.

[30] Ibidem.

[31] Czapiński J., *Psychologiczne teorie szczęścia,* [in:] *Psychologia pozytywna. Nauka o szczęściu, zdrowiu, sile i cnotach człowieka*, ed. J. Czapiński, PWN, Warszawa 2004.

risk of illness through the direct impact of the brain on the immune system, i.e. the "body's brain". If an illness develops all the same, the coupling mechanism between the immune system and the psychic may weaken (positive emotions) or strengthen (negative emotions) the symptoms of the illness, may accelerate or delay the healing process, and facilitate or hinder psychological adaptation to chronic disorders[32] such as, for example, disorders caused by disability, including intellectual disability.

To sum up, it could be said that knowledge about the feeling of happiness and psychological well-being may be used to create various educational and rehabilitation programs, in vocational training or free time designing. Also, such knowledge may undoubtedly be used by clinical psychologists, especially those engaged in psychotherapy, treating extreme lack of happiness or clinical depression (previous research on psychological well-being contributed to the development of many depression treatment methods)[33]. Elements of knowledge concerning the quality of life, happiness and contentment may also be used by educators, also in special needs education, since, as Mihaly Csikszentmihalyi suggests[34], they are used in the rehabilitation of juvenile offenders, organizing activities in senior homes or occupational therapy for retarded persons.

Conclusions

Experiencing happiness, which is one of the most important components of psychological well-being, constitutes an exceptional-

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[32] L. Kamel-Siegel, J. Rodin, M. Seligman, J. Dwyer, *Explanatory style and cell-mediated immunity*, "Health Psychology" 1991, 10, p. 229-235; M.F. Scheier, S.C. Carver, *Effects of optimism on psychological and physical well-being. Theoretical overview and empirical update,* "Cognitive Therapy and Research" 1992, 16, p. 201-228.

[33] A. Porczyńska-Ciszewska, op. cit.

[34] M. Csikszentmihalyi, *Przepływ. Jak poprawić jakość życia.* Wydawnictwo Studio Emka, Warszawa 1996; M. Csikszentmihalyi, *Urok codzienności. Psychologia emocjonalnego przepływu*, Wydawnictwo CiS, Warszawa 1998.

ly complex and subjective phenomenon, at whose foundations lies a huge repertoire of factors associated both with the features of a given person and, to a much lesser extent, with their specific context. A person with intellectual disability and their context are undoubtedly unique and require special treatment, taking into account the positive perspective.

It is also worth noting that research and analyses concerning disability in various areas of positive psychology, such as the quality of life, the sense of contentment and well-being, optimism, hope or handling things and making one's own decisions are an interesting and important research area, since the advantages associated with subjective good mood are evident. These advantages concern not only abled, but also disabled persons. The development of the science of positive psychology is of no little impact on other scientific disciplines, such as the education of persons with disabilities. Applying positive psychology in research on intellectual disability certainly enriches the traditional approach that focuses mainly on the negative aspects of disability.

It would be just to claim that knowledge of the mechanisms that translate happiness into happy life is a necessary condition for the success of all prophylactic, educational, therapeutic and corrective activities. Knowledge concerning the feeling of happiness, contentment with life and optimism is so important that the feeling of happiness is as if a self-fulfilling prophecy, as it constitutes the basic source of creative motivation driving human activity, contributing to the successful life of a happy individual and improving the quality of their existence[35]. For this, apparently simple, though in fact much more complicated reason, continued analysis of the feeling of happiness and psychological well-being of persons with intellectual disabilities constitutes an important and relevant research problem.

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[35] A. Porczyńska-Ciszewska, op. cit.

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Early childhood education and care of children with normal and abnormal development in Poland – its importance and barriers

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The article presents a discussion on the importance of early therapeutic interactions for the development of a child at risk of disability or with a disability and his/her family. It indicates the importance of the time of taking action in relation to a child with developmental disorder for the period from birth to the age of three years. The article pays special attention to the place of early intervention and early support in the development process, its preventive, compensatory and corrective role. It describes barriers to the development of this system in Poland and points to potential solutions to these difficulties.

KEY WORDS: early childhood education and care system, a child with abnormal development, education, care

In recent years, increasing attention has been paid to the quality of early childhood education and care. According to the lifelong learning approach, where the education process continues from the beginning to the end of life, the early stages of education in the first three years of a child's life and pre-school education are vital. "Research shows that investing in early education and lifelong learning yields measurable and substantial social and economic benefits"[1]. Because of this, the Council of the European Union highlighted the need for introducing a systematic and integrated approach to early childhood education and care based on comprehensive cooperation of all the stakeholders of the social system[2]. The guidelines for the quality of the early childhood education and care system promoted by the European Commission are based on the standards for the quality of services provided to young children developed by UNICEF. They determine the family and social context and the management of the early childhood education and care system, and describe access to services and their quality. Among other things, they highlight the need to outreach with services to all families with young children. Access to early education and care should be common, which means that fees should be suited to the possibilities of citizens. The guidelines also suggest that a special focus should be placed on children in risk groups. Services should be addressed to them in the first place, with the possibility to include additional or specialist services[3].

The basic argument for providing early support to child development is the scientific awareness of the "sensitive periods" for brain development[4]. The exceptional plasticity of the brain in the early period of development gives more opportunities for change.

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[1] A.I. Brzezińska, M. Czub, *Wczesna opieka i edukacja dzieci w Polsce w kontekście europejskim*, „Polityka edukacyjna: wyzwania i szanse" 2012, no. 1, p. 15-19.

[2] Council of the European Union, *Official Journal of the European Union* (OJ C 175/03 of 15.06.2011), 2011.

[3] J. Bennet, *Benchmarks for Early Childhood Services in OECD Countries,* "Innocenti Working Paper", UNICEF Innocenti Research Centre, Florence 2008.

[4] European Network of National Observatories on Childhood, *Early Childhood Education and Care Services in the European Union Countries.* Proceedings of the ChildONEurope Seminar and integrated review. Istituto degli Innocenti. Firenze 2010, p. 12.

The brain of a young child learns the fastest, as observes Małgorzata Kossut[5], it absorbs more information and more intensely develops in motor terms, as a result of which even major brain damage can be compensated for. This is the result of the reorganization of the central nervous system (CNS), because specialist areas of the cerebral cortex and extrapyramidal system are ready and able to change their specificity. It is believed that, thanks to the lability of the network of protein fiber structures (cytoskeleton) and a large ability of the axons and dendrites to grow, new neural connections developed, modified by a type of external stimuli, which is synonymous with activating specific neural paths. The neuroplasticity of the brain in the first years of life is particularly important for children with progressive disorders, because early interaction increases chances for inhibiting, or sometimes even stopping negative developmental changes. Human brain is capable of regeneration, thanks to its plasticity, which enables changes in the function of facilitating or inhibiting synaptic transmission and changes in the neural branches of axons, dendrites and synapses[6]. Learning causes plastic strengthening of synaptic connections, and the stronger they are and the more branches they have, the more effective is the process of acquiring new knowledge and skills. The neuroplasticity of the brain also involves adjustment of the nervous system to changes in the external or internal environment[7]. In childhood, the brain is ready to receive various information but, if it has not encountered specific information, it does not "see" the need to maintain the circuits responsible for their receipt, as the white matter (i.e. the processes of the nerve cell bodies through which information is sent from cell bodies to the synapses that connect neurons) is better de-

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[5] M. Kossut, *Neuroplastyczność,* [in:] *Mózg a zachowanie*, ed. T. Górska, A. Grabowska, J. Zagrodzka, PWN, Warszawa 2012.

[6] M. Pąchalska, B.L.J. Kaczmarek, J.D. Kropotov, *Neuropsychologia kliniczna. Od teorii do praktyki,* PWN, Warszawa 2014.

[7] J. Skibska, *Neuroplastyczność mózgu wsparciem rozwojowym dziecka we wczesnym dzieciństwie,* „Zeszyty Naukowe Wyższej Szkoły Humanitas. Pedagogika" 2015, no. 10, p. 79-92.

veloped in persons who start training a skill earlier that in persons who start learning after the puberty period[8]. Thus, in the infancy, post-infancy and middle childhood periods, it is necessary to provide experiences to and stimulate the senses. At this stage of development, children learn more easily and it takes shorter for them to generate the skills and habits they have learned. The changes that taka place in the CNS in this age are possible thanks to the developmental plasticity, which facilitates learning and memory, while functional plasticity enables the development of new skills and competencies[9]. It is necessary to provide children with developmental deficits with support and stimulation in order to rebuilt the skills they have lost. Children are more reactive to therapy, because their brain continues to synthesize myelin, which increases the rate of transmission of neural impulses. This increases the reactivity of young children to rehabilitation programs and enables them to progress faster. Research conducted by Elkhonon Goldberg[10] shows that the involvement of young children in extra cognitive activity stimulates the development of local neural connections and increases the number of neurons. Also, research conducted at the Salk Institute in San Diego and at Princeton University shows that regular mental exercises in early childhood cause developmental changes that enable more effective dealing with complex intellectual tasks and stimulate changes in the hippocampus, which is responsible for the functioning of memory and assimilation of knowledge[11]. Considering the plasticity of the brain and the priority rights with respect to learning (the first skills are the most fixed and the most difficult to change later), children with developmental difficulties must mandatorily be included in early rehabilitation and educational interactions, since,

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[8] Ibidem.

[9] A.R. Borkowska, Ł. Domańska, *Plastyczność mózgu*, [in:] *Podstawy neuropsychologii klinicznej*, ed. Ł. Domańska, A.R. Borkowska, UMCS, Lublin 2013, p. 113-128.

[10] E. Goldberg, *Jak umysł rośnie w siłę, gdy mózg się starzeje,* PWN, Warszawa 2014, p. 267-268.

[11] A.D. Bragdon, D. Gamon, *Rozwiń swój umysł. Ćwiczenia dla lewej półkuli mózgu,* Wydawnictwo LIBER, Warszawa 2010, p. 13

as Maria Pąchalska[12] states, brain damage in early childhood is – thanks to the functional reorganization of the brain – easier to repair and compensate for than damage in mature age.

Early childhood is mainly the time when a child, by establishing relations with the caregiver and having contacts with the environment, creates a representation of him or herself and the surrounding reality[13]. Early experiences associated with the development of relations with parents/caregivers are of vital importance for the person's functioning in all developmental areas in subsequent periods of life. According to John Bowlby's[14] theory of attachment, people have a tendency to create strong, affective bonds with important others. Such bond is characterized by selectivity (focusing on a specific person who triggers attachment behaviors in a way and scope not manifested in relations with another person), searching for physical proximity with the object of attachment, a sense of comfort and security resulting from the achievement of proximity and separation fear when it is not possible to achieve proximity or when the bond is broken. Contemporary research on the development of attachment shows its vital importance for later emotional and social functioning[15]. The role of attachment is important for building and increasing a sense of security in a child, but it also stimulates the development of internalized cognitive structure and is the basis for personality development. Providing early support for the development of positive bonds will thus implicate increased quality of life.

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[12] M. Pąchalska, *Rehabilitacja neuropsychologiczna. Procesy poznawcze i emocjonalne,* UMCS, Lublin 2008.

[13] I. Bretherton, K. Munholland, *Internal Working Models in Attachment Relationships: A Construct Revisited,* [in:] *Handbook of attachment. Theory, research and clinical application*, ed. J. Cassidy, Ph.R. Shaver, The Guilford Press, New York 1999, p. 90-101.

[14] J. Bowlby, *Attachment and Loss: Volume 1. Attachment*, Penguin Bookszanse, New York 1982.

[15] A.I. Brzezińska, K. Appelt, B. Ziółkowska, *Psychologia rozwoju człowieka,* [in:] *Psychologia: Podręcznik akademicki*, vol. 2, ed. J. Strelau, D. Doliński, GWP, Gdańsk 2010, p. 95-290.

> The results of research on attachment mainly emphasize the role of early experiences with caregivers in the process of developing a child's ability to control emotions and cope with stress, which is of key importance for his or her further cognitive and social functioning, associated, among other things, with learning in educational institution, working and functioning in the family and wider social groups[16].

The quality of care will indicate the special role of a professional responsible for the organization of early childhood education and care, but also for providing support to the parents of a young child. The paradigm of providing early family-focused support of child development is based on seven assumptions:

1) the assistance provided strengthens the family;
2) the relations between professionals and parents are regular;
3) family life is the context for early support of child development;
4) supportive interactions should focus on family strengths and its future plans;
5) professionals encourage parents to make choices and decisions;
6) assistance provided to a family should be customized and flexible;
7) professionals and partners are partners in their mutual relationship and communication[17].

A major element of the early support of child development is to plan regular interactions with the aim of developing such relations between the caregivers and the child that will be the most beneficial for his or her physical, psychological and social functioning[18].

In the Polish care system of young children at risk of disability or diagnosed with a disability, there are two areas of supporting

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[16] A.I. Brzezińska, M. Czub, op. cit., p. 16

[17] A. Twardowski, *Rola upełnomocnienia rodziców w procesie wczesnego wspomagania rozwoju dzieci z niepełnosprawnościami,* „Niepełnosprawność. Dyskursy pedagogiki specjalnej" 2016, no. 24, p. 200-211.

[18] A. Twardowski, *Wczesne wspomaganie rozwoju dzieci z niepełnosprawnościami w środowisku rodzinnym,* Wydawnictwo Naukowe UAM, Poznań 2014, p. 131.

child development: 1) early support of development; and 2) early intervention.

Early support of development is an educational measure that is supposed to stimulate the psychomotor and social development of a child from the moment when disability is diagnosed until the child goes to school[19]. Early intervention is a measure that encompasses a number of multispecialist diagnostic and therapeutic interactions involving a child and his or her family, enabling the earliest possible detection of developmental difficulties and minimizing them so that the child achieves an optimum level of development in the motor, intellectual, emotional and social areas[20]. In the Polish law, however, there is no definition of disability, which, consequently, makes it difficult to issue documents that will entitle children to be included in therapeutic interactions. Local teams that confirm disability apply different criteria to award disability benefits than educational institutions (psychological and pedagogical counseling centers) that issue special needs education statements. The regulation governing the organization of early support of child development does not specify which of the definitions of disability (medical or educational) is to be considered in decisions on providing a child and his or her family with early support of development. In practice, some counseling centers use the concept of "disability" contained in the instrument governing the issuance of special needs education statements, while other go beyond that definition. This is mainly associated with to the fact that some children diagnosed with "retarded psychomotor development" or "retarded speech development" are treated as disabled according to medical regula-

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[19] A. Wojciechowska, *Wczesna interwencja i wspomaganie dziecka z niepełnosprawnością,* [in:] *Dzieci i młodzież z niepełnosprawnością intelektualną w systemie edukacji,* ed. M. Buchnat, B. Tylewska-Nowak, Difin, Warszawa 2012, p. 29; Rozporządzenie Ministra Edukacji Narodowej z dnia 24 sierpnia 2017 r. w sprawie organizowania wczesnego wspomagania rozwoju dzieci (Dz.U. poz. 1635).

[20] M. Kastory-Bronowska, Z. Pakuła, Z., *Wczesna interwencja,* Wydawnictwo Polskie Stowarzyszenie na Rzecz Osób z Upośledzeniem Umysłowym, Warszawa 2002, p. 7.

tions, but not according to educational regulations. Thus, some children with abnormal development do not receive relevant therapeutic interaction, because they do not fall under the definition of "disability" used by a given institution. This could be solved by applying the medical classification criteria ICD-10, which would make early support much more accessible to children at risk of disability, with retarded development, retarded speech or genetic syndromes, since the diagnosis of e.g. the Down syndrome in itself is not enough for a counseling center to issue a referral for early support of development.

Another problem frequently faced by parents of children with disabilities or at risk of disabilities is shortage of institutions offering early intervention and early support of development. According to the report of the Stowarzyszenie Pomocy Dzieciom z Ukrytymi Niepełnosprawnościami im. H. Aspergera „Nie-grzeczne dzieci" (Association for Children with Invisible Disabilities Named After H. Asperger "Im-Polite Children")[21], despite favorable legal regulations, based on which early support of development may be provided (apart from psychological and pedagogical counseling centers) by any pre-school and school, if only they have "the possibility to implement the recommendations of a referral for early support of development, in particular teaching aids and equipment necessary to provide early support[22], the parents of children with a referral for early support of development have problems finding an institution that will provide such support, especially the more specialist forms of support, such as spatial orientation, sensory integration or speech therapy.

The benefits of attending early intervention and early support activities are huge. Children who attend such activities, by experi-

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[21] A. Braun, A. Niedźwiedzka, *Wczesne wspomaganie rozwoju dziecka. Problemy i wyzwania.* Stowarzyszenie Pomocy Dzieciom z Ukrytymi Niepełnosprawnościami im. Hansa Aspergera „NIE-GRZECZNE DZIECI", Warszawa 2015.

[22] Rozporządzenie Ministra Edukacji Narodowej z 11 października 2013 r. w sprawie organizowania wczesnego wspomagania rozwoju dzieci, Dz.U. 2013 poz. 1257.

encing relations with other people, increase their social and emotional skills and their ability to adapt to new conditions, and positive adaptive experiences make it easier for them to settle down in a pre-school or school, thus giving them a better educational start. Also, cognitive activation of a child conditions optimum functioning of the brain, which influences the process of learning and acquiring knowledge about the surrounding world, and developing curiosity and creativity. Participation in specialist activities covering early intervention and early support of development also stimulates the independence and resourcefulness of children. For the parents, such activities are mainly a source of information on the child's development. They are a chance to increase parenting skills in terms of satisfying the needs of children. For the parents of children with abnormal development, they may be a source of support and road sign to receive professional assistance. Therapeutic interactions in early intervention and early support of development also include activities aimed at supporting the family and building its emotional and social potential to care for and bring up a child with disability. It is also a chance to build a space for the exchange of experiences between parents of children with development disorders. This is an opportunity for social integration and acquisition of new skills.

Despite the fact that early therapeutic interactions are of vital importance for the development of a child and beneficial for the family as well as for the society, in Poland they are still insufficient. When analyzing the standards promoted in Europe and across the world, it should be sadly concluded that Poland is far behind in terms of most indicators[23], which is due, among other things, to:

– a divided system of early childhood education and care (e.g. children up to 3 years of age are covered by the Ministry of

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[23] Children in Scotland, *Country profile: Poland. A report for the cross-European programme Working for Inclusion: the role of the early years workforce in addressing poverty and promotion social inclusion*, Edinburgh 2010, http://www.childrenin scotland.org.uk [accessed on: 8.12.2018]. Children in Scotland, *Working for Inclusion: how early childhood education and care (ECEC) and its workforce can help Europe's youngest citizens*, Edinburgh 2010 http://www.childreninscotland.org.uk [accessed on: 8.12.2018].

Labor and Social Policy, while children older than 3 years – by the Ministry of Education; nurseries and pre-schools are financed from different sources – partly by local authorities and partly by parents);

- the lowest, alongside the Czech Republic, ration of children up to 3 years included in institutionalized education and care;
- lower – compared to countries with a higher quality of the life of children – percentage of children included in preschool education;
- low involvement of parents in preschool and school education, such as planning the interactions, cooperating with the teachers, access to information about a child"[24].

In consideration of the above deliberations on the accessibility of early therapeutic interactions to children at risk of disability or disabled, the Polish system of caring for a young child with abnormal development and supporting his or her family requires many changes. They are the most needed with respect to children who have disabilities and require special care, who, in accordance with the Council of Ministers report on the implementation of the Act on the Care of Children Aged Below 3 Years of 4 February 2011 (Journal of Laws/ Dz.U./ of 2016, item 157), in 2015 constituted appr. 1% of children using nurseries, kids clubs and nannies, and 2% in kids clubs. For these children, it is extremely vital in their development, because the earlier a child is diagnosed and provided with stimulation and support of development, the more chances he or she will have to achieve an optimum level of functioning.

The reasons for the difficulties associated with proper provision of early childhood care can be found in the report of the team of the Fundacja Rozwoju Dzieci im. J.A. Komeńskiego (Foundation for Children Development Named After J.A. Komeński) and the Polish-American Freedom Foundation associated with their work to strengthen the civic society and ensure equal chances in Poland.

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[24] A.I. Brzezińska, M. Czub, op. cit., p. 17.

The results of the research conducted by the team suggest that the barriers may be caused by[25]:

- limited knowledge of the needs and development of a young child (especially aged between 0 and 3 years) both among parents and professionals;
- narrow understanding of education, limited to school education and underestimating early childhood and non-institutional education. Research results show that interactions with children aged below three years are mainly understood as providing care, not education to the youngest children;
- transferring responsibility for a child to educational institutions, especially when parents have limited knowledge of supporting the development of a young child, and lack of co-operation between institutions and parents;
- no space for children with disabilities to spend time on their own or with parents. The data presented in the report suggest that only 1% of children with disabilities attend preschools and that there is a shortage of inclusive classes and other forms of supporting the development of children with disabilities aged between 0 and 5 years (early support and early intervention institutions);
- difficult to receive information on children from local authorities. The persons and organizations that work for the disabled find it difficult to acquire reliable and updated information on the number of children with disabilities in a municipality, the type of their disabilities and the year of birth. Thus, they cannot undertake preventive measures and all they can do is to intervene when there already are some irregularities;
- distribution of therapeutic interactions among various institutions, as a result of which professionals cannot communicate with each other on the means of interaction and standardize

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[25] A. Giza, M. Wiśnicka, *W czym jest problem?,* [in:] *Edukacja małych dzieci – standardy, bariery, szanse*, ed. A. Giza, Fundacja Rozwoju Dzieci im. J.A. Komeńskiego, Warszawa 2010, p. 18-28.

the support process, and the parents' knowledge about the condition of their child is too limited, which makes it impossible to exchange information between professionals;

- problems with diagnosing the skills and deficits of children, which is due to the fact that professionals are not properly trained to diagnose young children. Based on the above deliberations on the early childhood education and care system for children at risk of disability or with disabilities in Poland, it may be concluded that these measures require constructive, long-term changes. Such changes should result not only from European Union directives, but mainly from social awareness of the importance of the first few years of life for the latter, overall functioning of a person. These changes should include, among other things:

1) raising parents' awareness of the needs and developmental possibilities of a child in the early period of life (0 to 5 years),
2) increasing the qualifications of professionals (both in the education and healthcare sectors) in functional diagnosis and early detection of developmental retardation,
3) introducing a uniform definition of the term of "disability" in the healthcare and education sectors,
4) increasing accessibility of institutions that provide early intervention and early support of development,
5) providing institutions with specialist equipment and access to professionals,
6) better availability of lists of institutions offering assistance to children with abnormal development and their families in a given area,
7) increasing the awareness of professionals and parents of children with disabilities of the importance of integrated and coherent interactions with various professionals,
8) developing reliable and understandable guidebooks for the parents of children with disabilities on the possibilities to support the child's development in a given area, availability of institutions, social benefits, etc.,

9) developing municipal databases on children with disabilities and their families, which would facilitate the development of an early support system for a young child with developmental disorders in a given municipality.

Introducing the above changes could help increase the quality of the early childhood education and care system for children at risk of disabilities or with disabilities in Poland as well as the effectiveness of interactions with a young child that directly translate to having equal chances in life.

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Functioning of inclusion classrooms in the opinion of parents – organization, teacher training, individualized instruction and social relations

ABSTRACT: Dominika Przybyszewska, *Functioning of inclusion classrooms in the opinion of parents – organization, teacher training, individualized instruction and social relations*. Interdisciplinary Contexts of Special Pedagogy, no. 24, Poznań 2019. Pp. 83-108. Adam Mickiewicz University Press. ISSN 2300-391X. DOI: https://doi.org/10.14746/ikps.2019.24.05

Inclusive education is one of the available forms of education for students with disabilities in Poland. Inclusion classrooms have fewer student and an additional teacher assistant. The schools in which this type of education takes place should meet a number of requirements. They start with the infrastructure and available teaching aids, and end with the teacher training and the availability of specialists. However, these are only prerequisites. In addition to them, the attitude of teachers and their training, the atmosphere prevailing in the school and the relations between students are important. All these elements are components on which success depends. The article presents the opinions of parents whose children attend such classes. Their voice is consistent with the results obtained by other researchers and the reports of the Supreme Audit Office (NIK)- there are no teaching aids, it is not always possible to talk to specialists (staff shortages), the individualization used in working with students is insufficient, and the relations in classes are only seemingly good.

KEY WORDS: inclusion classrooms, individualization, children with disabilities

The education system in Poland provides for special education schools, special education classrooms, inclusion classrooms and mainstream (also called general) schools and classrooms. Special needs education is also provided in special teaching and care centers and therapeutic institutions (e.g. health resorts). All these types of classrooms and schools may be attended by pupils with disabilities. A decision on the type of education to be attended by a child is made by parents/legal guardians, and professionals from a psychological and pedagogical counseling center only present their suggestions. In the 2016/2017 school year, pupils with a special needs education statement attended different types of schools. In primary schools, there were 73,311 pupils with special educational needs (3.19% of all pupils in primary schools), of which 24,298 in special needs institutions[1]. According to the Supreme Audit Office (NIK), of the total number of children with disabilities, 19% attended inclusion schools and classrooms in the year 2016/2017, and 39% – mainstream schools and classrooms[2].

According to the data of the European Agency for Development in Special Needs Education, in the 2010/2011 school year, public schools in Poland were attended by 154,870 pupils with disabilities, of which more than 55% were in segregated special schools, in segregated special classes in mainstream schools – nearly 2% and in inclusions classes – over 42%[3]. The above data sources suggest that most pupils with special educational needs attended non-segregated institutions, i.e. inclusive or mainstream schools. Currently, the Polish education system is aiming at gradually increasing the per-

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[1] Główny Urząd Statystyczny, *Mały Rocznik Statystyczny Polski 2017*, Zakład Wydawnictw Statystycznych, Warszawa 2017, p. 206.

[2] Najwyższa Izba Kontroli, *Wspieranie kształcenia specjalnego uczniów z niepełnosprawnościami w ogólnodostępnych szkołach i przedszkolach*, Najwyższa Izba Kontroli, Warszawa 2017, p. 7, https://www.nik.gov.pl/plik/id,16353,vp,18878.pdf [accessed on: 12.07.2018].

[3] European Agency for Special Needs and Inclusive Education, *Special Needs Education – Country Data*, 2012, p. 52-53, http://www.european-agency.org/publications/ereports/sne-country-data-2012/sne-country-data-2012 [accessed on: 6.07.2018].

centage share of pupils in non-segregated education. Our country, being an EU Member State, has adopted the idea of integrated and inclusive education[4].

Pupils with special education needs receive an individual teaching and therapeutic program, regardless of the type of school or class they attend[5]. Also, the existing legal regulations give room for significant individualization of assistance provided to children with special educational needs, including assistance in the classroom and other forms of help: therapeutic activities, talent-based activities, activities stimulating learning skills, remedial classes, specialist assistance: corrective and compensatory therapy, speech therapy, stimulating emotional and social skills and other forms of therapy, assistance in choosing further education and vocation – in the case of primary and secondary school pupils, individualized teaching path; advice, consultations and workshops[6].

There is also a teacher assistant in a inclusion classroom, qualified in special needs education. Similar is the case in mainstream schools and preschools that teach pupils with special educational needs because of autism, Asperger syndrome or multiple disabilities (in such cases, instead of a teacher assistant, it is possible to engage a specialist, assistant or teacher aid). This is subject to the consent of the governing authority with respect to schools that teach children with different kinds of disabilities, adaptive problems or at

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[4] European Agency for Development in Special Needs Education, *Kluczowe zasady służące promocji jakości w edukacji włączającej – zalecenia dla decydentów*. Europejska Agencja Rozwoju Edukacji Uczniów ze Specjalnymi Potrzebami, Odense, Denmark 2009, p. 7.

[5] Ustawa z dnia 14 grudnia 2016 r. Prawo oświatowe; art. 127; Rozporządzenie Ministra Edukacji Narodowej z 9 sierpnia 2017 r. w sprawie warunków organizowania kształcenia, wychowania i opieki dla dzieci i młodzieży niepełnosprawnych, niedostosowanych społecznie i zagrożonych niedostosowaniem społecznym, par 6.

[6] Rozporządzenie Ministra Edukacji Narodowej z 9 sierpnia 2017 r. w sprawie zasad organizacji i udzielania pomocy psychologiczno-pedagogicznej w publicznych przedszkolach, szkołach i placówkach, par. 6.

risk of developing adaptive problems[7]. Importantly, the curriculum in an inclusion classroom is the same as in a mainstream classroom. What differs are the methods, forms and means of teaching. A separate curriculum is only available to children with more severe intellectual disabilities[8].

The provisions governing inclusion classrooms determine the number of pupils in one classroom – no more than 20, of which no more than 5 pupils with disabilities[9].

The number of pupils provided for in legal regulations coincides with the results of research conducted among teachers in late 1980s by Heinz Gruber and Gottfried Petri, which showed that their work is the most effective in groups of 15 to 20 pupils, including 3 to 4 children with disabilities. According to some respondents, the number of pupils in a classroom should depend on the type and degree of disability[10]. Also Jadwiga Bogucka writes: "There should be no more than 20 pupils in inclusion classrooms (data based on 10 years of experience of professor Hans Wocken)"[11].

The functioning of inclusion classrooms and enabling children with disabilities to learn in mainstream schools is in line with the model of educating children with special educational needs adapted in Poland in recent years, which increases the accessibility of psy-

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[7] Rozporządzenie Ministra Edukacji Narodowej z 9 sierpnia 2017 r. w sprawie warunków organizowania kształcenia, wychowania i opieki dla dzieci i młodzieży niepełnosprawnych, niedostosowanych społecznie i zagrożonych niedostosowaniem społecznym, par. 7.

[8] Rozporządzenie Ministerstwa Edukacji Narodowej z 28 marca 2017 r. w sprawie ramowych planów nauczania dla publicznych szkół.

[9] Rozporządzenie Ministra Edukacji Narodowej z 27 marca 2017 r. w sprawie szczegółowej organizacji publicznych szkół i publicznych przedszkoli, par. 6.

[10] H. Gruber, G. Petri, *Integracja dzieci upośledzonych i zdrowych w Austrii*, [in:] *Wychowanie i nauczanie integracyjne*, ed. J. Bogucka, M. Kościelska, Społeczne Towarzystwo Oświatowe, Warszawa 1994, p. 38-39.

[11] J. Bogucka, *Warunki tworzenia grup integracyjnych*, [in:] *Wychowanie i nauczanie integracyjne*, ed. J. Bogucka, M. Kościelska, Społeczne Towarzystwo Oświatowe, Warszawa 1994, p. 162.

chological and pedagogical assistance[12]. However, it is not that easy to implement the model. A classroom must meet a number of conditions to enable a child with disability to fully develop his or her skills and gain knowledge. Of course, a school should have the right infrastructure and teaching aids to enable a pupil to discover the world around him or her. It is important for a school to be accommodated to the needs of persons with disabilities in order to ensure equal access to education to this social group. In particular, schools with inclusion classrooms must have a number of facilities, such as wheelchair ramps, wide doors, lifts and suitable bathrooms. Removing architectural barriers is the first step towards implementing the idea of inclusion. Building facilities are among the conditions that need to be met in order for inclusion to be effective[13].

Also important are teacher training and relations in the classroom. The latter is associated with social integration of pupils with limited abilities and abled pupils. It is often subject to evaluation and is an indicator of the effectiveness of non-segregated education.

Socially integrated persons are considered to be those who have many friends and acquaintances among abled persons and feel accepted by them. An important indicator is also a sense of satisfaction with these interpersonal relations. Some researchers also consider: the motivation to learn, the level of school fear and satisfaction with attending an educational institution[14]. Jarosław Bąbka also

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[12] M. Jas, M. Jarosińska, *Specjalne potrzeby edukacyjne dzieci i młodzieży. Prawne ABC dyrektora przedszkola, szkoły i placówki.* Ministerstwo Edukacji Narodowej, Warszawa 2010, p. 11.

[13] S. Mihilewicz, *Postrzeganie integracji przez rodziców dzieci sprawnych i niepełnosprawnych,* [in:] *Integracja osób niepełnosprawnych w edukacji i interakcjach społecznych,* ed. Z. Kazanowski, D. Osik-Chudowolska D., Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej, Lublin 2003, p. 336.

[14] E.g.: Haeberlin et al (1991), Willand (1999) after: G. Szumski, *Integracyjne kształcenie niepełnosprawnych. Sens i granice zmiany edukacyjnej.* Wydawnictwo Akademii Pedagogiki Specjalnej, Wydawnictwo Naukowe PWN, Warszawa 2006, p. 152-154.

notes: positive attitude to the teacher and establishing relations with peers[15].

Research conducted by Anna Firkowskiej-Mankiewicz shows that graduates of educational institutions more frequently achieve a higher social status (higher prestige of jobs and profession, and higher income) than their peers who attended segregated special schools. They also have better contacts with other people. Meanwhile, segregated special schools increase self-satisfaction and the level of education of their graduates compared to mainstream schools[16].

A review of research shows that pupils with disabilities attending non-segregated forms of education achieve better at school[17]. This is confirmed by research conducted by Iwona Chrzanowska, who analyzed the performance of primary school 1st to 3rd graders with mild intellectual disabilities and discovered statistically significant differences between segregated and inclusive education. 1st to 3rd graders in mainstream schools achieved better results in Polish language. The scope of mathematical knowledge was also higher in non-segregated education – the researcher noted statistically significant differences in the 2nd and 3rd grades[18].

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[15] J. Bąbka, *Psychospołeczne aspekty efektywności edukacji dzieci w systemie integracyjnym,* [in:] *Integracja osób niepełnosprawnych w edukacji i interakcjach społecznych,* ed. Z. Kazanowski, S. Osik-Chudowolska, Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej, Lublin 2003, p. 252-253, cf J Bąbka, *Obraz dziecka niepełnosprawnego w literaturze a idea integracji,* [in:] *Wychowanie i nauczanie integracyjne*, ed. J. Bogucka, M. Kościelska, Społeczne Towarzystwo Oświatowe, Warszawa 1994.

[16] A. Firkowskiej-Mankiewicz, G. Szumski, *Wokół edukacji włączającej. Efekty kształcenia uczniów z niepełnosprawnością intelektualną w stopniu lekkim w klasach specjalnych, integracyjnych i ogólnodostępnych,* Wydawnictwo Akademii Pedagogiki Specjalnej, Warszawa 2010, p. 57-58; G. Szumski, *Integracyjne kształcenie niepełnosprawnych. Sens i granice zmiany edukacyjnej.* Wydawnictwo Akademii Pedagogiki Specjalnej, Wydawnictwo Naukowe PWN, Warszawa 2006, p. 145-146.

[17] Ibidem, p. 61-62. G. Szumski, op. cit., p. 148-152.

[18] I. Chrzanowska, *Funkcjonowanie dzieci upośledzonych umysłowo w stopniu lekkim w szkole podstawowej*, Wydawnictwo Uniwersytetu Łódzkiego, Łódź 2003.

Despite positive assessment of inclusion education, certain deficiencies are noted, such as:

- the curriculum not tailored to child's needs,
- fixed lesson plan,
- teachers not trained to work with children with special educational needs,
- shortage of professionals,
- not enough teaching aids,
- lack of accommodated physical education program and excessive use of medical leaves,
- too many pupils in classrooms,
- age differences – children with disabilities are usually older than other pupils in a classroom,
- a child with disability is on a worse sociometric position than his or her abled peers,
- pressure to achieve high results, which influences relations in a group,
- the school infrastructure not accommodated to special needs,
- low availability of teaching tools,
- limited number of hours of additional activities with children with disabilities,
- shortcomings in the planning, implementation and evaluation of pupil support measures,
- insufficient supervision and monitoring of special needs education,
- failure to make use of the funds available to special needs education,
- lack of actual and constructive understanding and acceptance of inclusive educational of pupils with special educational needs and abled pupils[19].

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[19] A. Hulek, *Pedagogika rewalidacyjna,* Państwowe Wydawnictwo Naukowe, Warszawa 1977, p. 499-500; I. Chrzanowska, *Problemy edukacji dzieci i młodzieży z niepełnosprawnością. Regionalna specyfik czy ogólnopolska tendencja?,* Oficyna Wydawnicza „Impuls", Kraków 2010, p. 19-69; Najwyższa Izba Kontroli, *Informacja o wynikach kontroli organizacji i finansowania kształcenia osób niepełnosprawnych w szko-*

Additionally, implementation of non-segregated education is hindered by the fact that teachers who work with children with special educational needs do not feel appreciated, the assistance of other persons is ineffective and curricula are not relevant. Classrooms with children with disabilities are stigmatized and treated as "poorer"[20].

The focus of own research

The starting point for my own research was to analyze the opinions of parents about the infrastructure of buildings, the size of classes, the availability of professionals (diagnosing, consulting, advising), teacher qualifications, accommodations and social relations. The main problems were included in the following questions:

łach publicznych, Najwyższa Izba Kontroli. Delegatura w Zielonej Górze, Zielona Góra 2003, p. 27-32; Najwyższa Izba Kontroli, *Wspieranie kształcenia specjalnego…*, p. 10, https://www. nik.gov.pl/plik/id,16353,vp,18878.pdf [accessed on: 12.07.2018]; J. Lipińska, A. Rogoża, *Stosunek i zachowanie dzieci pełnosprawnych wobec dzieci niepełnosprawnych w klasach integracyjnych,* [in:] *Integracja osób niepełnosprawnych w edukacji i interakcjach społecznych,* ed. Z. Kazanowski, D. Osik-Chudowolska, Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej, Lublin 2003; K. Ćwirynkało, *Pozycja socjometryczna uczniów niepełnosprawnych a postawa nauczycieli wobec integracji,* [in:] *Integracja osób niepełnosprawnych w edukacji i interakcjach społecznych,* ed. Z. Kazanowski, D. Osik-Chudowolska, Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej, Lublin 2003; B. Oszustowicz, *Społeczno-ekonomiczne bariery integracji społecznej w rodzinie dziecka z upośledzeniem umysłowym,* [in:] *Pedagogika specjalna – aktualne osiągnięcia i wyzwania,* ed. T. Żółkowska, Oficyna Wydawnicza In Plus, Szczecin 2005; B. Jachimczak, I. Chrzanowska, *Praca wychowawcza w grupie zróżnicowanej – uczeń ze specjalnymi potrzebami edukacyjnymi w szkole ogólnodostępnej,* [in:] *Wychowawcze i społeczno-kulturowe kompetencje współczesnych nauczycieli*, ed. J. Pyżalski, theQ studio, Łódź 2015, p. 182-183; B. Jachimczak, I. Chrzanowska, *Kompetencje współczesnych nauczycieli a praca z dzieckiem ze specjalnymi potrzebami edukacyjnymi w szkole,* [in:] *Nauczyciel w ponowoczesnym świecie od założeń teoretycznych do rozwoju kompetencji*, ed. J. Pyżalski, theQ studio, Łódź 2015, p. 67-68; Z. Gajdzica, *Sytuacje trudne w opinii nauczycieli klas integracyjnych,* Oficyna Wydawnicza „Impuls", Kraków 2011, p. 162-163.

[20] Najwyższa Izba Kontroli, *Wspieranie kształcenia specjalnego…*, p. 15; 68-69.

a) How well is an institution that offers inclusive education accommodated to the needs of pupils with special educational needs in the opinion of parents?
b) What is the parents' opinion on the quality of teacher work in inclusion classrooms?
c) What is the parents' opinion on the social relations in inclusion classrooms?

Specific problems were presented as follows:

1. What is the parents' opinion on the accommodation of school infrastructure to the needs of persons with disabilities?
2. What is the parents' opinion on the number of pupils in classrooms?
3. What is the parents' opinion on the availability of professionals at school?
4. Do parents think teachers are well trained to work in inclusion classrooms?
5. Do parents think teachers are well qualified to work in inclusion classrooms?
6. Which aspects of teacher training, according to parents, are the most relevant to the work in inclusion classrooms?
7. Do parents think that requirements are well accommodated to the possibilities of pupils with disabilities?
8. What is the parents' opinion on the relations between teachers at school?
9. What is the parents' opinion on the relations between pupils at school?
10. What is the parents' opinion on the relations between teachers and pupils at school?

The research uses the diagnostic analysis method, and the research tool was a closed-ended questions survey.

The research group were 70 persons – parents of children attending inclusion classrooms in four different primary schools in the city of Poznan. Among the respondents, the age groups were as follows:

- 25 to 34 years of age – 14 respondents, i.e. 20% of the total group;
- 35 to 44 years of age – 42 respondents, i.e. 60% of the total group;
- above 44 years of age – 14 respondents, i.e. 20% of the total group;

The education level of the respondents was:
- basic education – 2 respondents, i.e. 2.86% of the total group;
- vocational education – 12 respondents, i.e. 17.14% of the total group;
- secondary education – 23 respondents, i.e. 32.86% of the total group;
- higher education – 33 respondents, i.e. 47.14% of the total group.

Results of the research

The respondents were asked to evaluate the following aspects of the accommodation of building infrastructure:
- condition of school buildings;
- layout of important rooms;
- facilities for persons with disabilities and their layout.

Table 1. School infrastructure in the opinion of parents – evaluation

	Evaluation						
School infrastructure	unsatisfactory		average		very good		total
	n	%	n	%	n	%	
Condition of school buildings	19	27.14	43	61.43	8	11.43	70
Layout of important rooms	19	27.14	46	65.71	5	7.14	70
Facilities for persons with disabilities and their layout	10	14.29	39	55.71	21	30.00	70

Source: own elaboration

The vast majority of respondents evaluated both the condition of the buildings and the layout of important rooms and facilities for persons with disabilities to be average (cf. Table 1). Parents' evaluation of the removal of architectural barriers and accommodation of school buildings was much more positive than of their condition and the layout of important rooms (such as the front office, secretariats, psychologist/school counsellor rooms, toilets, gyms, libraries and other). This is in line with the results of the Supreme Audit Office (NIK) report, according to which, in many schools, architectural barriers have not been completely removed and only few schools have therapy rooms[21]. Similar is the opinion of assistant teachers surveyed by Zenon Gajdzica[22]. They see shortcomings in the removal of architectural barriers and lack of teaching tools for pupils with special educational needs.

Respondents were asked about their opinion on the number of pupils in classrooms. More than 90% of respondents think that the number of pupils in classrooms is adequate (cf. Table 2). It is worth noting, however, that some think that there are too many pupils given the conditions of a classroom. This shows that, in the parents' opinion, not all classrooms are accommodated to have more pupils in them. The NIK report says that, in some schools: "classrooms were not sufficient given the number of pupils with individualized education"[23]. In Z. Gajdzica's research, teachers suggest "reducing the number of pupils" as one of the possible changes in inclusive education[24]. The differences in opinions may be due to the different perspectives. For parents, the number of pupils in a classroom seems optimum – it is lower than in regular classes. Educators, however, notice the many and different problems of pupils and the associated teaching challenges.

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[21] Najwyższa Izba Kontroli, *Wspieranie kształcenia specjalnego…*, p. 70.

[22] Z. Gajdzica, op. cit., p. 165-166.

[23] Najwyższa Izba Kontroli, *Wspieranie kształcenia specjalnego…*, p. 72.

[24] Z. Gajdzica, op. cit., p. 189.

Table 2. Number of pupils in classrooms in the opinion of parents

Number of pupils in classrooms in the opinion of parents	N = 70	
	n	%
Too few pupils	0	0.00
The right number of pupils	64	91.43
Too many pupils given the condition of a classroom	4	5.71
Too many pupils with disabilities in a classroom	1	1.43
Too many pupils given the number of teachers	1	1.43

Source: own elaboration

In order to ensure effective education of children with special educational needs and the most convenient conditions for development, it is important to include parents in the work of the professionals[25]. Work with a pupil will only be effective if there is regular exchange of information and contacts, based on the principle of partnership and goodwill, between the family home and school.

Table 3. Availability of professionals in the opinion of parents

Availability of professionals in the opinion of parents	very good		good		sufficient		insufficient	
	n	%	n	%	n	%	n	%
School counsellor	45	64.3	18	25.7	3	4.3	4	5.7
Special needs education counsellor	21	30	31	44.3	11	15.7	7	10
Psychologist	29	41.4	25	35.7	13	18.6	3	4.3
Speech therapist	23	32.9	23	32.9	17	24.2	7	10
Rehabilitation therapist	18	25.7	20	28.6	19	27.1	13	18.6

Source: own elaboration

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[25] J. Bogucka, op. cit., p. 23.

The respondents also evaluated the availability of professionals at school:

- school counsellor,
- special needs education counsellor,
- psychologist,
- speech therapist,
- rehabilitation therapist.

Most respondents think positive about availability of professionals at schools. Parents find it the easiest to see a school counsellor (more than every other respondent said they could always contact a school counsellor and every third said it was often possible). The availability of a psychologist and special needs education counsellor was somewhat worse according to the respondents. Most parents declare that they may be consulted always or often. According to the responses, parents in most cases are also able to contact a speech therapist. Parents find it much more difficult to see a rehabilitation therapist, although there was one in every school. On the one hand, almost every third respondent thinks it is always possible, but on the other hand, more then one in five respondents think it is impossible. It should also be noted that the availability of respective professionals does not depend on the school. What matters, however, is the cooperation between parents and teachers, which should not only be based on formal rules but also arise from the needs of both parties. Z. Gajdzica emphasizes the role of the school counsellor in this case[26]. His or her availability is an important element of the success of the education process in an inclusive institution.

According to parents' evaluation of school functioning, the condition of buildings, the layout of important rooms and facilities for persons with disabilities are average. Encouragingly, though, the vast majority of parents thing that the number of pupils in classroom is adequate. Also positive evaluation of the availability of the

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[26] Z. Gajdzica, op. cit., p. 181.

school counsellors, special needs education counsellor and speech therapist is optimistic. On the other hand, the contrasting evaluation of the availability of rehabilitation therapist is worrying.

Similar were the conclusions of the NIK report, according to which, in more than half of the surveyed schools, the principals did not manage to hire competent professionals for rehabilitation and psychological and pedagogical assistance[27].

Another viral element of the functioning of an integration school is teacher training. It concerns both the teaching skills and qualifications of teachers, and the very important psychological skills. The latter is particularly important in teaching groups (in the case of schools – classroom teams) whose members have their abilities limited in different ways. Aneta Jegier emphasizes in her publication the role of the educational and psychological training of teachers, and their interpersonal skills[28]. Beata Jachimczak and Iwona Chrzanowska highlight the importance of a tolerant attitude, noting that formal competencies (including the ability to select teaching methods and forms and knowledge about disability) may be quickly learned compared to social competencies (associated with the attitude and system of values)[29].

Apart from the quality of transmitting knowledge and developing respective skills, of particular importance in inclusion schools are the relations between respective groups. The show whether the idea of integration is properly implemented and whether a classroom constitutes a uniform whole, without subgroups based on the criterion of ability.

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[27] Najwyższa Izba Kontroli, *Wspieranie kształcenia specjalnego…*, p. 75.

[28] A. Jegier, *Przygotowanie dzieci pełnosprawnych do życia w integracji z osobami niepełnosprawnymi,* [in:] *Integracja społeczna osób niepełnosprawnych*, ed. G. Dryżałowska, H. Żuraw, Wydawnictwo Akademickie „Żak", Warszawa 2004, p. 268, A. Jegier, *Rola rodziny w przygotowaniu dziecka z niepełnosprawnością do edukacji,* [in:] *Wsparcie dziecka z niepełnosprawnością w rodzinie i szkole*, ed. D. Gorajewska, Stowarzyszenie Przyjaciół Integracji, Warszawa 2008, p. 117-118.

[29] B. Jachimczak, I. Chrzanowska, op. cit., p. 68-69.

Table 4. Parents' opinion on the quality of teacher work in inclusion classrooms

Teacher in the school that the child attends:	Total	
	Σ	%
Knowledge and skills concerning the teaching subject and content		
Has extensive knowledge about the subject he or she teaches	44	62.86
Updates his or her knowledge	13	18.57
Apply methods that help remember the most important information	21	30.00
Present the topic at the beginning of a lesson	12	17.14
TOTAL	90	32.14
Knowledge and skills associated with the organization of teaching – methods, forms, means		
Present examples of the topics discussed	24	34.29
Organize team work	38	54.29
Use relevant aids	17	24.29
Give relevant homework	24	34.29
TOTAL	103	36.79
Teaching and psychological knowledge and skills		
Sees the child's strengths	39	55.71
Is patient	37	52.86
Includes all pupils in the life of the classroom and school	30	42.86
Talks to pupils	32	45.71
TOTAL	138	49.29
Teacher traits		
Gives fair grades	35	50.00
Copes well with stressful situations	27	38.57
Can cooperate with others	30	42.86
Is a good organizer	25	35.71
TOTAL	117	41.79
Skills associated with managing cooperation with parents		
Is easy to contact	52.	74.29
Consults parents before making a decision	36	51.43
Uses forms of work that stimulate parent integration	17	24.29
Explains the plans and goals of work in a classroom	28	40.00
TOTAL	133	47.50

Source: own elaboration

The research tried to list the important elements comprising effective inclusive education, which were then evaluated by parents. In order to find out about the opinions of the main caregivers on the teachers working with their children, the survey asked the respondents to identify the behavior of educators by selecting the relevant options in a cafeteria-style list. They concerned five groups of knowledge, skills and personality of teachers:

- knowledge and skills concerning the teaching subject and content,
- knowledge and skills associated with the organization of teaching – methods, forms, means,
- teaching and psychological knowledge and skills,
- teacher traits,
- skills associated with managing cooperation with parents.

The respondents evaluated teachers in various areas. The difference between the category with the most frequently selected and the least often selected options was more than 17%. The most often selected options belonged to the following categories:

- teaching and psychological knowledge and skills (49.29% of all responses)
- skills associated with managing cooperation with parents (47.5% of all responses)
- teacher traits (41.79% of all responses).

The least often selected options concerned knowledge and skills concerning the teaching subject and content (32.14% of all responses). This shows that parents have a more positive opinion about the knowledge and skills of teachers associated with the relations with children and parents (almost every other respondent selected these options). The least positively evaluated were teacher knowledge and skills concerning the subjects taught by them (only nearly every third respondent selected this option).

Among all the options, the parents most often (50% of responses and more) said that the teachers of their children:

- are always available when needed and easy to contact with (74.29% of all responses);

- have extensive knowledge about what they teach (62.86% of all responses);
- see the child's strengths and interests (55.71% of all responses);
- can organize team work (54.29% of all responses);
- with their patience, can make every child willing to work in the classroom (52.86% of all responses);
- evaluate children fairly and do not have favor particular children (50% of all responses)
- consult parents before making decision and really listen to them (51.43% of all responses).

The least frequently chosen options about teachers were:

- explain to the pupils the theme and goals of a lesson at the beginning of the lesson (17.14% of all responses);
- broaden and update their knowledge (18.57% of all responses).

It should be noted that the respondent parents observe many positive traits in the teachers working with their children. This shows that the teaching personnel in inclusive schools is appreciated. Each respondent selected a few options that presented the assets of teachers.

The respondents could also select no more than 5 traits that they consider to be the most important for teachers working in inclusion classrooms. According to the respondents, the most important are options in the "psychological and pedagogical knowledge and skills" category (nearly every third parent selected this option). The least important, in their opinion, were the options in the: "knowledge and skills concerning the teaching subject and content" and "knowledge and skills associated with the organization of teaching – methods, forms, means" categories.

The most important elements of the work of teachers, regardless of the category, were:

- easy contact with the teacher (54.29% of all responses),
- noticing the child's strengths and interests (44.29% of all responses),
- fair evaluation and not favoring any specific pupils in a special way (of all responses),

Table 5. The most important elements of teacher work in inclusion classrooms in the opinion of parents

Teacher in the school that the child attends:	Total	
	Σ	%
Knowledge and skills concerning the teaching subject and content		
Has extensive knowledge about the subject he or she teaches	28	40.00
Updates his or her knowledge	13	18.57
Apply methods that help remember the most important information	9	12.86
Present the topic at the beginning of a lesson	1	1.43
TOTAL	51	18.21
Knowledge and skills associated with the organization of teaching – methods, forms, means		
Present examples of the topics discussed	10	14.29
Organize team work	18	25.71
Use relevant aids	16	22.86
Give relevant homework	9	12.86
TOTAL	53	18.93
Teaching and psychological knowledge and skills		
Sees the child's strengths	31	44.29
Is patient	30	42.86
Includes all pupils in the life of the classroom and school	13	18.57
Talks to pupils	14	20.00
TOTAL	88	31.43
Teacher traits		
Gives fair grades	30	42.86
Copes well with stressful situations	10	14.29
Can cooperate with others	10	14.29
Is a good organizer	16	22.86
TOTAL	66	23.57
Skills associated with managing cooperation with parents		
Is easy to contact	38	54.29
Consults parents before making a decision	18	25.71
Uses forms of work that stimulate parent integration	7	10.00
Explains the plans and goals of work in a classroom	16	22.86
TOTAL	79	28.21

Source: own elaboration

- patience (42.86% of all responses),
- extensive knowledge about what the teacher teaches to children (40% of all responses).

According to the respondents, the least important element was presentation of the topic and goals at the beginning of a lesson. This response was only selected by one person (1.43%).

An individualized approach to a child is currently required in all educational institutions. It is considered important to tailor the requirements to the abilities of a child and to accommodate teaching aids and develop and improve the spheres that may not function properly in a child. It is becoming a necessity to accommodate the school environment to the specific needs of pupils. This way, their full development is enabled. Individualization should concern both children who have problems assimilating the curriculum by means of traditional educational methods, forms and means, as well as gifted children. In the latter case, it is necessary in order to avoid the syndrome of underperformance in school.

Integration schools are founded on the assumption of individualized approach to every child. Assistant teachers, fewer pupils in classrooms and professionals employed by the school are supposed to enable full implementation of this assumption.

Teachers evaluated the level of individualization of requirements in a three-grade scale. The following elements applied by teachers were taken into consideration:

- making tasks less difficult, to suit the child's abilities,
- having the child do only a part of a task,
- applying different evaluation criteria,
- giving more time for a child to do a task,
- using aids to help children with disabilities to understand the topic being presented,
- presenting information in a way that is tailored to the individual abilities and needs of the child,
- using work methods specific for children with disabilities,
- organizing group work,
- including all children in various activities,

– noticing and appreciating the efforts of pupils,
– motivating and encouraging children to work.

Based on the overall assessment of the above aspects, three degrees of the accommodation of requirements were identified: low, average and high.

Table 6. Degree of accommodation of requirements to suit the abilities of a pupil in the opinion of parents

Degree of accommodation of requirements to suit the abilities of a pupil	Total	
	Σ	%
Low	13	18.57
Average	48	68.57
High	9	12.86
TOTAL	70	100.00

Source: own elaboration

Table 6. shows that most respondents (more than two thirds) think that the degree of accommodations is average. More or less every fifth respondent thinks it to be low, and one in ten – high. This means that, according to parents, individualization at schools is not sufficient.

According to parents, noticing and appreciating pupils′ efforts and motivating them (more or less one in two respondents selected these options) are those elements of individualization that are fulfilled to the highest degree. The options that were selected the least often were: making a child do only a part of a task and applying different evaluation criteria (more than 14%, respectively, in both cases).

The relations in the classroom and at school are important in education. B. Jachimczak and I. Chrzanowska suggest that in a classroom where there are children with different levels of ability, there is competition that makes cooperation between children more difficult. Pupils constantly compare themselves to their peers, which results in fear of failure and negative behavior towards the weaker ones. I. Chrzanowska, performing a research on the quality and effectiveness of teaching children with intellectual disabilities in mainstream schools, highlights the unwillingness of teachers to accept the idea of inclusive education[30]. One could wonder whether teachers in inclusion classrooms have the same attitude, especially subject teachers and early education teachers, who are often not trained to work with children who have special educational needs.

Table 7. High level of individualization of what is required of a child in the opinion of parents in the respective aspects

Full individualization of requirements with respect to:	Total	
	Σ	%
Lowering the level of tasks	20	28.57
Selection of tasks to be completed	10	14.29
Different evaluation criteria	10	14.29
More time to do the work	23	32.86
Teaching aids	22	31.43
Presenting information in different ways	25	35.71
Methods adapted to a child with disabilities	20	28.57
Learning through group work	25	35.71
Including all pupils	27	38.57
Noticing and appreciating the efforts of pupils	35	50.00
Motivating	36	51.43

Source: own elaboration

The opinion of parents in this respect was analyzed on the basis of descriptions of classroom situations. The parents opinions were supposed to reflect the school reality. They were asked about the relations between:

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[30] I. Chrzanowska, *Zaniedbane obszary edukacji – pomiędzy pedagogiką a pedagogiką specjalną. Wybrane zagadnienia*, Oficyna Wydawnicza „Impuls", Kraków 2009, p. 269-270.

- between pupils themselves,
- pupils and teachers,
- teachers.

Each of the possible responses (in the form of a cafeteria-style list) was associated with a specific relationship between the respective groups. The relations between teachers were: cooperation, competition, conflict and domination of one party. The relations between pupils were: cooperation, competition, conflict and domination of one group of pupils, domination of abled children. The relations between teachers were: cooperation, competition, conflict and domination of the teacher.

Table 8. Relations in the classroom in the opinion of parents

Relations in the classroom	Total	
	Σ	%
Between teachers		
Cooperation	66	94.29
Competition	8	11.43
Conflict	6	8.57
Domination of one party	22	31.43
Between pupils		
Cooperation	66	94.29
Competition	6	8.57
Conflict	5	7.14
Domination of one group of pupils	5	7.14
Domination of abled children	6	8.57
Between pupils and teachers		
Cooperation	62	94.29
Competition	4	5.71
Conflict	0	0.00
Domination of the teacher	8	11.43

Source: own elaboration

According to the respondents, teachers cooperate with one another (more than 94% of all responses), but also nearly one in three parents notes that some teachers dominate over others. It is particularly disadvantageous in an inclusion classroom, where there is an additional teacher assistant. If the main teacher dominates and there is no cooperation between the educators, the effect on the work in the classroom and on the development of pupils is negative. The results are in line with teacher declarations collected by Gajdzica, according to which only 5.1% of early education teachers and 6.8% of special needs educators indicated that difficult cooperation was a major factor causing difficult situations[31].

The relations between pupils, according to parents, are those of cooperation (more than 94% of all responses). This aspect, however, requires explanation, as it concerns work in the classroom, i.e. situations created by the teacher. Parents' evaluation would probably be different concerning behavior during breaks, or outside the school. The positive opinion may also be due to the fact that the number of parents of abled children is higher than of children with deficits. The relations between pupils and teachers were also evaluated as positive (cooperation was selected by as many as 94.29% respondents).

Pro-inclusion efforts are undertaken at Polish schools. A lot has already been done in this field (e.g. increasing focus on removing architectural barriers from public buildings). I think, however, that there still are many challenges ahead of us – such as developing a support network and building partnership for education in the broad meaning of the term, which requires parent involvement and teacher training.

I. Chrzanowska suggests that, despite the level of ability, every child needs the same: "a comprehensively educated, competent teacher, professionals working with the teacher and the pupil, school equipped with modern teaching aids, researchers who will

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[31] Z. Gajdzica, op. cit., p. 182.

contribute to developing better solutions for education”[32]. Let us hope that such education will one day be commonly available to all.

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[32] I. Chrzanowska, op. cit., p. 303.

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Stereotypes about the deaf and sign language in the thinking of special needs education students

ABSTRACT: Malwina Kocoń, Magdalena Skalny, *Stereotypes about the deaf and sign language in the thinking of special needs education students*. Interdisciplinary Contexts of Special Pedagogy, no. 24, Poznań 2019. Pp. 109-126. Adam Mickiewicz University Press. ISSN 2300-391X. DOI: https://doi.org/10.14746/ikps.2019.24.06

The article discusses the problems of deaf people, Polish sign language as well as Signed Polish (Manually-Coded Polish) in the context of stereotypes held by first year students of special needs education. The analysis of the results of empirical research indicates which of the stereotypes concerning deaf and sign language mentioned in the study are present in the thinking of the social group covered by the research and the frequency of their occurrence. It presents and explains terminological aspects regarding stereotypes and proposes postulates to eliminate negative stereotyping.

KEY WORDS: stereotypes, d/Deaf, sign language, Polish Sign Language, Signed Polish/ Manually-Coded Polish

Foreword

Currently, the problem of disability in special needs education is perceived in the emancipatory paradigm, where persons with various disabilities are presented in their socio-cultural and not only individualistic contexts[1]. A special group of persons with disabilities who opposes being treated as disabled persons and who, from the sociolinguistic perspective, is in the linguistic and cultural minority, are the Deaf. The term "Deaf" with capital D relates to persons who were born deaf or lost their hearing in early childhood and the Polish Sign Language (PSL) is their first or preferred language of communication. This spelling convention is currently used in deaf education, also in the literature of other languages (e.g. the English deaf/Deaf)[2]. The basic criterion of cultural distinctiveness and the source of the Deaf identity is deafness and the visual spatial language, such as the PSL[3]. However, the community of persons with hearing impairment is heterogeneous. This means that there are both Deaf persons, who identify themselves with the linguistic and cultural minority and the deaf (with small d), whose hearing loss is usually deep, but who have integrated themselves with the community of hearing persons[4].

Among persons with disabilities, the Deaf are a separate group who, for the sake of emancipation, isolate themselves from the hearing society, strongly marking the borders of their autonomy. The causes influencing the development of the hermetic community of the Deaf are believed to be, among other things, their being perceived through the prism of disability[5]. Many persons who com-

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[1] A. Krause, *Niepełnosprawność – Inny w paradygmacie humanistycznym, Niepełnosprawność. Dyskursy pedagogiki specjalnej*, vol. 4, no. 4, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk 2010, p. 111-121.

[2] P. Rutkowski, M. Czajkowska-Kisil, *O kategorii zaimka osobowego w polskim języku migowym (PJM)*, „LingVaria" no. 1(9) Rok V, 2010, p. 65-78.

[3] P. Tomaszewski, K. Kotowska, P. Krzysztofiak, *Paradygmaty tożsamości u g/Głuchych: przegląd wybranych koncepcji,* [in:] E. Woźnicka (ed.), *Edukacja niesłyszących – wczoraj, dziś i jutro*, Wydawnictwo Akademii Humanistyczno-Ekonomicznej w Łodzi, Łódź 2017, p. 111-155.

[4] U. Bartnikowska, *Głuchota – mniejszość językowa, kulturowa, pogranicze…, czyli społeczny kontekst badania zjawisk związanych z uszkodzeniem słuchu, Niepełnosprawność. Dyskursy pedagogiki specjalnej*, volt. 4, no. 4, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk 2010, p. 27-41.

[5] D. Podgórska-Jachnik, *Głusi Emancypacje,* Wydawnictwo Naukowe Wyższej Szkoły Pedagogicznej w Łodzi, Łódź 2013.

prise the community of hearing persons describes the d/Deaf as handicapped, invalids. They claim that heir social functioning should be stimulated and that they should be freed from isolation. In order to achieve that goal, some generally accepted means of communication should be imposed and a d/Deaf person should transform into a hearing person by learning their way of life and the functioning of the rest of the society[6].

Lack or limited knowledge of the d/Deaf persons community, their language, culture and way of functioning, medical understanding of deafness and domination of the biological paradigm that focuses on the disability as a defect[7] have a direct effect on the attitudes of hearing persons towards d/Deaf persons, this way contributing to the development and multiplication of stereotypes.

Terminology used

Andrzej Paweł Wejland[8] found in the literature more than 260 definitions and less formal characteristics of the concept of stereotype. Jan Błuszkowski, on the other hand, claims that the stereotype is a polysemic term and its definitions are not exhaustive. Depending on the particular study area, they adopt relevant content. The concepts of stereotypes are explored by sociology, social psychology, linguistics, logic and cognitive theory[9].

Ida Kurcz presents the sociologic approach:

> sociologists focus on the more global, socio-cultural factors that influence the development of stereotypes and the way that stereotypes con-

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[6] M. Wójcik, *Wybrane aspekty społecznego funkcjonowania młodzieży niesłyszącej i słabosłyszącej*, Oficyna Wydawnicza „Impuls", Kraków 2008.

[7] A. Krause, op. cit., p. 111-121.

[8] A.P. Wejland, *Obrazy grup społecznych. Studium metodologiczne*, PAN, Warszawa 1991, p. 211.

[9] J. Błuszkowski, *Stereotypy narodowe w świadomości Polaków*, Dom Wydawniczy Elipsa, Warszawa 2003.

> cerning those who are "other" in one way or another function in social behavior[10].

Sociologists are mainly interested in differences and similarities between nations, social groups and collectivities, rather than between individuals.

In the psychosocial model, on the other hand, stereotypes are interpreted as "a popular mental images the object of which may be any collectivity, even that with respect to which cultural resources did not have enough time to form"[11]. In this model, an individual may be either a medium or co-author of a stereotype that has formed in culture.

Uta Quasthoff's definition contains a logical and a linguistic aspect. According to her,

> the stereotype is a verbal expression of a conviction addressed to social groups of individuals who are their members. In the logical aspect, it is a judgment of specific properties (groundlessly simplistic or generalizing, associated with an emotional and evaluating trend and attributing or refusing certain features and behavior to a given class of persons). In the linguistic aspect, it is a sentence[12].

Due to the properties of the stereotype, researchers propose many definitions, since every concept focuses on its specific aspect. It can be positive or negative – half of the definitions assume that the stereotype is "bad" as it accumulates generalized data or the generalization is untrue or distorted, or it is too stiff, or contains various combinations of negative features[13]. Positive stereotypes, on

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[10] I. Kurcz, *Stereotypy, prototypy i procesy kategoryzacji*, [in:] *Kolokwia psychologiczne. Stereotypy i uprzedzenia*, ed. Z. Chlewiński, I. Kurcz, Instytut Psychologii PAN, Warszawa 1992, p. 10.

[11] Z. Bokszański, *Stereotypy a kultura*, „Leopoldium", Wrocław 1997, p. 33.

[12] J. Raszke, *Wobec bezrobocia – opinie i stereotypy*, Wydawnictwo Śląsk, Katowice 1999, p. 66-67.

[13] B. Wojciszke, *Psychologia społeczna. System poznawczy i procesy spostrzegania ludzi*, UG, Gdańsk 1983.

the other hand, associate positive or desired features with a certain group[14].

In 1954, Gordon Allport proposed a definition of stereotyping that did not evaluate either stereotypes or the people who use them. According to him, "the stereotype is a magnified conviction associated with a specific category"[15].

All the above definitions and types of stereotypes are individually interpreted by different authors. The article focuses on the stereotypes that concern the d/Deaf and manual forms of communication. The hearing society, simply speaking, depreciates this group and creates its untrue image.

Stereotypes concerning the d/Deaf

The consequences of stereotypical treatment of the d/Deaf by hearing persons contribute to the formation of social barriers and a distance that is reflected in manifesting hostile behavior and/or distrust. Prejudices that concern the d/Deaf have a major impact on the formation of their self-image, lowered self-esteem, sense of security or sense of agency. The deaf are often confronted with the problem of identifying their own social belonging (the world of the Deaf/hearing), and stereotypical treatment inhibits adaptation processes and hinders acceptance of disability.

Selected myths and stereotypes that function in social awareness concerning the d/Deaf and arguments that constitute the reality and refute the untrue image of those persons are presented below:

Stereotype 1: Treating all the deaf/Deaf as the same persons in every respect. Regarding them to be weak, less worthy, incapable[16].

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[14] T.D. Nelson, *Psychologia uprzedzeń*, GWP, Gdańsk 2003.

[15] Ibidem, p. 25-26.

[16] M. Wójcik, op. cit., p. 46.

Fact: As has already been mentioned, the community of persons with hearing damage is not homogeneous. Many of them live in between two worlds: the world of the hearing and the world of the Deaf. Some of them have found their place among the hearing. Some of them – sometimes unsuccessfully – look for their place and identity in the society. They differ not only in terms of different hearing damages and ways of communication (phonetic and/or sign) but also in everything that distinguishes people from one another all over the world: demographic, social and individual features[17].

Stereotype 2: All the d/Deaf use the sign language or the conviction that all can lip read. The stereotype and conviction that they cannot talk[18].

Fact: The deaf or hard of hearing may communicate in many different ways: using the sing language. They can write (using the traditional pen and paper, or the latest technologies – mainly young and middle-aged persons: text messages, e-mails, social websites, etc.). They can talk (many d/Deaf and hard of hearing persons talk, although their speech may have distorted articulation)[19]. Their acoustic reception may be improved by hearing aids, implants or peripheral devices, which involves not so much pure lip reading but visual andauditory reception, and, in the case of other manual forms of communication, e.g. the sign language, visual, auditory and kinesthetic reception. Thus, lip reading is one of the elements of the complex communication of the d/Deaf. In the case of children with hearing impairment (according to the classification of the depth and scope of hearing loss according to to the International

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[17] Z. Teper-Solorz, *Głusi – na marginesie „świata słyszących"*, „Uniwersyteckie Czasopismo Socjologiczne" no. 14, Wydawnictwo Uniwersytetu Kardynała Stefana Wyszyńskiego, Warszawa 2016, p. 40, after: U. Bartnikowska, *Sytuacja społeczna i rodzinna słyszących dzieci niesłyszących rodziców*, Wydawnictwo Edukacyjne Akapit, Toruń 2010, p. 56-57, 64.

[18] M. Wójcik, op. cit., p. 46.

[19] http://glusiwpracy.dobrekadry.pl/pracagluchych/Sytuacja_i_mozliwosci_aktywizacji_Gluchych.pdf [accessed on: 24.03.2018].

Bureau of Audiophonology[20] moderate hearing loss – from 41 to 70 dB), lip reading only supports hearing and rarely reaches the level when it is possible to recognize speech only visually. In the case of deaf children (significant hearing loss, i.e. 71-90 dB or deep – above 91 dB), lip reading should be formed and developed the same as active speech[21].

Stereotype 3: In the community of hearing persons, there is the popular stereotype that all the deaf are "Stone deaf", i.e. they do not hear anything.

Fact: This is not quite true. Only 2-4% of persons with hearing impairment do not react to very strong sounds, but most of them can hear loud sound signals in the environment[22].

Stereotype 4: Having a hearing aid implant means that the hearing has been restored.

Fact: Hearing aids and implants do not restore hearing. The hearing aid stimulates hearing by intensifying the sounds in the environment, while the implant, like the cochlear implant, transforms sounds to electrical impulses and sends them directly to the hearing nerves. When a d/Deaf person switches off or removes such appliance, he or she will still be deaf.

The undeniable advantage of using hearing appliances is so-called two-channel speech reception: visual and audial, which facilitates lip reading[23]. Each person is a specific combination of traits and skills, so it is not possible for every patient to achieve full identification and discrimination of the surrounding sounds, including the sounds of speech. Patient rehabilitation is not always successful

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[20] H. Skarżyński, M. Mueller-Malesińska, W. Wojnarowska, *Klasyfikacje zaburzeń słuchu*, Audiofonologia, vol. 10, Warszawa 1997, p. 55-57.

[21] B. Szczepankowski, *Odczytywanie mowy z ust u dzieci z uszkodzonym słuchem,* http://www.reedukacja.pl/default.aspx?action=view&item=530 [accessed on: 24.03.2018].

[22] B. Szczepankowski, *Niesłyszący – Głusi – Głuchoniemi*, WSiP, Warszawa 1999, p. 169.

[23] A. Korzon, *Implanty ślimakowe w rehabilitacji osób z uszkodzonym narządem słuchu*, „Niepełnosprawność" 2010, no. 4, p. 13.

and it is not always possible to achieve a satisfactory hearing threshold and the ability to use the verbal speech in full extent[24].

Stereotype 5: Communication difficulties may contribute to the development of myths about the sign language – it is treated as a set of gestures that cannot express abstract ideas and, because of not having grammar, it is not regarded as a language[25]. Myths and prejudices concerning the sign language include, among other things: determining a person's cognitive abilities and thinking through the prism of the sign language, perceiving the sign language as a primitive form of communication and undermining its value, learning the speech is hindered by early acquisition of the sign language, preventing the development of the sign language contributes to better education in spoken language[26].

Fact: Due to the limited space, the authors only want to signal the presence of the above myths and stereotypes.

Those who would like to find out more about the problem are recommended to read Piotr Tomaszewski[27].

This text presents an analysis of the results of research concerning selected stereotypical ways of thinking about the d/Deaf, PSL and Manually Coded Polish (MCP).

Methodological assumptions of the research

The main goal of the research was to identify which of the selected stereotypes function among first year special needs education

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[24] B. Kasica, K. Kasica-Bańkowska, *Diagnoza i etapy rehabilitacji pacjenta po wszczepieniu implantu ślimakowego*, Logopedia Silesiana, no. 2, Wydawnictwo Uniwersytetu Śląskiego, Katowice 2013, p. 167.

[25] D. Bouvet, *Mowa dziecka – wychowanie dwujęzykowe dziecka niesłyszącego*, WSiP, Warszawa 1996, p. 134-142.

[26] S. Prillwitz, *Język, komunikacja i zdolności poznawcze niesłyszących,* WSiP, Warszawa 1996, p. 293.

[27] P. Tomaszewski, *Funkcjonowanie językowo-poznawcze u dzieci głuchych,* [in:] *Edukacja głuchych, Materiały konferencyjne*, ed. M. Sak, Rzecznik Praw Obywatelskich, Warszawa 2014.

students and to what extent these students use the stereotypes in the context of the d/Deaf and manual communication systems, i.e. the PSL and SPL.

The empirical data used for this purpose were collected by means of the diagnostic analysis method, and the tool was a survey questionnaire. The tool was developed partly based on selected social myths concerning the deaf according to Włodzimierz Pietrzak[28] and stereotypes about the PSL identified by Mariusz Sak[29] The survey consisted of 16 close-ended questions, which the respondent students were to answer "true" or "false".

The following detailed questions were asked with respect to the research problem:

a) What stereotypes about the d/Deaf function among special needs education students?
b) What stereotypes concerning manual communication systems exists in the thinking of special needs education students?
c) Which of the stereotypes are the most often mentioned by special needs education students?

The research conducted in 2016 covered a group of 84 1st year students of special needs education at the Pedagogical University of Krakow. The vast majority of the respondents (99%) were women. In the respondent group of first year students, the average age was 19 years.

Results of own research

The questions in the survey were divided into two categories. The first category concerned stereotypes about the d/Deaf, and the second – stereotypes about manual communication systems, both

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[28] B. Szczepankowski, *Wyrównywanie szans osób niesłyszących – optymalizacja komunikacji językowej*, Wydawnictwo Uczelniane WSRP, Siedlce 1998, p. 41-47.

[29] M. Sak, *Wczesne zaangażowanie: skrypt dla słuchaczy kursu Głuchy jako wzór*, Polski Związek Głuchych, Łódź 2012, p. 58-59.

the Polish sign language and the manually coded Polish. The results of the collected empirical material concerning stereotypes about the d/Deaf are presented in table 1.

Table 1. Stereotypes about the d/Deaf among respondents

No.	Statement	True		False		No answer	
		N	%	N	%	N	%
1.	The deaf have lower IQ than hearing persons	1	1.2	82	97.6	1	1.2
2.	All the deaf use the sign language	31	36.9	53	63.1	0	0
3.	All the deaf want to be cured and want to hear	30	35.7	52.	61.9	2	2.4
4.	All the deaf can lip read	19	22.6	65	77.4	0	0
5.	The deaf do not mind noise	21	25	57	67.9	6	7.1
6.	The dead and the deaf-mute are synonymous	10	11.9	71	84.5	3	3.6
7.	Hearing aid and implants restore hearing	10	11.9	71	84.5	3	3.6
8.	Once a deaf receives "hearing" support, everything develops as in hearing children	32	38.1	48	57.1	4	4.8
9.	All the deaf are "stone deaf"	1	1.2	81	96.4	2	2.4
10.	Deaf parents always have deaf children	5	5.9	78	92.9	1	1.2

Source: Results of own research

An analysis of the data presented in table 1 shows that the most popular stereotype (38.1%) among the respondents is that once a deaf child receives a "hearing" support in the form of an implant, everything develops as in hearing children. Meanwhile, as one of the authors, Malwina Kocoń notes in her paper[30], the sole fact

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[30] M. Kocoń, *Stereotypy myślowe dotyczące osób niesłyszących i języka migowego*, [in:] *Teoria i praktyka oddziaływań profilaktyczno-wspierających rozwój osób z niepełnosprawnością: konteksty indywidualne i środowiskowe*, T. 4.2., ed. K. Parys, M. Pasteczka, J. Sikorski, Wydawnictwo Uniwersytetu Pedagogicznego, Kraków 2017, p. 136-149.

of providing a deaf child with a hearing aid or implant does not improve the quality of sounds received from the environment, speaking or understanding speech. In order to achieve an adequately high level of the above functions and competencies, a child with a hearing implant must undergo rehabilitation, which is a long and laborious process that does not always yield the expected or satisfactory effects.

The second most frequent (36.9%) stereotype selected by the respondents is the myth that all the deaf persons use sign language. It should be noted here that the deaf community is not homogeneous when it comes to communication. There are persons among the deaf for whom the PSL is the first language. This is the case with deaf children of Deaf parents and hearing children of Deaf parents (so-called CODA, *Children of Deaf Adult*). Deaf parents most often communicate with their children in the sign language, which they naturally learn as their first language. It also happens that PSL is a foreign language to the deaf – in most cases, this concerns the deaf children of hearing parents who do not use the sign language or deaf adults who use the Polish language in their everyday communication.

Another popular stereotype (35.7%) in the analyzed empirical material is that all the d/Deaf persons want to be cured of deafness. The fact is, however, that the Deaf do not regard their deafness as a hearing pathology or disability. P. Tomaszewski writes that "The Deaf do not necessarily feel disabled and they may treat their deafness not as a bad experience or handicap, but as a unique condition that constitutes for them a key to their own identity and is a reason for pride"[31].

It seems optimistic that a vast majority of respondents (97.6%) do not agree with the stereotype that the d/Deaf have lower intelli-

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[31] P. Tomaszewski, *Kształtowanie kompetencji socjokulturowej w nauczaniu polskiego języka migowego,* [in:] *Kulturowe i społeczne aspekty niepełnosprawności*, ed. P. Tomaszewski, K. Bargiel-Matusiewicz, E. Pisula, Wydawnictwo UW, Warszawa 2015, p. 22.

gence quotient than the hearing society. This stereotype may have developed in the society in the 1950s, when, according to Marc Marschark and Loes Wauters[32] the first research on the cognitive functioning of deaf children and adults was conducted. Then, the deaf were considered to have a lower level of intelligence. Nonetheless, the relatively low results in terms of the IQ of the deaf were not due, as it was assumed, to the etiology of deafness, lack of of early rehabilitation or not sufficiently mastering the phonetic language, but mainly due to methodological negligence during research on the cognitive development of deaf children. This thinking changed to the advantage of the d/Deaf and in the 1970s, it was assumed that the conclusions made on the basis of research on the intelligence of the deaf were unsubstantiated[33].

The respondents are highly aware (96.4%) that the statement that all deaf are "stone deaf" is false.

Also the responses to the statement that d/Deaf parents always have deaf children were interesting. A vast majority of responding students (92.9%) consider this statement to be untrue. In fact, as Marek Świdziński[34] and Piotr Tomaszewski[35] report, most deaf children (90%) are born in hearing families. The other 10% of deaf children have d/Deaf parents. This is also confirmed by Małgorzata Czajkowska-Kisil and Agnieszka Laskowska-Klimczewska[36]. It is

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[32] M. Marschark, L. Wauters, *Cognitive functioning in deaf adults and children,* [in:] *The Oxford Handbook of Deaf Studies, Language, and Education*, ed. M. Marschark, P.E. Spencer, Volume 1 (2 ed.), Oxford University Press, New York 2011, p. 487-499.

[33] P. Tomaszewski, *Funkcjonowanie językowo-poznawcze…*, p. 14-31.

[34] M. Świdziński, *Wprowadzenie,* [in:] *Sytuacja osób głuchych w Polsce, Raport zespołu ds. g/Głuchych przy Rzeczniku Praw Obywatelskich*, ed. M. Świdziński, Biuro Rzecznika Praw Obywatelskich, Warszawa 2014, p. 8-12.

[35] P. Tomaszewski, *Mówić czy migać? Prawo dziecka głuchego do wychowania dwujęzycznego*, [in:] *Społeczeństwo równych szans. Tendencje i kierunki zmian,* ed. D. Gorajewska, Stowarzyszenie Przyjaciół Integracji, Warszawa 2005, p. 113-124.

[36] M. Czajkowska-Kisil, A. Laskowska-Klimczewska, *CODA: Inność nierozpoznana*, [in:] *Sytuacja osób głuchych w Polsce. Raport zespołu ds. g/Głuchych przy Rzeczniku Praw Obywatelskich*, red. M. Świdziński, Warszawa 2014, p. 117.

worth noting that the majority of d/Deaf parents have hearing children[37].

The other analyzed stereotype concerned manual communication methods, both PSL and MCP. Data collected on the basis of empirical material are presented in table 2.

Table 2. Respondents' stereotypes concerning the sign language (PSL and MCP)

No.	Statement	True		False		No answer	
		N	%	N	%	N	%
1.	PSL is the natural language of the deaf	32	38.1	19	22.6	33	39.3
2.	PSL is a sub-code of the Polish language	37	44.0	16	19.0	31	37.0
3.	PSL makes it more difficult to learn to speak and understand Polish language	6	7.1	46	54.8	32	38.1
4.	PSL was created by hearing persons	35	41.7	15	17.8	34	40.5
5.	Sign language is universal – it is the same everywhere	47	56.0	34	40.5	3	3.5
6.	Sign language is the only language used by the deaf	26	31.0	54	64.3	4	4.7

Source: Results of own research

Most respondents (56%) believe that the sign language is universal. The opinion that the sign language is universal, i.e. that sign languages are similar all over the world is untrue. In fact, respective sign languages are as different from one another as phonetic languages, which is confirmed by the research conducted by Heleen Bos and Trude Schermer[38]. The conviction that the sign language is

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[37] B.L. Mallory, H.W. Zingle, J.D. Schein, *Intergenerational Communication Modes In Deaf-Parented Families*, "Sign Language Studies" 1993, no. 78, p. 73-92.

[38] H. Bos, T. *Schermer, Sign language research. Proceedings the 4th European Congress on sign language research*, Munich, September 1-3. Hamburg: Signum, 1995, after: P. Tomaszewski, *Mity o Polskim Języku Migowym*, „Nauczyciel w Świecie Ciszy" 2006, no. 8, p. 2-11.

universal may be due to the fact that the d/Deaf using different sign languages find it easier to communicate with one another than hearing persons who use different phonetic languages. This is due to certain grammatical universalities in sign languages, which are based on facial mimicry, natural gestures, body language and elements of pantomime[39]. It is worth noting that there us an international system of communication called the International Sign, used by the d/Deaf on the international arena (e.g. during international conferences, Miss & Mister competitions, Deaflympics, etc.) and at meetings attended by persons from different parts of the world[40].

Another popular myth among the responding students (44%) is that the PSL is a sub-code of the Polish language. Sylwia Łozińska notes: "The PSL develop (…) independently of the phonetic Polish language, based on the communicational needs of the deaf themselves, without the interference of the hearing community"[41]. A visual and spatial sub-code of the Polish language is the MCP, which means that it uses both Polish grammar and sign language symbols. It needs to be highlighted not only because the stereotype is popular but also because many authors of academic publications on deaf education do not distinguish between the PSL and the MCP, which is reflected in the social perception of the d/Deaf in the hearing society[42].

Of all the myths and stereotypes listed in the table the most disputable was opinion no. 4: "PSL was created by hearing persons", causing the highest disagreement between the respondent group. Nearly the same number of respondents agreed with this statement

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[39] Ibidem.

[40] https://edl.ecml.at/Facts/FAQsonsignlanguage/tabid/2741/language/pl-PL/Default.aspx [accessed on: 30.01.2018].

[41] S. Łozińska, *Gramatyczne funkcje ruchu w polskim języku migowym (PJM)*, [in:] *Ruch w języku – język w ruchu*, ed. K. Lisczyk-Kubina, M. Maciołek, published by Uniwersytet Śląski, GNOME, Katowice 2012, p. 90.

[42] E. Moroń, *Konceptualizacja języka migowego w edukacji niesłyszących – spojrzenie krytyczne*, [in:] Edukacja niesłyszących, ed. E. Twardowska, M. Kowalska, Łódź 2011, 157-169.

(35 persons, which is 41.7%) and had no opinion (34 persons, which is 40.5%). An equally high percentage of respondents had no opinion on statement 1: "PSL is the natural language of the deaf". 32 persons, which constitutes 38.1%, agreed with this statement, which 33 persons, which constitutes 39.3%, gave no answer.

Conclusions and recommendations

Analysis of the empirical material based on the constructed tools revealed the presence of stereotypes about the d/Deaf, PSL and MCP in the awareness of first-year special needs education students who were involved in the research.

The results of the research show that some of the stereotypes presented in the research are not shared by the students, but also that knowledge about the d/Deaf and about the PSL and MCP is incomplete and based on stereotypes, which may (though not necessarily) contribute to biased multiplication and dissemination of untrue slogans. Also, the research was conducted among first year students and there still is hope that, as their knowledge develops and deepens in the course of studies, their stereotypical thinking will be fully or partly transformed.

In the light of the results of the research, the authors would like to note that the goal of developed societies is to deepen humanitarianism, in the broad meaning of the term and, at the same time, to reduce audism. Such measures should be based on awareness raising and broadening knowledge about the d/Deaf, their culture and language, which helps reduce the stereotypization phenomenon. They include, among other things:

- Organization of meetings with the deaf and getting to know their environment through immersion in it,
- Organization of visits at the Polish Association of the Deaf in order to get to know the people who work with the death and their experiences with and opinions about them;

- Acquainting students with educational methods and strategies used in the deaf education system,
- Participating in cultural educational and integration events,
- Acquainting students with the literature, cinematography and programmes about the deaf and sign language,
- Organizing lectures on stereotypes and prejudices,
- Presenting the culture of the deaf,
- Acquainting students with a linguistic description of the sign language.

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Feminist disability studies vs discrimination of women with disabilities

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Disabled women are often treated as if they were deprived of feelings or desires. They are exposed to discrimination not only because of disability, but also because of gender (multiple discrimination). Feminist disability studies are an interdisciplinary field of research into the socio-political situation of women with disabilities.

KEY WORDS: gender, disability, women's studies, feminist studies

> *As a disabled woman, I felt a deep sense of alienation*
> *from the nondisabled feminists and anger*
> *that there seemed to be an assumption*
> *that they were "on the same side" as me*
>
> Jenny Morris[1]

1. Foreword

For a long time, disability was thought about in terms of so-called individual (medical) model, where the phenomenon of disa-

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[1] J. Morris, *Feminism and Disability*, "Feminist Review" 1993, no. 43.

bility was regarded as the personal tragedy of an individual or the consequence of a diseases[2]. The individual paradigm of perceiving disability focused mainly on a strive to separate persons with disabilities from the other "normal" part of the society. It is a reflection of the model of hospital as place for gravely ill persons. The crowning of such perception of disability is, among other things, the theory of social stigma[3].

As the emancipatory movement of persons with disabilities developed in the 1960s, the perception of the disability phenomenon underwent major transformation. This movement manifested itself in mass protests of persons with disabilities in the United States, mainly caused by delays in the implementation of the Rehabilitation Act prohibiting discrimination against persons with disabilities[4]. In the United Kingdom, the history of the movement was mainly associated with the activity of the Union of the Physically Impaired Against Segregation, UPIAS). The union consisted of a small group of physically impaired persons, and their goal was to eliminate institutional care for persons with disabilities and to ensure their full participation in social life, independent existence, professional activity and ability to make their own choices in life[5].

The social model of disability is a challenge to discrimination and marginalization of persons with disabilities, combining civil rights and political activism. It is also a powerful tool in driving social and political changes, discussion on social and historical re-

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[2] B. Kowalska et al., *Studia nad niepełnosprawnością a wyobraźnia socjologiczna*, „Studia Socjologiczne" 2014, no. 2, p. 226.

[3] B. Gąciarz, *Przemyśleć niepełnosprawność na nowo. Od instytucji państwa opiekuńczego do integracji i aktywizacji społecznej*, „Studia Socjologiczna" 2014, no. 2, p. 19.

[4] In the early 1970s, a law was passed granting civil rights to persons with disabilities, which gave foundations for the American version of a social model of disability as a minority model. More in: A. Twardowski, *Społeczny model niepełnosprawności – analiza krytyczna*, „Studia Edukacyjne" 2018, no. 48, p. 102.

[5] A. Twardowski, *Społeczny model niepełnosprawności – analiza krytyczna*, „Studia Edukacyjne" 2018, no. 48, p. 102.

pression against persons with disabilities and in research[6]. Jenny Morris emphasizes that the Movement for the rights of persons with disabilities, which was dominated by men, neglected the issues of sexuality and reproduction – the area particularly important in the life of women. Consequently, disabled women felt marginalized by the very movement that was supposed to represent them as disabled persons[7].

The purpose of this article is to present a description of feminist disability studies and their development over the last 30 years. The first part of the article presents basic assumptions of feminist studies, focusing in particular on three main categories of feminist theories. Next, the article presents the genesis and idea of feminist disability studies and the focus areas of feminist studies on disability.

2. Development of feminist studies

Feminist studies developed spontaneously, without a coherent theory. Feminist studies focused mainly on the organisation of courses and research concerning various aspects of situations and experiences of women[8]. The most visible form of increased social and political activity of women took place in the 1960s and was associated with the American Women's Liberation Movement. Ewa Gontarczyk notes that within the movement evolved the feminist studies, often referred to as women's studies or female studies[9].

It is difficult to find an unequivocal definition of feminism in the literature on the subject. It means movements, ideologies and doctrines that discuss legal, political and social equality of women and

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[6] J. Owens, *Exploring the critiques of the social model of disability: the transformative possibility of Arendt's nation of power,* "Sociology of Health and Illness" 2015, no. 3.

[7] J. Morris, *Introduction,* [in:] *Encounters with strangers. Feminist and disability,* ed. J. Morris, The Women's Press, London 1996, p. 2.

[8] E. Gontarczyk, *Kobiecość i męskość jako categories social-cultural w studiach feminist. Perspektywa socjologiczno-pedagogiczna,* Poznań 1995, p. 59.

[9] Ibidem.

men[10]. Feminism is a complex concept. The sociologist Judith Lorber identified three main categories of feminist theories, her criterion being their attitude to the existing cultural construct of femininity and masculinity. The author lists: gender-reform feminism, gender-resistance feminism and gender-rebellion feminism[11].

According to the gender-reform feminism, there are more similarities than differences between men and women. Supporters of the gender-reform feminism want women to have, the same as men, the possibility of full participation in all areas of social life. Lober identified four types of the gender-reform feminism, primarily focusing on changing the existing forms of femininity and masculinity. These types are: liberal feminism, Marxist feminism, socialist feminism and "Third World" (so-called developmental) feminism. Supporters of the gender-resistance feminism focus mainly on the differences between female and male ideas and experiences. The researcher stresses the fact that in order to do away with male dominance, women must create their own organizations and communities. In this category, Lober includes: radical, lesbian, psychoanalytical and stand-point femisisms. The last, gender-rebellion feminism, also referred to as the "third wave" of feminism, departs from the conceptualization of biological gender and cultural gender, which are typical of the first and second waves of feminism. The gender-rebellion feminism opposes the dominant constructs of cultural gender and it consists of the following trends: multiracial feminism, men's feminism, social constructivism feminist, postmodern feminism and the queer theory[12].

There is currently a discussion in progress associated with defining and developing the feminist theory – its future and directions for development. The large variety and number of problems dis-

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[10] J. Helias, W. Jedlecka, *Urzeczywistnianie idei feminizmu w ogólnoświatowym dyskursie o kobietach*, E-wydawnictwo. Prawnicza i Ekonomiczna Biblioteka Cyfrowa, Wrocław 2018.

[11] C.M. Renzetti, D.J. Curran, *Kobiety, mężczyźni i społeczeństwo*, translated by A. Gromkowska-Melosik, Wydawnictwo Naukowe PWN, Warszawa 2005, p. 33.

[12] Ibidem, p. 33-36.

cussed in the contemporary feminist literature show the complexity of feminism and its theories[13]. At the same time, the diversity of feminism is the cause of its problems. It is important to emphasize the phenomenon of the "fossilization of the movement" and its division into segments that cease to react to one another. Rosalind Delmar notes that,

> instead of an internal dialogue, there are names of respective parts: radical feminists, Marxist feminists, lesbian separatists, color women etc. Each of the groups carefully protects its own sense of identity. Each believes that it is the most valuable trend of feminism and ignores and strongly criticizes the other[14].

Jonathan H. Turner shows that female sociologists did not affect the shape of their domain. Sociology in itself is so fragmented that it is difficult to make a holistic change starting from different theoretical perspectives. According to the researcher, feminism would have to develop a single concept and, beginning with that concept, fight for an overall change in sociology[15]. Joan Acker proposes developing a feminist paradigm that would: (1) enable understanding the class and State structure, the social upheaval and militarism; (2) place women and their life centrally in the process of interpreting social relations as a whole; (3) build a methodology that would generate knowledge more for women than about women in all different situations[16].

In social awareness, feminism functions as an emancipatory movement whose supporters (including female supporters) make demands associated with the "battle of the sexes" that is supposed to lead to a social revolution and destroy the traditional order[17].

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[13] E. Gontarczyk, op. cit., p. 78.

[14] C.M. Renzetti, D.J. Curran, op. cit., p. 33, after: R. Delmar, *What is feminism?,* [in:] *What is feminism?,* ed. J. Mitchell & A. Oakley, New York 1986.

[15] J.H. Turner, *Struktura teorii socjologicznej. Wydanie nowe*, Warszawa 2004, s. 674.

[16] Ibidem, p. 673.

[17] A. Zygmunt, *Feminizm a symboliczna ideologia*, „Oblicza Komunikacji" 2009, vol. 2, p. 338.

Griselda Pollock emphasizes that the "term 'feminist' functions as a perpetual provocation to women engaged in feminist scholarship, as much as to other scholars and theorists."[18]

3. Feminist disability studies – the female perspective of disability?

Until recently, disabled women were invisible in feminist movements. The idea of strong and competent women was in conflict with disability stereotypes. Disabled feminists criticized research conducted by the feminist movement, mainly for excluding the experiences of disabled women from feminist analysis. Feminist research, whose assumption was to integrate the diversity of women's experiences based on race and sexual orientation excluded disabled women. There was a breakthrough in the early 1980s, associated with Gwyneth Matthews' study based on interviews with 40 disabled women. Next, in 1984, the US President's Committee on Employment of the Physically Handicapped developed a report confirming the unequal status of disabled women in terms of education and professional activity compared disabled men. In 1985, Marry Deegan and Nancy Brooks published an extensive monograph. Eleven of its chapters were fully devoted to the disability of women, lack of information on their life and experiences, and the need for change in their living conditions that contribute to the consolidation of social inequalities experienced by disabled women[19].

In recent decades, persons with disabilities and their supporters gained a lot in their struggle for civil rights and social integration. Regardless of the achievements already made by the community of disabled persons and hopes for the future ones, it should be noted

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[18] G. Pollock, *Polityki teorii: pokolenia i geografie. Teoria feministyczna i historie historii sztuki*, translated by M. Bryl, "Artium Quaestiones" 1997, no. VIII, p. 158.

[19] Ch.M. Tilley, *Health Care for Women with Physical Disabilities: Literature Review and Theory*, "Sexuality and Disability" 1998, no. 2.

that disabled women are in a relatively less advantageous position than disabled men. Research conducted in many states shows that disabled women face more inconveniences than disabled men, e.g. in terms of ensuring independent life, education, healthcare, social care or access to culture[20]. Feminist activists note that the social forces and processes that construct and shape both gender and disability are closely linked. They include: Jenny Morris, Sally French, Karin Barron, Rosemary Garland-Thomson, Susan Wendall, Liz Crow.

Feminist disability studies dismiss the idea that disability is not a "defect", "lack" or excess". They define disability from the social rather than the medical perspective. Disability is a cultural interpretation of human changeability, not "innate inferiority", "pathology to be cured" or "undesirable property to be eliminated"[21]. According to Rosemarie Gerland-Thomson, feminist disability studies: first of all, tend to avoid medical diagnostic categories of disability. They analyze in what way persons with a broad range of physical, intellectual and emotional differences are excluded and presented as "deficient" by the abled society. Secondly, they use a precise language that may very often seem intricate. They use the term "properties that we consider disabled" rather than words like "deformations" or "anomalies"[22]. The author shows that the purpose of her first use of the term "feminist disability studies" was to combine the feminist theory with disability research. In her article *Integrating Disability, Transforming Feminist Theory*, Gerland-Thomson observes

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[20] Antonina Ostrowska notes that such obstacles as limited activity on the labor market, stereotypes, prejudices, negative emotions, problems with communication, higher costs of living or social passivity may be encountered by both men and women. However, disability research and analyses show that, in the case of women, this is a much more discriminatory factor than in the case of men. She discusses the topic in more detail in: A. Ostrowska, *Niepełnosprawni w społeczeństwie 1993-2013*, Wydawnictwo IFiS PAN, Warszawa 2010, p. 45-46.

[21] R. Garland-Thomson, *Feminist Disability Studies*, "Journal of Women in Culture and Society" 2005, no. 2, p. 1558.

[22] Ibidem, p. 1558-1559.

that " integrating disability as a category of analysis and a system of representation deepens, expands, and challenges feminist theory"[23].

Gerland-Thomson notes that the integration of disability with the feminist theory is generative, broadens common enquiries and questions the existing assumptions concerning disability. The researcher is in the front of recognizing feminist disability studies as a domain with separate methodology. Their goal is to prevent prejudices, understand disability as a politicized problem and build a community for all. The claims that feminist disability studies want to abolish stereotypes concerning disabled persons and their main goal is to undermine the dominant assumptions about the life of persons with disabilities[24].

Feminist analyses of female oppression used the body as the tool for political activity and protests, and introduced the body to scholarly conceptualizations of the patriarchate. Shulamith Firestone in *The Dialectic of Sex* derives the system of gender inequalities directly from various reproductive functions of the female and male bodies[25]. Agnieszka Wołowicz-Ruszkowska observes in her research that disability, which causes numerous changes in body functions (changes in proportions, ability, aesthetic criteria), triggers anxiety, especially in women with acquired disability or in the case of progressing disability. The respondent women also feared that their ability and body performance would continue deteriorating[26]. Undoubtedly, the body is highly idealized and objectivized in Western societies and social pressure to shape and normalize one's body is strong[27]. In Wołowicz-Ruszkowska's research, the respond-

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[23] R. Gerland-Thomson, *Integrating disability transforming feminist,* "NWSA Journal" 2002, no. 3, p. 1.

[24] Ibidem, p. 3-5.

[25] Ch. Silling, *Socjologia ciała,* translated by M. Skowrońska, Wydawnictwo Naukowe PWN, Warszawa 2010, p. 45-46.

[26] A. Wołowicz-Ruszkowska, *Zanikanie? Trajektorie tożsamości kobiet z niepełnosprawnością,* Wydawnictwo Akademii Pedagogiki Specjalnej, Warszawa 2013, p. 7.

[27] C. Ahlvik-Harju, *Disturbing bodies – reimagining comforting narratives of embodiment through feminist disability studies,* "Scandinavian Journal of Disability Research" 2015, p. 5-7.

ents, both with acquired and congenital disabilities, look for ways to accept their own body[28].

Research conducted by Katarzyna Piątek shows that one of the basic aspects of disability is its impact of self-esteem, image and perception of oneself in relations with others. The experiences of women with disabilities concerning the image of their own bodies and social reactions to changes in their appearance and adaptation to those changes clearly show how important external appearance is nowadays. The respondent women emphasized difficulties associated with accepting their own corporeality after acquiring disability[29].

Susanah B. Mintz in her work *Unruly Bodies* analyzed the life stories of eight women with disabilities. She wanted to better understand how the categories of gender and disability cooperate in shaping the identity of a woman, this way questioning the common concepts of disability as deviation, helplessness and dependence. Life stories concerning bodily differences show complex links between subjective experiencing of disability and its cultural narrative, being an example of how narratives about a "normal body" may hurt persons who embody something different. These stories may support feminist studies on disability in confrontation with the border of out understanding of human diversity, the physicality of the body and the social categories that interpret differences in corporeality[30].

Apart from experimenting with the body, feminist disability studies discuss the problem of violence against disabled women. Researchers – Helen Meekosha, Lesley Chenoweth, Jeane Neath – note that women with disabilities are more exposed to violence than abled persons. Chenoweth, based on government reports on institutional malpractices, builds a feminist analysis of disability in which

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[28] A. Wołowicz-Ruszkowska, op. cit.

[29] K. Piątek, *Szanse i zagrożenia w funkcjonowaniu kobiet z niepełnosprawnością. Studium socjologiczne*, [in:] *Polscy niepełnosprawni. Pomiędzy deklaracjami a realiami*, ed. B. Gąciarz, S. Rudnicki, D. Żuchowska-Skiba, Wydawnictwo AGH, Kraków 2015, p. 93.

[30] C. Ahlvik-Harju, op. cit., p. 5-7.

she analyses the issue of sexual and physical abuse of women with disabilities. Noting the quiet and invisible nature of the social problem of violence, she emphasizes the existence of the following social assumptions[31]:

- Women with disabilities do not have the skills or competencies to be a mother, which is probably why they do not establish intimate relationships;
- Women with disabilities should not be treated seriously;
- Women with disabilities are perceived as “sexless”, whereas women with intellectual disabilities as promiscuous[32].

A vast majority of literature discussing the problem of disabled women presents personal relations with the experience of physical disability. Some women speak with anger, the bitterness of isolation, despair and helplessness, while other disabled women celebrate their own successes. Survival in the contemporary society that treats women as products manifesting the male success means that women with disabilities have to fight with being treated as “defective goods”. Obviously, not many women actually meet the standards imposed and them and those who fail to do so are considered not only as “unattractive” but mainly as “abnormal”[33].

4. Conclusions

Scholarly research in this domain is relatively new and limited to a few important monographs. However, these were sufficient to

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[31] J.M. Marys, *Feminist disability theory: domestic violence against women with a disability* “Disability&Society” 2007, no. 2, p. 150-151.

[32] Sexual abuse of disabled women has attracted some scholarly attention in recent years. Corbett J. O’Toole observes that, for the last or three years, there have been more sexual assaults on disabled women than on abled women. It seems contradictory that, on the one hand, women with disabilities are considered sexless but, on the other hand, they are more exposed to sexual abuse than abled women. More in: C.J. O’Toole, *Violence and sexual assault plague many disabled women*, New Directions for Women 1990, p. 17-20.

[33] Ch.M. Tilley, op. cit., p. 95.

provide information on the social and economic situation of disabled women. Most scholarly publications concerned the identification of barriers that disabled women encounter in the contemporary society and the extent to which their life is more difficult than the life of abled women or disabled men[34]. Undoubtedly, disabled women face contradictory expectations and standards that they cannot meet.

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[34] Ibidem.

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Piątek K., *Szanse i zagrożenia w funkcjonowaniu kobiet z niepełnosprawnością. Studium socjologiczne*, [in:] *Polscy niepełnosprawni. Pomiędzy deklaracjami a realiami*, ed. B. Gąciarz, S. Rudnicki, D. Żuchowska-Skiba, Wydawnictwo AGH, Kraków 2015.

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Communication and functioning of pupils with autism in public school three case studies

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The purpose of this article is to characterize the means of communication of three autistic pupils with their teachers and peers as well as their daily functioning in the community of one of the public schools located in the Wielkopolska region of Poland.

KEY WORDS: autism, logopedics, therapy, communication skills, social skills training

Foreword

> (…) *to have autism – to be autistic – represents but one more wrinkle in the fabric of humanity and no one among us is living a life 'unwrinkled'*[1].

A lot has already been written about autism, and the perception of persons on the autism spectrum has dramatically changed over

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[1] J. Donvan, C. Zucker, *Według innego klucza. Opowieść o autyzmie*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2017, p. 523.

the last decades. In time, the attitude to persons considered to be autistic has improved, and contempt and cruelty are now a thing of the past. Now, it is believed that these persons should be considered as one of us and they should be granted an equal share in the world. 77 years have passed since the first child was diagnosed with autism disorders. Many therapeutic and educational methods and techniques have developed to improve the most defective functions in persons on the autism spectrum. Every person is different, and the same is true for a person with autistic disorders, especially a child pupil. The education process emphasizes individualization of teaching and each programme, therapy or method must be tailored to the needs of a specific child, and nothing must be imposed externally.

The educational success of every child depends on his or her teachers accepting and understanding their problems. Also, the success of a pupil with autism spectrum disorders requires acceptance of the fact that he or she will require more engagement, help and support from the teachers than other pupils. However, the teacher faces not only the challenge of supporting such a pupil in the teaching process and tailoring the teaching methods to his or her needs but also of stimulating his or her social integration and preventing emotional disorders by protecting him or her against the rejection and violence of peers[2] The organization of classwork is also important – teachers should remember to maintain an appropriate scheme of work and repetitiveness of activities, as pupils on the autism spectrum function better when they know the lesson plan and are not surprised by changes.

The educational process should be accommodated to children on the autism spectrum so as to enable their full development and not to cause fear and frustration. The teaching process should be developed on the basis of the strengths of pupils with autism spectrum disorders as well as on such features as: problems with atten-

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[2] G. Jagielska, *Dziecko z autyzmem i zespołem Aspergera w szkole i przedszkolu*, Ośrodek Rozwoju Edukacji, Warszawa 2010, p. 17.

tion, motor disorders, perceptive disorders or pedantry[3]. Persons on the autism spectrum usually have disordered social interactions, communication (bilateral verbal and non-verbal communication) and recurring, limited and stereotypical patterns of behavior, interests and activities. These functions need to be improved throughout the entire education process – both in and out of school.

Purpose of research and methodology

In order to conduct scholarly research, it is necessary to determine its purpose and scope. The purpose is "the type of intended effect that the research is supposed to lead to"[4] The purpose of the article is to characterize communication between three pupils with autism spectrum disorders and their peers and teachers, and their daily life functioning in the school community. The three pupils attend one of the public schools (primary and junior high school) in the Wielkopolskie region of Poland. The article is intended to show the importance of cooperation between the respective professional who work with a child. It does not focus on a specific therapeutic method, but rather presents the therapeutic process holistically.

In order for scholarly research to be reliable, it is important to select proper research methods, techniques and tools to achieve the purpose of the research and take measures to solve the scholarly problem. Logopedics draws on many disciplines: linguistics, pedagogy, special pedagogy, medicine; it does not have its own methodology, so it often uses the methodological foundations of linguistics,

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[3] E. Januszewska, I. Januszewska, *Stymulacja rozwoju zdolności i zainteresowań u ucznia z zespołem Aspergera,* [in:] *Osoba ze stanami ze spektrum autyzmu. Możliwości aktywnego życia*, ed. J. Kossewska, Wydawnictwo JAK, Kraków 2014, p. 116.

[4] J. Gnitecki, *Zarys metodologii badań w pedagogice empirycznej*, Wydawnictwo Wyższej Szkoły Pedagogicznej im. Tadeusza Kotarbińskiego, Zielona Góra 1993, p. 127.

pedagogy or biology[5]. This article presents three case studies, it being the only way to closely pupils on the autism spectrum and their linguistic and social behaviors. The case study is a method that, thanks to its individual nature, makes it possible to explore the internal structure of the studied phenomenon, processes and behaviors, and the external conditions of the behavior of the object of the study; its goal is to describe in detail and in a reliable manner the object of the study, taking into account various factors and aspects[6]. One of the most frequent research methods is observation, which proved ideal in the study on the communication behavior of children on the autism spectrum.

The pupils presented in the case study come from a rural environment and they all go to a public school. One of them had an individual teaching program at school (till the end of the 2017/2018 school year) and is now covered by inclusive education. The other two boys are in a non-inclusion class (there is no inclusion class in the school concerned). According to legal regulations, the choice of school for a child belongs to parents. They can choose between a special school, school with inclusion classes or public school[7]. In public schools, there is a strong focus on the individualization of requirements and work methods depending on the actual difficulties of respective pupils. It is important that teachers who have children with autism spectrum disorders use simple and unambiguous language, short and concrete sentences without metaphors, idioms, irony or jokes – though these elements are practiced with boys during speech therapy. Each non-verbal signal should be accompanied by verbal information. Apart from that, a teacher, and in particular the form teacher, should try to ensure conditions that would stimu-

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[5] A. Hamerlińska-Latecka, *Logopedia a metodologia badań nauk społecznych,* [in:] *Problemy badawcze i diagnostyczne w logopedii*, ed. I. Jaros, R. Gliwa, Wydawnictwo Uniwersytetu Łódzkiego, Łódź 2016, p. 19.

[6] A. Banaszkiewicz, *Studium przypadku (case study) jako metoda badań logopedycznych,* [in:] *Metodologia badań logopedycznych z perspektywy teorii i praktyki*, ed. S. Milewski, K. Kaczorowska-Bray, Wydawnictwo HARMONIA, Gdańsk 2015, p. 371.

[7] G. Jagielska, op. cit., p. 8.

late the development of social skills, such as recognizing emotions and learning how to react properly to one's own feelings and emotions as well as those of other people. All teachers should give more time for classwork because of motor disorders and problems with attention focus, and they may also allow pupils to use computers for typing, if need be (one of the boys is allowed to type his homework and longer writing assignments in class on the computer).

Better-functioning persons with autism spectrum disorders are, in their adolescence, more interested in other people and able to create new bonds with peers, though these relations seem superficial and egocentric. Their new friendships are based on common interests, though, in most cases, they see that they stand out from the group[8]. The boys are rarely interested in their peers, they avoid them and do not establish contacts, and if they do, it is not adequate to the situation – they rather demand something, are obtrusive, do not observe the norms and rules and follow their own needs. What is most striking in them, are the difficulties in the reciprocity of communication, they speak to someone, but not talk with someone, they cannot maintain a conversation or social contacts. They often say long monologues that their peers are not interested in. Speech is rarely accompanied by motor stereotypies, the psychologist managed to eliminate them.

The three boys communicate verbally, two of them have no articulatory defects and third is diagnosed with rhotacism. They continue to have some disorders, especially in the sphere of social contacts and interpersonal communication disorders, reluctance to changes, tendency to routine behaviors and stereotypical interests and games. They also have some speech disorders, in terms of the intensity, tone, pace and modulation. The strengths of those pupils include: fast learning, sometimes above-average mechanic memory and talents in the area of visual and spatial skills.

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[8] J. Komender, G. Jagielska, A. Bryńska, *Autyzm i zespół Aspergera*, Wydawnictwo Lekarskie PZWL, Warszawa 2014, p. 46-47.

A speech therapist is not only a specialist on correcting speech defects but also on developing communication skills, especially in persons on the autism spectrum. Then, speech therapy takes place not only in the therapist's office but also outside it: on the corridor, in a shop, at home. Speech therapist instructs a child and his or her parents how to communicate, what to say and when, and what not to say. The therapy with children on the autism spectrum that I conduct as speech therapist together with educator and psychologist covers three areas: understanding the social and emotional perspective of another person, the ability to conduct a conversation and the ability to create peer relationships[9]. Each professional deals with a separate domain, but they need to cooperate and undertake many joint activities. During sessions with a therapist or a group of therapists, boys on the autism spectrum are taught how to communicate (correctly), pay attention when someone else wants to say something or convey a message; not to think about oneself only, not to say something in the wrong time or place. They are trained in conducting conversations with the persons whom they know or who are new to them. Pupils learn what it means to have a friend; they learn to accept the common rules of behavior. A very important element is social skills training[10] by means of, for example: reconstructing and maintaining self-care skills, establishing and maintaining contacts with people, problem solving, taking care of one's hygiene and aesthetic appearance, money management. During speech therapy sessions, the respective topics are analyzed theoretically, and elaborated from the practical angle in association with the educator and/or psychologist.

Speech therapy puts a strong focus on enriching the vocabulary of pupils by looking for synonyms, antonyms, using dictionaries, explaining metaphors, idioms and polysemantic words. A frequent

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[9] M. Piszczek, *Autyści. Indywidualne i grupowe metody terapii*, Wydawnictwo ES, Warszawa 2014, p. 2017.

[10] Cf. eg.: J.E. Baker, *Ilustrowany podręcznik umiejętności społecznych: trening komunikacji, zabawy i emocji dla dzieci z autyzmem*, Harmonia Universalis, Gdańsk 2016; C. Gray, *Nowe historyjki społeczne*, Harmonia Universalis, Gdańsk 2014.

element of group sessions (together with neurotypical children) are speech therapy games, especially charades, in order to practice using and interpreting mimicry and gestures, and improve social functions.

Three case studies

Marcin[11]

Marcin is 12 years old and he is in grade 5 at primary school. He was diagnosed with child autism at the age of 4 years. He used to go to non-inclusion preschool and he continues education in mainstream school. His educational requirements from the beginning of preschool education were adopted to his individual needs and possibilities. The didactic process is supported by didactic, corrective, compensatory, rehabilitation, speech therapy and psychologist sessions. Marcin's intellectual abilities are below average, his perception skills, linguistic skills, grapho-motor skills and knowledge about social norms are significantly reduced. The boy's therapy (with speech therapist, psychologist and educator) focuses on training his social needs and controlling emotions, cognitive and behavioral therapy, developing behavioral "scripts" and day scheduling. Marcin requires specialist care and therapy, and cooperation of the family and school environment in order to generalize his skills. The rules that the boy should observe, should be the same at home and at school, which is why the cooperation between the school and home environment is emphasized. The purpose of the therapy is to improve cognitive functions and at the same time develop linguistic communication. It is also important to stimulate hearing, visual and motor functions, which helps develop linguistic competencies necessary in the process of communication and playing social roles. Marcin has attended speech therapy since he started his preschool education at the age of 5. At school, he was diagnosed with post-alveolar

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[11] The names of the pupils were changed for the purpose of the article.

consonant disarticulation and rhoticism, which was quickly and successfully eliminated. Currently, he regularly attends 1 hour of speech therapy per week. Speech therapy stimulates the development of his speech and helps him train imitation, which is a condition of social learning. The therapy focuses on creating behavioral "scripts" and then, having mastered a part of material, on verifying the developed, desired behavior in daily life situations, e.g. at the shop, with the janitor, at the canteen, with the school nurse.

Marcin has very good contacts with teachers, he eagerly asks them for help and to explain a difficult issue. His relations with peers are not so good. His classmates do not know about Marcin's disorders, his mother did not want them to be told about the causes of the boy's difficulties. The boy does not have a good friend, he spends the breaks alone, standing by the window. A few years ago, when his older brother went to the same school, he spent the time with him and his colleagues. However, he actively participates in the life of his class and school, he plays football and chess, goes on school trips and green schools and takes parts in competitions and mathematical olympiads. He has particularly highly developed mathematical skills and logical thinking operations. He repeated many times during the conversations that he feels uncomfortable in the classroom and that his classmates are angry with him for his being different. Cooperation with the family often proved to be important here. His mother talks to Marcin, after which his perception of the surrounding reality changes.

Despite being highly independent, the boy does not cope with simple, everyday tasks, like shopping, which is why he attends communication sessions and comprehensive therapy.

Mateusz

Mateusz is 11 years old and is in grade four. He had an individual teaching program at school from the beginning of preschool education, i.e. when he was 5 years old, until the 2017/2018 school year and since September 2018, he has been in an inclusion classroom. The boy has average intellectual abilities with the supremacy of verbal and conceptual thinking over perceptive and executive functions. His working memory is on a very high level as well as his logical thinking on arithmetic material, verbal and conceptual thinking, cause-and-effect thinking on concrete material and sequential memory. His weaknesses include manual and grapho-motor skills as well as visual and motor coordination. Mateusz displays numerous behavioral schemes and a tendency to act routinely, his behaviors are accompanies by stereotypical hand movements, he does not like changes. Sometimes, he has fits of aggression (a few years ago, he was aggressive to teachers and to himself). It is important and even necessary to take care of the boy's integration with his peers. The boy has no friends (because of his early individual teaching program), when asked repeatedly if he wanted to have a friend, he said that his mum was enough for him. However, he experiences lack of peers, e.g. during PE lessons or after school. Teachers introduce lessons in the classroom, also his speech therapy involves group activities. The boy cannot lose, play in a group or share tasks. He has no home chores to do. His mother does everything for him. He is not independent, cannot do shopping, does not go to a hairdresser (hos mother cuts his hair).

His hearing perception is normal, he correctly analyzes and synthesizes phonemes and word syllables. In preschool, he was hypersensitive to sounds, especially those of increased frequency (e.g. the school bell). He was distracted by sounds and too many sound stimuli triggered defensive reactions (Mateusz covered his ears with his hands). In terms of visual and spatial functions, the boy distinguishes geometric figures, can show, draw and reconstruct them. He has problems defining the position of objects in space. He has good visual memory, he notices elements missing from pictures, he reconstructs buildings from a pattern.

Verbal contact with the boy depends on the topic of the conversation and his mood in a given moment. If a therapist raises a topic that the boy is not interested in or does not know much about, he does not continue the conversation, withdraws or changes the topic. At the same time, he speaks eagerly about things that interest him.

Mateusz communicates with simple and complex sentences, he frequently uses agrarianisms. When he talks spontaneously, he speaks quite fast and unclearly. At the beginning of his therapy, he had wrong intonation and accent, which has improved after six years of therapy. He still uses echolalia and verbal schemes. He has a very rich vocabulary. Mateusz can give word synonyms, explain the meaning of words and give examples of word usage.

During speech therapy, special focus is put on developing linguistic skills. We practice correct naming of things, phenomena, activities, professions, etc., using ready-made picture material, newspapers, the Internet and, most importantly, everyday experiences, e.g. going to the school library, nurse's office, school canteen, secretariat. The boy has problems constructing correct sentences, especially using prepositions. During sessions, he solves numerous puzzles to learn new concepts and their meanings, to create definitions. Mateusz has problems asking correct questions, formulating responses and properly addressing adults – he forgets to call them Mr or Mrs. During therapeutic sessions (also with the school psychologist), he does exercises practicing his social skills that are necessary to function in the school environment. Mateusz has problems focusing on one thing and staying focused for a longer period of time. He wants everything to happen "here and now". He cannot wait for his turn, for his interlocutor to finish talking. In many situations, it is important to make an agreement with him, to find a compromise in order to encourage him to perform a task.

Maciej

Maciej is 16 years old, he goes to grade 3 in junior high school. At the age of 15, he was diagnosed with qualitative disorders in terms of social interactions, communication and information processing, typical of the Asperger syndrome. The boy has problems making precise utterances and an increased level of anxiety in new social situations. He has average intellectual abilities. His knowledge about the social and natural environment and logical thinking on concrete material are above average, also his visual analysis and synthesis, thinking on verbal and conceptual material and visual and motor coordination are slightly above average. He has normal logical thinking on arithmetic material and above-average linguistic skills (knowledge of concepts and their definitions), perception skill and knowledge about social norms. He has problems understanding jokes, metaphors, body language and mimicry of other people. Sometimes, he inadequately interprets his surrounding reality or social situations, which makes him frustrated and anxious. He is hypersensitive to odors and sound stimuli. He does not take and active part in the live of his class or school (school events, assemblies, school outings to the theatre or cinema), because he is afraid of new situations and too much noise, to which he reacts with fear. The teenager does not have major problems in contacts with adults. What is striking about Maciej is that he does not maintain the right distance to adults, he treats them (e.g. his teachers) like his peers, calling them by their first names (the other boys have the same problem), and talks about things that are not supposed to be told to teachers. He is considered "weird" by his class or school mates. He forgets about the right physical distance, he approaches teachers and peers very closely, standing face-to-face, just a few centimeters apart.

He regularly attends speech therapy in and out of school. Therapy helped reduce Maciek's major speech disorders. Currently, the boy has problems with correct articulation of the "r" sound, fluent speech and hypersensitivity of his oral cavity (oral hypersensitivity), which contributes to the development of incorrect reactions. This is accompanied by frequent, intensified emetic reflex, which makes it impossible to maintain the hygiene of the oral cavity and significantly reduces his food intake repertoire. One of the therapeutic methods for Maciej is speech therapy massage and various exercises improving speech fluency.

For desensitization of the oral zone, Maciej receives head area (neck, arms) massage, face (cheeks, temples, chin, mouth area) massage and oral cavity (lips, gums, palate, tongue, cheeks) massage. He also receives texture stimulation, by touching his face with a brush, fur, "spiky" ball, feather, foil, etc., smell training and articulatory apparatus exercises, focusing in particular on the lips and tongue (mainly erect position). During the sessions, Maciej often interrupts the work, he is overtalkative (talks about topics not associated with the session, often about football), has fits of laughter, he is hyper-agile in the seat area and has numerous hand stereotypies. During speech therapy sessions, often held together with the school psychologist, the boy trains social skills: establishing relations, listening, asking questions, refusing. Maciek learns to start a conversation, discuss politely, react properly to criticism and express criticism. He can name, show, distinguish and express emotions and feelings, but he still needs training emotion handling. An indispensable element of speech therapy (actually, communication therapy) is constant cooperation with the psychologist, because the content of both therapies is complementary and interconnected. The psychologist takes care of the teenager's emotionality, while the speech therapist – of his language and communication. At joint sessions, Maciek trains assertiveness in terms of refusing, establishing borders, expressing opinions and feelings without hurting others, coping in situations of rejection by the peer group. He needs continued training in emotions handling, reacting to stress and developing group work skills towards achievement of common goals. The educational requirements are accommodated to Maciek's needs and teachers apply the recommendations in the psychological and pedagogical opinion. In the classroom, there is special focus on pair or group work to enable and stimulate contacts with peers. The form teacher supports the pupil with social contacts in the classroom, encouraging him to accept and perform roles in the classroom community.

Conclusions

The difficulties that lie at the foundations of the disorders in children on the autism spectrum cannot be removed through training. What is needed is spontaneity, diversity of activities and cooperation of many professionals. If an autistic child is given by his or her therapist or teacher adequate space designed especially for him or her, such child will start developing properly and in time may become a partner in dialogue[12]. Work with a pupil on the autism spectrum requires cooperation between teachers, professionals and family, which is confirmed by the case studies. All sessions should follow the same rules and principles, since the inconsequence of even one person involved in the process may cause failure of the therapy.

A necessary element in teaching and caring for a pupil on the autism spectrum is cooperation with parents or legal guardians[13]. They have the most information that can be useful in the teaching process and therapy of the child. Cooperation with parents is necessary in order to get to know the areas of the child's functioning that require support, work and improvement.

The purpose of the article was to characterize the communication between three pupils on the autism spectrum with their peers and teachers, and their daily functioning at school. All the three boys have problems with adequate interpretation of the reality and social situations, which often causes their frustration and anxiety. They do not have major problems in contacts with adults, however, they cannot maintain the right distance to them (e.g. they treat them like their peers and call them by their first names). They are considered "weird" by their class and school mates. They all communicate verbally, though their messages are not always adequate to a situation. Sometimes, they use echolalia and verbal schemes. The boys have very rich vocabulary, though they still do not understand metaphors, jokes or irony. The purpose of speech therapy with pupils with autism spectrum disorders is mainly to achieve communication efficiency on the level that will enable their self-sufficiency and independence. However, therapy sessions are not enough. The rules

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[12] A. Prokopiak, *Niedyrektywność w terapii autyzmu*, [in:] *Osoba ze stanami ze spektrum autyzmu. Możliwości aktywnego życia*, ed. J. Kossewska, Wydawnictwo JAK, Kraków 2014, p. 92.

[13] P. Randall, J. Parker, *Autyzm – jak pomóc rodzinie*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk 2010.

determined with the speech therapist must be observed at school, in the classroom, during breaks and at home. Cooperation between professionals, teachers and parents is also important. Only then will it be possible to achieve the desired results.

Autism is not a curable disease. A lot can be done through therapy and progress can be achieved all the time, not only in childhood[14]. However, the sooner therapy starts the better, as the effects of therapy will happen faster, which is the reason why the parents of children on the autism spectrum and the institutions they attend undertake so many initiatives.

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Komender J., Jagielska G., Bryńska A., *Autyzm i zespół Aspergera*, Wydawnictwo Lekarskie PZWL, Warszawa 2014.

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[14] U. Frith, *Autyzm, Wyjaśnienie tajemnicy*, Gdańskie Wydawnictwo Psychologiczne, Sopot 2016, s. 261.

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Sex education of adolescents with autism spectrum disorders in Poland

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The aim of this article is to present the results of research into how mothers of individuals with ASD perceive school sex education. The article aims to contribute to the discussion on the need to introduce changes in the Polish education system as far as the area of sexuality is concerned. The study was carried out in two parts, at time intervals. The results were obtained only from mothers, which corresponds with the conclusion that mothers talk about matters of sexuality more often than fathers do and with daughters rather than with sons. The results indicate that mothers want to influence the sex education of their children, at the same time having no knowledge of what topics they are pursuing or can pursue with their child during formal sex education at school (education for living in a family).

KEY WORDS: autism spectrum disorders, adolescents, sex education

1. Introduction

Topics related to sexuality are – almost always – demanding and sensitive ones. They seem to be particularly significant in terms of persons with autism spectrum disorders who have difficulty making interpersonal relations, understanding the social world, reading and reflecting on the emotions of others, related directly to disturbances in the theory of mind.

Analysing the diagnostic criteria (see ICD-10, DSM-5)[1] and subject literature[2], one can notice that the greatest difficulty during the school education period of adolescents with autism spectrum disorders is making and maintaining contact with another as well as establishing relations based on mutual advantages and social exchange[3].

This originates from disturbances in the theory of mind and the failure to understand that feelings, thoughts and convictions are not the precise and real reflection of reality. These shortcomings in terms of "reading the mind" gain particularly significant momentum in the context of making and maintaining relations that are romantic, preintimate and intimate in character[4].

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[1] *Diagnostic and statistical manual of mental disorders*. Fifth edition. DSM-5. American Psychiatric Association 2013.

[2] E. Fein, *Making Meaningful Worlds: Role-Playing Subcultures and the Autism Spectrum* "Culture, medicine and psychiatry" 2015, no. 39, pp. 299-321; V. Bitsika, Ch.F. Sharpley, *The Association Between Social Responsivity and Depression in High-Functioning Boys with an Autism Spectrum Disorder,* "Journal of Autism and Developmental Disorders" 2016, no. 28, pp. 317-331; N.L. Matthews, Ch.J. Smith, E. Pollard, S. Ober-Reynolds, J. Kirwan, A. Malligo, *Adaptive Functioning in Autism Spectrum Disorder During the Transition to Adulthood,* "Journal of Autism and Developmental Disorders" 2015, no. 45, pp. 2349-2360.

[3] N. Bauminger, M. Solomon, S.J. Rogers, *Predicting Friendship Quality in Autism Spectrum Disorders and Typical Development,* "Journal of Autism and Developmental Disorders" 2010, no. 40(6), pp. 751-761; C.C. Peterson, M. Garnett, A. Kelly, T. Attwood, *Everyday social and conversation applications of theory-of-mind understanding by children with autism-spectrum disorders or typical development,* "European Child & Adolescent Psychiatry", 2009, no. 18(2), pp. 105-115; O. Curry, M.J. Chesters, *Putting Ourselves in the Other Fellow's Shoes': The Role of 'Theory of Mind' in Solving Coordination Problems.* "Journal of Cognition & Culture" 2012, no. 12(1/2), pp. 147-159; K. Akagi, *The Meaning of a Developmental Stage Theory in Studies of Developmental Disorder,* "Japanese Journal of Developmental Psychology" 2011, no. 22(4), pp. 381-390.

[4] M. Aston, Maxine. *Asperger syndrome in the bedroom.* "Sexual & Relationship Therapy", 2012, no. 27(1), pp. 73-79; S. Strunz, C. Schermuck, S. Ballerstein, Ch. J. Ahlers, I. Dziobek, S. Roepke, *Romantic Relationships and Relationship Satisfaction Among Adults With Asperger Syndrome and High-Functioning Autism,* "Journal of Clinical

It is thus so important for adolescents with autism spectrum disorders to participate in classes related to sexuality, because it is very difficult to gain these abilities during involuntary sexualisation in case of these types of disorders.

Despite the fact that sexuality is an innate attribute of man, and sexual needs one of the fundamental ones, this sphere still seems to be a difficult topic. To a certain extent, this stems from the fact that everyone has their own experiences in terms of sexuality – collected since childhood, verified or becoming fixed patterns, however, present and frequently disclosed. It thus becomes the greater a challenge to speak about sexuality neutrally, without any own biased perspective, restrictive ethical assessments or moral judgements pretending to be objective voices on a particular matter – voiced on the basis of the lack of knowledge.

Sexuality is also a challenge in a world full of changes, liquid meanings and transforming standards. The internet has changed sexuality in all its dimensions – with respect to its education, sexual health, pathology, behaviour spectrum. Slipping out of control and being available for anyone at any time, usually depending on the users – it is a source of information, entertainment – but also crime, abuse and human suffering. This is the reason for the enormous significance of sexual education. In the year 2018, the World Health Organisation has released the *International technical guidance on sexuality education. An evidence-informed approach*).

It stresses the fact that:

> Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful

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Psychology" 2017, no. 73(1), pp. 113-125; E.K. Cridland, S.C. Jones, P. Caputi, *Being a Girl in a Boys' World: Investigating the Experiences of Girls with Autism Spectrum Disorders during Adolescence,* "Journal of Autism and Developmental Disorders" 2014, 44(6), pp. 1261-1274.

> social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives[5].

Throughout the entire document totalling 185 pages, the world *disability* is found only 18 times. Certain summaries seem stunning, and the use of this word may be misleading:

- Other examples include: sexual intercourse; scientific information about prevention of pregnancy; the SRH needs of young people living with disabilities or HIV; unsafe abortion and harmful practices such as CEFM and FGM/C; or discrimination based on sexual orientation or gender identity[6];
- Adolescent girls suffer a significant and disproportionate share of deaths and disability from unsafe abortion practices compared to women over 20 years of age[7].

Elsewhere in the document it is stated that:

- historically, people with disabilities have often been perceived as either asexual or sexually uninhibited, and sex education has generally been considered unnecessary or even harmful;
- Existing education for young people with disabilities often depicts sex as dangerous, echoing past constructions of disabled people's sexuality as problematic (Rohleder and Swartz 2012);
- disabled people are statistically more frequently at risk of sexual violence and HIV infection[8].

Polish-language subject literature includes papers by only a few authors who handle issues of sexual activity of the disabled, which

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[5] UNESCO, http://www.who.int/reproductivehealth/publications/technical-guidance-sexuality-education/en/, s. 16.

[6] Ibidem, s. 18.

[7] Ibidem, s. 23.

[8] K. Hughes, M. Bellis, L. Jones, S. Wood, G. Bates, L. Eckley, E. McCoy, C. Mikton, T. Shakespeare, A. Officer, *Prevalence and risk of violence against adults with disabilities: A systematic review and meta-analysis of observational studies,* "The Lancet" 2012, no 379(9826), pp. 1621-1629.

means that this topic is not explored broadly[9]. Publications are also lacking by Polish authors that are devoted to sex education of persons with autism spectrum disorders in the changing socio-political reality of our country. In Poland sexuality is still related to intimate interaction in the realm of a formal relationship between a man and a woman. Such vision of sexuality, promoted in the regulations of the Polish minister responsible for education, and then in school curricula and in textbooks, is frequently completely useless for many youths – not only those with disabilities or autism spectrum disorders. Parents burdened by the dilemma of sexuality of their disabled children are left alone, mothers in particular. The majority of them declares that they are aware of the fact that their children will probably not marry, start families or that it will not be normative. Perhaps this is one of the reasons, why school sex education in Poland, described as 'Education for living in a family' is so strongly reduced in scope for people with disabilities and disorders.

The issues of people with autism spectrum disorders are decidedly broader than those discussed in the context of the disabled. This group includes people who on the one hand function with different levels of mental disorders and on different levels of speech disorders, yet on the other hand it includes people within the intellectual norm and with correct speech development (DSM-5). Due to such diversity of functioning of persons with ASD it seems necessary to adapt the knowledge to the capacities of the individual. Inasmuch as literature focusing on sexuality of mentally disabled persons shall also be applicable to persons with ASD coupled with mental disabilities, this material will not apply to high-functioning persons with autism. Subject literature contains materials concerning efficient education of ASD students[10]. Such material is also available

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[9] R. Kijak, *Seksualność człowieka z niepełnosprawnością intelektualną a rodzina,* PZWL, Warszawa 2014; M. Kościelska, *Niechciana seksualność,* Czarna Owca, Warszawa 2004; I. Fornalik, *Mam autyzm. Mam seksualność. I co dalej?,* Fundacja JIM, Łódź 2017.

[10] J.K. Harrower, L.G. Denti, M. Weber-Olsen, *Educating Students With Autism Spectrum Disorder. A Model for High-Quality Coaching*, Plural Publishing, United States 2016.

at Polish higher education facilities in the form of brochures for academic teachers. Due to all of this, society has the feeling that such people only require limited support in learning, however, if early interpersonal training, social development support and support in terms of their own sexuality is lacking, a student making it to a higher education facility will neither be ready to play the role of a student nor a colleague from the same group.

Such training, particularly for persons with ASD in the intellectual norm and with correct speech development, should apply to training with respect to the theory of mind. As numerous studies show, children, youths and adults with ASD have it difficult to evaluate the behaviour of others in terms of body language, body posture, intonation and voice modulations, the gestures aimed at them, facial expression (including the eye expression in the "Eye test"), ambiguous messages due to irony, sarcasm or metaphor or vernacular. All these difficulties prevent a person with this level of disability from entering correct interpersonal relations[11].

Sexual education in Poland is conducted since the 1990s under the name of 'Education for living in a family' The curriculum foresees for each school year for pupils in the 4th-6th form of primary school (2nd stage of education) 14 hours, including five hours for separate group of girls and boys. The parent, in line with the assumptions of the legislator, should be informed about the topics in the course during the first parent-teacher conference, and should they not consent to their child participating in the class – they should express this via a written declaration.

In the latest regulation of the Polish Minister of National Education of June 2nd, 2017[12], p. 1. subitem b, we read: "Pupils with mod-

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[11] M.C. Pino, M. Mazza, M. Mariano, S. Perreti, D. Dimitriou, F. Masedu, M. Valent, F. Franco, S*imple Mindreading Abilities Predict Complex Theory of Mind: Developmental Delay in Autism Spectrum Disorders,* "Journal of Autism and Developmental Disorders" 2017, no. 47(9), pp. 2743-2756.

[12] Regulation of the Polish Minister of National Education of June 2nd, 2017, amending the regulation on the mode of school education and the scope of topics concerning human sexual life, the rules of conscious and responsible parenting, the

erate or significant mental disability, including pupils with compound disabilities of which one would be moderate or significant mental disability follow the curriculum as described in section 1 within the scope of compulsory classes set out in the curriculum of general education for pupils with moderate or significant mental disability. These pupils do not take classes described in section 1". This means that persons with autism spectrum disorders attending other schools than general ones shall not participate in classes most related to sex education – from the school class timetable.

Abandoned without help are also parents who do not have Polish-language materials to conduct home sex education for their children.

Hence, the sphere of sexuality becomes filled with trouble and uncertainty for parents and youths with autism spectrum disorders. Sexuality is not just about the mechanics and dynamics of the sexual act, it is not just biology and physiology, it is an entire range of interpersonal behaviour – suggesting a meeting, continuing or ending it. Sex education is there to serve sexual health, which – in line with the working definition of the WHO – is there to contribute to more comprehensive development of man.

These classes seem particularly significant for persons with autism spectrum disorders for whom it is difficult to establish interpersonal relations, understand the social world, read and reflect the emotions of others – a fact directly related to disorders of the theory of mind.

Analysing the diagnostic criteria (ICD-10, DSM-5) and subject literature, one may notice that during the school period, teenagers with autism spectrum disorders find themselves in the most difficult period to make and maintain contact with others as well as to establish relations based on mutual advantages and social exchange. This results from disorders to the theory of mind and the lack of

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value of the family, life in the pre-natal stage as well as the methods and resources of conscious procreation, included in the general education curriculum, Polish Journal of Laws of 2017, item no. 1117.

understanding that feelings, thoughts and convictions are no precise and real reflection of reality. The inability to "read one's mind" is particularly important in the context of shaping and maintaining romantic and intimate relations. It is thus important for teenagers with autism spectrum disorders to participate in classes dealing with sexuality, as persons with this disorder have a very difficult time acquiring these abilities in the scope of compulsory socialisation.

Sex education is hence a significant topic, and this is indicated by the following data:

1. A meta-analysis of 66 comprehensive sex education programmes for youths irrespective of their ASD diagnosis, conducted in the year 2012, had shown that the curricula reduce the frequency of unprotected sexual activity, improve protection (condoms and/ or hormonal contraception), reduce the risk of pregnancy and reduce the risk of transfer of sexually-transmitted diseases[13].
2. Advantages of sex education include self-development, better self-esteem and provide a range of other positive aspects, which is particularly significant during emotional development in adolescence, when sexual identity and many values are at a significant point of development and subsequently – continuation. Issues related to sexuality are difficult to explain to fully able people. The more so, persons suffering from ASD require more comprehensive education that is clear and specific. In line with the assumptions of the "theory of mind", the majority of people with ASD will not be able to intuitively understand the internal states of their partners, and they will

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[13] H.B. Chin, T.A. Sipe, R. Elder, S.L. Mercer, S.K. Chattopadhyay, V. Jacob, H.R. Wethington, D. Kirby, D.B. Elliston, M. Griffith, S.O. Chuke, S.C. Briss, I. Ericksen, J.S. Galbraith, J.H. Herbst, R.L. Johnson, J.M. Kraft, S.M. Noar, L.M. Romero, J. Santelli, *The effectiveness of group-based comprehensive risk-reduction and abstinence education interventions to prevent or reduce the risk of adolescent pregnancy, human immunodeficiency virus, and sexually transmitted infections: Two systematic reviews for the guide to community preventive services*, "American Journal of Preventive Medicine" 2012, no. 42, pp. 272-294.

need to be told, how others will perceive their own actions and words, and they shall also need to be provided with clear indications to evaluate how their partner is feeling[14].

3. Countering the problem of sexual abuse by other persons with mental disabilities. It is a fact that these people are both perpetrators as well as victims of sexual abuse. It is less likely, in turn, that they had received proper sex education that could be gained formally in class or informally by participation in social events. In addition, young people, children and youths are usually identified with the objective group of persons potentially at risk of emergence of risky behaviour, with one type of these being risky sexual behaviour[15].
4. Other data applies to abuse and neglect. They indicate that the disabled are frequently at risk of sexual abuse at locations that are supposed to provide them with help[16].
5. A study covering a group of mothers of children with Asperger syndrome and disabilities in learning social behaviour (n = 411) found that 94% of these caretakers voiced that their child was the victim of abuse by their siblings and peers. Children from this sample were described as "perfect victims" due to their deep insufficiency of social skills[17].

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[14] J.D. Goldman, *An exploration in health education of an integrated theoretical basis for sexuality education pedagogies for young people,* "Health Education Research" 2011, no. 26, pp. 526-541.

[15] I. Chrzanowska, *Zagrożenie nowymi formami zachowań ryzykownych wśród dzieci i młodziej z niepełnosprawnością – uzasadnienia dla zainteresowania problematyką,* „Studia Edukacyjne" 2014, no. 33, pp. 36.

[16] C. White, E. Holland, D. Marsland, P. Oakes, P., *The identification of environments and cultures that promote the abuse of people with intellectual disabilities: A review of the literature,* "Journal of Applied Research in Intellectual Disabilities" 2003, no. 16, pp. 1-9.

[17] R.B. Pfeffer, *Autistic and at-risk: the public and personal safety of children with autism spectrum disorders. Abstract of dissertation Submitted in partial fulfilment of the requirements for the degree of Doctor of Philosophy in Criminology and Justice Policy in the Graduate School of Social Sciences and Humanities of Northeastern University,* November 2012, https://repository.library.northeastern.edu/files/neu:1024/fulltext.pdf [access: 07.01.2019].

6. Teenagers with ASD exhibit atypical interpersonal behaviour that are not understood by the social environment, and persons with ASD themselves do not have at their disposal a different range of behaviour that would make it easier for them to commence interaction, all of which can lead to rejection, painful emotions or even mental illnesses[18].
7. Sex education of persons with ASD can reduce the risk of improper behaviour through explanation of social norms in a manner that is clear and understandable for persons with ASD. It seems that education is required both for the general society as well as persons with ASD. It would be particularly useful to provide members of the community wo might come across persons with ASD (e.g. law enforcement, teachers) with precise information on the sexual vulnerabilities and threats that this population might cause. The needs in terms of sex education of patients with autism spectrum disorders (ASD) are unique and rarely properly included in existing curricula. There exists a limited volume of data concerning sex education, sexual health and persons with ASD. Many of them have not received suitable education and treatment that is necessary to fulfil the basic WHO guidelines on sexual health. The great chasm is that there are no results of studies concerning the influence of sex education on the sexual health of teenagers and adults with autism. Some available data suggests that sex education for persons with ASD is both advantageous as well as needed[19].
8. L.G. Holmes and M.B. Himle have concluded that only 10% of the studied persons with ASD established partner relations

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[18] M. Lasgaard, A. Nielsen, M.E. Eriksen, L. Goossens, *Loneliness and social support in adolescent boys with autism spectrum disorders,* "Journal of Autism and Developmental Disorders" 2010, nr 40, s. 218-226; L.A. Livingston, E. Colvert, P. Bolton, F. Happe, *Good social skills despite poor theory of mind: Exploring compensation in autism spectrum disorder,* "Journal of Child Psychology and Psychiatry" 2018, no. 60(1), pp. 102-110.

[19] R.L. Loftin, S.A. Hartlage, *Sex Education, Sexual Health, and Autism Spectrum Disorder.* "Pediatrics and Therapeutics" 2015, no. 5(1).

that also included sexual contacts with their partner. The significance of sex education that would include teaching social skills that are so important for the development of healthy relations – must thus be stressed even more strongly[20].

9. States that cover groups of teens with comprehensive sex education (and not just education on abstinence) have the lowest mean indicator of intimate infections among the entire population and among teenagers[21].

3. The research method and the characteristics of the research sample

The presented research was conducted in two parts. During the first part analysed was sexual behaviour of persons with ASD in the opinion of mothers[22], in the second part – the needs in terms of sexual education of persons within the autism spectrum in the opinion of mothers. Three questions were common for the first and second parts.

The survey questionnaire was constructed based on a suggested list of topics found in the scope of the curriculum for education for living in a family currently in force at Polish schools. An important source were also discussions with mothers of youths with diagnoses of disorders within the autism spectrum conducted at diagnostic and help facilities and at schools, who see numerous shortcomings both in terms of formal as well as informal sex education aimed at youths with this disorder.

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[20] L.G. Holmes, M.B. Himle, *Brief Report: Parent–Child Sexuality Communication and Autism Spectrum Disorders,* "Journal of Autism and Developmental Disorders" 2014, no. 44, pp. 2964-2970.

[21] M. Hogben. H. Chesson, S.O. Aral, *Sexuality education policies and sexually transmitted disease rates in the United States of America,* "International Journal of STD&AIDS" 2010, no. 21, pp. 293-297.

[22] A. Wojciechowska, A. Gulczyńska, *Sexual behaviuour of children and teenagers with autism spectrum disorder. Pilot study results,* "Interdisciplinary Contexts of Special Pedagogy" 2017, no. 19, pp. 91-108.

3.1. Research group

100 parents were asked to complete the on-line questionnaire; they were informed about the topics of the survey and the mode of filling it out by therapists, speech therapists or teachers of children in course of individual discussions. As a result, the anonymous survey was filled in by 32 mothers, some of the other people declared discomfort related to a study on sexual topics (which was repeated in the first part of the study).

The children of the studied mothers are youths aged 11-14 (30 boys, two girls), in their second stage of education (4th-6th form). 12 people attended general schools, integration schools/ classes were attended by ten pupils and special schools by eight. Two pupils attended individual education at the school premises.

3.2. Research problems

The objective of the presented study results is the presentation of the opinion of mothers on the topic of sex education aimed under school conditions for adolescents with autism spectrum disorders and of their expectations as to the topics covered during the classes.

The following research problems were posed:

1. How are the classes for education for living in a family organised at their children's school?
2. In the opinion of the mothers, what topics are covered during classes for education for living in a family?
3. What are the sources of knowledge about their own sexual development for children and adolescents with autism spectrum disorders?
4. What are the topics that the mothers would suggest if they could influence the topics covered in course of education for living in a family?

4. Study results

The described youths learn at primary schools: special schools, general schools or in integration classes. Sex education classes are conducted for 31.25% (10 pupils), not provided for 50% (16 pupils), and over 18% of those responding (six mothers) have no knowledge on this topic. At the same time 30 women stated that it is important for topics related to sexuality, in particular with respect to puberty, to be covered both in course of education pr therapy as well as rehabilitation. 22 mothers stated that their child does not participate in such classes, and almost 70% (23 persons) indicated that nobody asked for their consent for the participation of their child in classes on education for living in a family (sex education). None of the mothers knew even one of the topics that could be covered as part of education for living in a family.

The question on where their children get knowledge on sexual development allowed mothers to provide more than one option.

The most common response was the Internet (22 answers), then television (18 answers), literature (10), then: therapists and teachers (six) and other children (two answers).

Table 1. Sources used by children to obtain knowledge on their sexual development

Category	Number of people
Internet	22
Television	18
Literature	10
Therapists, teachers	6
Other children	2

Source: own work

The next question that was posed was how do you as a parent (caretaker) provide knowledge on sexuality. This question also allowed parents to provide more than one response.

The results were as follows: 28 responses – the parent discusses sexual development, eight – indicates literature, four – asks therapists or teachers to conduct a discussion on sexuality, and four mothers declared that they do not provide children with this information (no reason given).

No mother uses materials concerning sex education, utilising information found on websites.

Table 2. More of transfer of information about sexuality

Category	Number of people
Discussion	28
Selection of literature	8
Asking therapists and teachers	4
No information provided	4

Source: own work

The issues covered most frequently in discussions with children and related to sexuality, are: loudly stating content that is sexual in character and public undressing – ten answers each; then: looking for pornographic content on the Internet – eight responses; hugging and kissing others as well as masturbation received six responses each.

The subsequent question was as follows: If you could decide on the topics of sex education in primary school, which topics would you chose to be covered as part of the class "education for living in the family" that would be significant for your child (you can choose more than one option)? Please add your own suggestions of topics that were not covered in the list, and then evaluate using the following scale: 1 – decidedly not, 2 – rather not, 3 – rather yes, 4 – decidedly yes.

The mothers indicated the following topics:

Table 3. Topics in sex education

Category	Number of people
The right of a person to intimacy and protecting this right; assertive attitudes	32
Physical and mental changes during puberty; varied, individual development tempo	32
Puberty hygiene	28
The significance of friendship, mutual respect, providing help, cooperation, empathy	28
Fundamental knowledge on the structure and functioning of the human reproductive system	28
Pregnancy, development of the foetus, accepting the child as a new family member	24
Family ties, emotional bonds and other family relations; conflicts and solving them	24
Differences and similarities between boys and girls; identifying with the own gender; acceptance and respect for the body	24
Motherhood and fatherhood	22
Basic functions of the family, stressing the place of the child in the family	20
Conveying values and traditions in the family, spending holidays together, spending free time	20
Insitutions working for the child and the family	14
Responsibility for the own development; self-upbringing	14
Mass media – rules and criteria of choice of newspapers, films and television shows	14

Source: own work

Additional topics that were mentioned as an amendment: teaching how to set and adhere to boundaries, teaching to recognise the intentions of others in the sexual sphere (one person); boundaries: what is acceptable where and when, and what isn't (one person); understanding your body and the ability to control one's needs (one person), anatomy (one person), individual adaptation of topics to the level of disability of the child (their capacity to comprehend the topic) (one person).

4. Discussion

The name of the topic itself – "Education for living in a family" – describes the general structure of the class and the direction of the content on the value of sexuality in the context of the family being created, understood in Poland as a pair of a woman and man living in a formal, matrimonial relationship, having a child or more children. An analysis of textbooks concerning education for living in a family[23] conducted as part of a general Polish analysis of textbooks in terms of their sensitivity to gender issues had shown that

> textbooks describe relationships between white, healthy, heterosexual persons of medium socio-economic status that are catholic and hold conservative views. Young, disabled people, those from incomplete families or missing a parent, who are not heterosexual, after sexual initiation, actual or declared atheists, from other backgrounds or having a different skin colour will not find themselves here[24].

The reality described in the books is not an experience that can be useful for persons with autism spectrum disorders. It seems as though it is also material that is useless for teachers or parents of persons with this disorder. This is because they are not able to obviously and clearly adapt the content of books to the needs, reqire-

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[23] The three-volume report, authored by an interdisciplinary scientist team, presents the results of the research project "Gender in Texbooks", which had the purpose of a critical analysis of models and concepts of femininity, masculinity as well as relations between girls/ women and boys/ men as promoted in the Polish curriculum and Polish textbooks approved for school use. The selection of the analysed textbooks represents all school subjects and all levels of education at various types of schools. The Polish research project "GENDER IN TEXTBOOKS" was conducted by the Interdisciplinary Centre for research on the cultural gender and identity of the Adam Mickiewicz University, Poznań, in cooperation with the Feminoteka foundation as part of the project "Women and men, boys and girls".

[24] J. Dec-Piertowska, E. Paprzycka E., *Wychowanie do życia w rodzinie – raport przedmiotowy,* [in:] *Gender w podręcznikach, projekt badawczy. Raport*, vol. 3, ed. I. Chmura-Rutkowska, M. Drurda, M. Mazurek & A. Sołtysiak-Łuczak, Fundacja Feminoteka, Warszawa 2016, pp. 127-173.

ments or diversities of people found within the autism spectrum diagnosis.

The results were only obtained from mothers, corresponding with the conclusion that topics of sexuality are generally more frequently covered by mothers than by fathers[25]. The results show that mothers want to influence the sex education of their children, however, without the knowledge of that topics does their child covers or can cover in course of formal sex education in school. A certain inconsequence arises, observed in studies from other countries as well[26], bordering on neglect[27], as well as the failure to properly assess or just plain ignorance for the scope of sexual experience of adolescent sons[28].

This may probably stem from the fact that mothers of children with autism spectrum disorders, having much difficulty and limitations that determine their lives, do devote sufficient time to the topic of sex education[29].

Sex education is (in the common opinion of most adult representatives of Polish society) considered to be learning about the mechanics and dynamics of sexual reactions rather than the interpersonal sphere or sexuality – being an integration of biological, psychological, social or spiritual factors serving full development of one's personality. In any case, in Poland, just like it is reflected in conclusions from studies in other countries, it is insufficient[30].

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[25] L.G. Holmes, M.B. Himle, op. cit.

[26] Ibdem.

[27] N.A. Gougeon, *Sexuality and autism: A critical review of selected literature using a social-relational model of disability,* "American Journal of Sexuality Education" 2010, no. 5, pp. 328-361.

[28] J. Dewinter, R. Vermeiren, I. Vanwesenbeeck, Ch. Van Nieuwenhuizen, *Parental Awareness of Sexual Experience in Adolescent Boys With Autism Spectrum Disorder,* "Journal of Autism and Developmental Disorders" 2016, no. 46, pp. 713-719.

[29] M.S. Ballan, *Parental perspectives of communication about sexuality in families of children with autism spectrum disorders,* "Journal of Autism and Developmental Disorders" 2012, no. 42, pp. 676–684.

[30] L.A. Hannah, S.D. Stagg, *Experiences of Sex Education and Sexual Awareness in Young Adults with Autism Spectrum Disorder*. "Journal of Autism and Developmental Disorders" 2016, no. 46, pp. 3678-3687.

The studied youths, as indicated by the work of P. Mehzabin and M.A. Stokes[31], has less access and less advantages from traditionally undertaken sex education – both formal as well as informal.

Perhaps it would be worthwhile to consider a certain transfer of curricula from other countries – as an additional educational offer. The question remains, however – whether it should take place in a formal, school-based education system, or through foundations, associations. The conducted research shows the reasonability of parallel programmes – for parents and children from the autism spectrum, which bring about measurable advantages for every participant group[32]. The authors of the indicated studies conclude that future research should continue to focus on the development and implementation of specialised sex education programmes to promote the positive passage through this development period and stage for teenagers with autism spectrum disorders.

In the described Polish studies, only few mothers were informed about the content of sex education classes, they were also unable to indicate exaplne topics, a fact that could perhaps the insufficient support for parents of children with ASD in terms of education of these as reported in other study results[33].

The conducted research expands the knowledge on expectations of mothers in terms of school sex education of their children with ASD, yet indicate that mothers would like to influence the selection of topics with particular focus on the human right to intimacy and the safeguarding of this right, on assertive attitudes in the area of sexuality as well as the diversification of the individual tempo of psychological and physical development. The authors are hopeful that this publication becomes the vantage point for the introduction

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[31] P. Mehzabin, M.A. Stokes, *Self-assessed sexuality in young adults with high-functioning autism*, "Research in Autism Spectrum Disorders" 2011, no. 5(1), pp. 614-621.

[32] L.L. Corona, S.A. Fox, K.V. Christodulu, J.A. Worlock, *Providing Education on Sexuality and Relationships to Adolescents with Autism Spectrum Disorder and Their Parents,* "Sexuality and Disability" 2016, no. 34, pp. 199-214.

[33] M.S. Ballan, op. cit.

of other forms of sex education of youths with ASD even in the extracurricular area.

The conducted research was also very limited. Results were collected only from a group of volunteers, who, encouraged by their children's therapists and teachers – decided to complete the on-line questionnaire. Due to the anonymity of the questionnaire and it being filled under individual conditions, it was assumed that all persons did in fact fill it in voluntarily. The issue of to what extent the personality of the mother (e. g. certain obsessive-compulsive traits) or the level of liking of the therapist/ teacher of the child influenced the actual readiness to fill in the survey questionnaire was neither tested nor controlled. The small research sample results in the fact that correlation between selected variables and socio-demographic variables, which could permit a more comprehensive description of results, was also not checked. Due to the small research sample, the results could in no way generalised to cover the entire population. During a critical autoanalysis of the process of execution of the methodological procedure, certain facts had arisen, e.g. parent remarks concerning the range of questions, that they considered to be insufficient, and the need to allow more space in order for parents to be able to share their emotions and experiences that are important for them in the context of sex education.

To summarise, it is worth noting that the topic of sex education of persons with autism spectrum disorders is one that is insufficiently studied, insufficiently executed as part of "Education for living in a family" at education facilities as well as insufficiently adapted to the needs and capacities of functioning of children and adolescents with ASD. This area requires thus an expansion of studies both among parents as well as teachers and therapists of persons with ASD.

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Prisoners with disabilities in the Polish penitentiary system

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The article deals with the subject of both intellectually and physically disabled prisoners. It describes people with disabilities, the functioning of the therapeutic system for prisoners and the situation of detaining people with disabilities in penitentiary isolation. The text aims to sensitise this issue and to identify this problem in the organisation of the penitentiary system.

KEY WORDS: disability, prison, rehabilitation, therapeutic system.

A certain part of society can relate crime to controversial issues. These topics are frequently linked to various kinds of dysfunctions, deficits and pathologies. However, should one give in to the stereotypical way of thinking, it might be that the real problems of the other person would not be noticed. If additionally, the criminal turns out to be a disabled person, whose difficulties are compounded, it is easier to enter the path of conflict with the law.

Many scientific disciplines and fields deal with disabilities. One could name for instance education science, psychology, sociology, medicine, catholic social teachings or the law. It is thus not an unequivocal and universal concept. It is most commonly analysed within the context of a specific field of science[1].

According to the Polish act of August 27th, 1997, on vocational and social rehabilitation and the employment of disabled persons[2], people with disabilities are individuals, "the physical, psychological or mental condition of whom hinders, limits or prevents permanently or periodically the fulfilment of social roles, and in particular the ability to perform professional work". Disability in the legal sense is determined on the basis of a certificate issued by a specific authority. This certificate is substantiated by the opinion of a committee composed of a range of specialists[3]. An interesting approach is included in the International Classification of Functioning, Disability and Health (ICF) published by the World Health Organisation. Pursuant to the mentioned ICF, disability is

> an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)[4].

Pursuant to the ICF, disability is a multidimensional phenomenon that stems from a range of interactions between the individual and the physical and social environment around man[5]. Perhaps it would be worthwhile to ponder the possibility of usage of this classification for resocialisation purposes. The International classification of functioning, disability and health, just like the diagnostic process of underage, juvenile or adult perpetrators of crimes is

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[1] M. Giełda, *Pojęcie niepełnosprawności,* [in:] *Prawno-administracyjne aspekty sytuacji osób niepełnosprawnych w Polsce*, ed. by M. Giełda, R. Raszewska-Skałecka, Wrocław 2015, p. 20.

[2] Polish Journal of Laws of 1997, no. 123, item no. 776, art. 1.

[3] M. Karaś, *Niepełnosprawność, od spojrzenia medycznego do społecznego i Disability Studies*, „Przegląd Prawniczy, Ekonomiczny i Społeczny" 2012, no. 4, p. 28.

[4] International classification of functioning, disability and health (ICF), 2001, p. 221.

[5] Ibidem, p. 242.

based primarily on properties that are characteristic for a given state of affairs, considering them from the perspective of individual events and environmental influences. In the diagnostic process (and this is presented in the same manner in the ICF), specialists do not limit themselves to fixed categories, but the entire case is considered within a specific context.

It is worth noting that according to the results of the Polish national Census of People and Housing of the year 2011 as conducted by Statistics Poland, the number of people with disabilities in Poland amounted to 4,697.5 thousand, meaning, 12.2% of the population. To compare, in the year 2002 this number was 14.3% (5,456.7 thousand people)[6]. Considering the fact that this number is significant, activity must be undertaken that will be aimed at attracting attention in politics to people with disabilities, to people experiencing difficulty running their everyday lives, at any age – both younger as well as older ones (who will grow in numbers due to the ageing of the general population). In addition, noticeable are long-term disabilities, a fact that policies concerning the disabled should also be sensitive to[7].

Presently (as of January 31st, 2018), prisons and custody facilities in Poland are holding 74,896 people, including 2954 women[8]. Within the prison population, particular attention should be paid to prisoners who are disabled, both physically as well as intellectually. In general, disabled people have been in recent time sent to prison for increasingly serious crimes. Beside theft, assaults or fraud, they have also been convicted for leading organised crime groups[9].

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[6] Polish National Census, Statistics Poland, https://stat.gov.pl/cps/rde/xbcr/gus/lud_raport_z_wynikow_NSP2011.pdf [access: 09.03.2018].

[7] K. Slany, *Osoby niepełnosprawne w świetle Narodowego Spisu Powszechnego Ludności i Mieszkań z 2011 r. – wybrane aspekty*, „Niepełnosprawność – zagadnienia, problemy, rozwiązania" 2014, no. II (11), p. 61.

[8] Polish Prison Service, http://www.sw.gov.pl/strona/statystyka-biezaca [access: 09.03.2018].

[9] E. Jarecka, R. Wolak, *Niepełnosprawność osadzonych – problem czy wyzwanie polskiego więziennictwa,* [in:] *Misja służby więziennej wobec aktualnej polityki karnej i ocze-*

The issue of disability is closely related to healthcare. This issue is governed with respect to penal facilities and investigative custody facilities by acts of law (in particular the Polish Executive Penal Code), regulations (e. g. the Regulation of the Polish Minister of Justice of October 31st, 2003, on detailed rules, scope and mode of provision of health care to imprisoned persons by health care facilities for imprisoned persons, and regulation of the Polish Minister of Justice and the Minister of Health of September 10th, 2003, on the detailed rules, scope and mode of cooperation of health care facilities with the health care at penal facilities and investigative custody facilities in order to provide health care to imprisoned persons), as well as provisions of international law (e. g. the Universal Declaration of Human Rights or European Prison Rules, primarily in part III). The injured prisoners (including those with mental disabilities) as well as disabled prisoners) mostly direct their complaints to the Helsinki Foundation for Human Rights. Most commonly, they complain about the operation of the prison health care system, and less frequently on the conditions of their imprisonment[10].

Any prisoner may serve their prison time within one of three systems of imprisonment: an ordinary one, a therapeutic one or one with programme influence. In the ordinary system, the prisoner may make use of employment available at the relevant prison facility as well as learning, cultural and education as well as sports activities[11]. Underage prisoners obligatorily serve their time In the programme influence system. Adult prisoners may also make use of it, who upon having the assumptions of the project presented to them would consent to participation in its development and later execution. If the prisoner would not execute their tasks, they are transferred to the ordinary system. The designed influence takes

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kiwań społecznych: IV Kongres Penitencjarny, ed. by W. Ambrozik, H. Machel, P. Stępniak, Kalisz 2008, p. 692.

[10] K. Korona, *Sytuacja osób niepełnosprawnych przebywających w polskich w polskich zakładach karnych*, „Zeszyty Naukowe WSSP" 2013, vol. 16, p. 16.

[11] Polish Act of June 6th, 1997 – Executive Penal Code, art. 98, Polish Journal of Laws 2017.0.665.

into account primarily: employment, education, contacts with next of kin of the prisoner, arrangement of free time as well as other issues that are necessary to prepare the prisoner for later return to society. The programmes may be modified as needed. They are also periodically evaluated[12]. In the therapeutic system, in turn, time is served y prisoners with non-psychotic mental disabilities, including criminals sentenced for crimes against sexual freedom (art. 197-203 of the Polish Penal Code), the intellectually disabled, with addictions (in particular to alcohol or other intoxicants or psychotropic substances) as well as prisoners with physical disabilities, if their current health condition would require specialist work (including psychological, medical or rehabilitation care)[13]. When a sentence is served in this system, it takes into account during work with the prisoner the prevention of expansion of the pathological personal traits, the reestablishment of psychological balance as well as the development of capacity of social coexistence and preparation for independence after they leave the correction facility. The prison time is adapted in such cases, among others, to the health care needs or the sanitary and hygiene recommendations. If it is concluded that the prisoner would not require any more specialist influence, they are transferred to the ordinary or the programme influence system[14]. It is worth noting that the provisions of the Executive Penal Code do not foresee the possibility of serving prison time outside of the systems[15].

To serve time in the therapeutic system means to remain in wards with individual specialisations so that these influence could to the greatest possible extent be adapted to the needs of prisoners.

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[12] Polish Act of June 6th, 1997 – Executive Penal Code, art. 95, Polish Journal of Laws 2017.0.665

[13] Polish Act of June 6th, 1997 – Executive Penal Code, art. 96 par. 1, Polish Journal of Laws 2017.0.665

[14] Polish Act of June 6th, 1997 – Executive Penal Code, art. 97, Polish Journal of Laws 2017.0.665

[15] P. Stępniak, *System programowanego oddziaływania w opiniach więźniów*, „Archiwum Kryminologii" 2009, vol. XXXI, p. 265.

In therapeutic wards various activity forms are implemented, such as e. g. programmes facilitating cognitive and social activity, interpersonal competence training, relaxation training or mobility encouragement. Beside this, the prisoners may make use of cultural and educational classes, art classes, sports classes, occupational therapy or employment[16]. In addition, due to upgrade changes, the list of planned purposes of prisons and investigative custody facilities in Poland is being constantly updated[17], so that prisoners with special needs could obtain as individualised and professional aid where they are serving their time, as possible.

In the previous year (as of December 31st, 2017), the number of prisoners qualified at therapeutic wards and remaining there was 3229, of which 180 were women[18]. There were 1553 persons with non-psychotic psychological disorders or intellectual disabilities, with 326 persons diagnosed with sexual preference disorders[19]. Persons addicted to intoxicants or psychotropic substances numbered 509, and those addicted to alcohol – 1167[20]. Persons qualified in therapeutic wards and remaining outside of these numbered 825, including 39 women[21]. The reasons for prisoners remaining outside of these wards are quite numerous – from treatment all the way to waiting for transport, along with many other, individual difficulties. Within the prison population, a further group is distinguished – those qualified to a therapeutic system outside of the ward, num-

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[16] A. Purczyński, *Wybrane aspekty funkcjonowania oddziału terapeutycznego dla skazanych z niepsychotycznymi zaburzeniami psychicznymi lub upośledzonych umysłowo i oddziału terapeutycznego dla skazanych uzależnionych od środków odurzających lub psychotropowych w zakładzie karnym w Rawiczu,* [in:] *Pomoc postpenitencjarna w kontekście strategii działań resocjalizacyjnych*, ed. by B. Skafiriak, Kraków 2007, pp. 119-126.

[17] See *Purpose of prisons and investigative custody facilities according to their status as of February 19th, 2018*, http://www.sw.gov.pl/strona/statystyka-przeznaczenie-zk-i-as [access: 09.03.2018].

[18] Polish Prison Service Statistics, http://www.sw.gov.pl/strona/statystyka-roczna [access: 09.03.2018].

[19] Ibidem.

[20] Ibidem.

[21] Ibidem.

bering in total 688 (including 58 women)[22]. This group included nobody with non-psychotic psychological deficiencies or intellectual disabilities[23]. There were 220 persons addicted to intoxicants or psychotropic substances, and 467 persons addicted to alcohol[24]. Only one person with a physical disability was qualified for this type of influence[25].

Therapy was included among penitentiary and therapeutic modes of influence. During their execution, primarily the deficits requiring intervention are taken into account, which deficits could be one of the reasons for the committed crime[26]. Therapy is provided in this regard as a component of penitentiary resocialisation, or the corrective process of behaviour utilised at penal facilities and investigative custody facilities, as well as correctional facilities for minors[27].

Persons with psychological disabilities have the most extensive difficulty of adaptation at penitentiary facilities, whereby it must be stated that isolation itself is already a difficult situation to begin with[28]. Moreover, sadly, persons with intellectual disabilities can be abused by criminals. A disturbed critical evaluation system and ease of influence could cause the fact that a criminal could make direct contact with a person with an intellectual disability and then abuse them for their own purposes in a fraudulent manner[29].

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[22] Ibidem.

[23] Ibidem.

[24] Ibidem.

[25] Ibidem.

[26] Regulation no. 19/ 16 of the General Director of the Polish Prison Service of April 14th, 2016, on detailed rules of execution and organisation of penitentiary work and the scopes of activities of officers and employees of penitentiary and therapeutic wards as well as penitentiary wards, par. 3.

[27] H. Machel, *Wprowadzenie do pedagogiki penitencjarnej*, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk 1994, p. 15.

[28] K. Korona, op. cit., p. 14.

[29] M. Ciosek, *Psychologia sądowa i penitencjarna*, Wydawnictwo Prawnicze Lexis Nexis, Warszawa 2001, p. 210.

Even though it seems that persons with intellectual disabilities as well as psychological disabilities should not find themselves in penitentiary isolation, however the Polish prison system knows such cases. Isolation may primarily worsen the functioning of persons with such disturbances that was their condition up to that point. In certain cases, symptoms of psychological disturbances during the conducted tests are still barely noticeable, however the situation of isolation would cause the illness to worsen and the symptoms to become ever more clear. In addition, as far as intellectual disability at its early stages goes, any developmental deficiencies should be the cause of execution of thorough diagnostics (primarily psychological and psychiatric ones) the moment such a person would commit a crime[30].

Disabled persons should have access to rehabilitation and treatment at the prison facility or the option of using such services outside of the facility. However, in such a case, social indignation could be the case[31] primarily due to the fact that prisoners should primarily serve their prison time (and due to the isolation – experience a range of difficulties), instead of receiving such 'privileges'. For a disabled person, therapeutic and rehabilitation activity are no privilege, but a necessity, and limiting access to them could cause long-term negative consequences in all aspects of human life. Sensitising society in this regard could become key in order to design influences, including in terms of cooperation with external entities.

Disabled persons can also actively participate in penitentiary programmes. Annually, the Penitentiary Office of the Central Management of the Polish Prison Service organises the Polish Country-

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[30] J. Heitzman, *Niepełnosprawni intelektualnie i chorzy psychicznie w jednostkach penitencjarnych,* [in:] *Osoby z niepełnosprawnością intelektualną lub psychiczną osadzone w jednostkach penitencjarnych*, ed. by E. Dawidziuk, M. Mazur, Warszawa 2017, pp. 17-21.

[31] See: J. Janik, *Więźniowie obsługiwani są poza kolejnością. Pacjent nie odbywający kary poczeka na wizytę…*, http://www.rynekzdrowia.pl/Finanse-i-zarzadzanie/Wiezniowie-obslugiwani-sa-poza-kolejnoscia-Pacjent-nie-odbywajacy-kary-poczeka-na-wizyte-amp-8230,119491,1.html [access: 27.10.2018]; K. Nowosielska, Prawa pacjenta: *Więzień u lekarza bez kolejki*, https://www.rp.pl/artykul/1073971-Prawa-pacjenta--Wiezien-u-lekarza-bez-kolejki.html [access: 27.10.2018].

wide Competition for a Resocialisation Programme Facilitating Social Readaptation for Prisoners. The competition takes place under the patronage of the General Director. There are three categories, each with a prize: programmes aimed at juveniles, older prisoners (60+) or disabled prisoners as well as those serving life or 25 year sentences[32]. Significant is the fact that the group of prisoners with disabilities was distinguished as one of the target groups, as thanks to this, new programmes are created that may be aimed at the special needs of this prisoner group.

In addition, one should reflect on the level, to which one could be able to engage themselves in the offered resocialisation and penitentiary activities when their basic needs are not satisfied. To what extent can penitentiary resocialisation be reconciled with health treatment and rehabilitation so that these processes would be complementary and as effective as possible?

Penitentiary facilities are perceived to be very unfriendly places. To remain at them means to be drawn away from normalisation of life[33]. The needs of prisoners with disabilities differ somewhat from the needs of other prisoners. Officers of the Polish Prison Service will have more work on their hands. The situation continues to improve, however, dilemmas and difficulties continue to emerge that require constructive solutions. Diverse programmes are being implemented, the assumptions of which focus on the support of historic efforts. Their results are meant to encourage further initiatives.

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[32] Central Management of the Polish Prison Service, Media Communications Team, Results of the competition for the best resocialisation programme, https://www.sw.gov.pl/aktualnosc/centralny-zarzad-sluzby-wieziennej-wyniki-konkursu-na-najlepszy-program-resocjalizacji%20rozsrzygni%C4%99ty [access: 28.10.2018].

[33] P. Braun, *Osoba niepełnosprawna w izolacji penitencjarnej*, „Niepełnosprawność – zagadnienia, problemy, rozwiązania” 2013, no. II(7), p. 137.

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Interdisciplinary Contexts of Special Pedagogy
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Application of the Three Aspects of Form model in pedagogical diagnosis

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The article presents a model of conducting activities in pedagogical diagnostics in accordance with the assumptions of the author's method, called Three Aspects of Form (TAF). The concept expands the paradigm of diagnostic activities with therapeutic elements. Universal analytical categories for use in the study of processes with active human involvement are described. The most important element of the TAF model is discussed – a set of four tasks for the pedagogue-diagnostician, under which a simplified version of the first stage of didactic therapy is implemented. The idea of categorical trio-action as a foundation of the Three Aspects of Form of method, its relation to the creation of cultural and mental development are also presented. The scales of phenomenological, missionary and cultural activity as well as the principles of their modification are presented as well.

KEY WORDS: three aspects of form, TAF, Didactic Therapy, pedagogical diagnosis, cultural intelligence

Introduction

Paedagogical diagnosis covers with its scope the methodology of recognition of the level of functioning of pupils and the conditions of their lives within the context of education, upbringing, therapy and care. The vantage point for diagnostic work are tasks set out in the education and preventive programme of the school or any other education facility[1]. Teachers and specialists provide a diagnosis concerning the development of psychological and paedagogical aid in the planning and evaluation of individual education and therapy programmes. In this manner, they attempt to influence the level of functioning of children and youths.

On the basis of the paedagogical diagnosis, the fundamental indications are established for the purpose of execution of developmental support for those under care, and for this reason it can be described as influencing decisions. It includes references to desired states, value judgements. Significant in this regard seems to be the execution of diagnoses within the context of the family, peer, school environments that would let one notice the causes of difficulties in the functioning of a particular pupil. Results of assessment of the strong suits of an individual and their environment, on which the paedagogical work may be founded, must be assessed as being very important. If possible, the readiness of the pupil to self-diagnose and remove the emerging problems is developed – all this allows one to assume the possibility of their further successful development.

Paedagogical diagnosis, having significant importance in terms of supporting the development of the pupil, must be conducted with consideration for the triangulation of the sources of knowledge and the ethical responsibility of the diagnostician. A paedagogue, a teacher, is obligated to represent a cognitive attitude that characterises the humanistic and comprehensive perception of man, empathy as well as reasonable innovativeness that may elevate the quality of education and development[2].

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[1] Schools and facilities implement an education and preventive curriculum covering the following: 1) contents and activities that are educational and aimed at pupils, and 2) contents and activities that are preventive in character and adapted to the developmental needs of pupils, prepared in line with the conducted diagnosis of needs and problems within a particular school community (Polish Act of December 14th, 2016., Education law, Polish Journal of Laws of 201, item no. 59, meaning, Polish Journal of Laws of 2018, item no. 996 art. 26. 1).

[2] Conf.: E. Jarosz, *Diagnoza psychopedagogiczna – ogólne założenia teoretyczne* [in:] E. Jarosz, E. Wysocka, *Diagnoza psychopedagogiczna, podstawowe problemy i rozwiąza-*

The paedagogical diagnosis frequently takes the form of an informal exploration performed in course of current work with the pupil. Relevant procedures are sought that would ensure its methodological separation and uniformity[3].

The proprietary concept of the Three Aspects of Form (TAF) model[4] accommodates the achievement of these needs; diagnostician teachers can utilise this method. The usage of this structure allows the following:

1) the subdivision of multi-aspect activities into three categories of processes, allowing the representation of complex activities with the use of simple descriptions;
2) the execution of profiled assessment of targeted activities in three independent areas;
3) support of development in the area of each of the three aspects of activity.

The teacher at a preschool or school can utilise the systematic approach to the formal description of purposeful human activity as presented in the TAF model to simplify interpreting reality by pupils. They can also aid self-diagnosis – finding the causes of one's problems and foreseeing the effects of one's actions. According to the assumptions of the model, getting to know the categories

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nia, Wydawnictwo Akademickie „Żak", Warszawa 2006, pp. 15-28; B. Niemierko, *Diagnostyka edukacyjna*, Wydawnictwo Naukowe PWN, Warszawa 2009, pp. 42-44; B. Skałbania, *Diagnostyka pedagogiczna. Wybrane obszary i rozwiązania praktyczne*, Oficyna Wydawnicza „Impuls" Kraków 2011, p. 25, 70-72; E. Wysocka, *Człowiek a środowisko życia, podstawy teoretyczno-metodologiczne diagnozy*, Wydawnictwo Akademickie „Żak", Warszawa 2007, p. 133; E. Wysocka, *Diagnostyka pedagogiczna. Nowe obszary i rozwiązania*, Oficyna Wydawnicza „Impuls", Kraków 2013, p. 69.

[3] Conf.: B. Niemierko, *Diagnostyka edukacyjna*, Wydawnictwo Naukowe PWN, Warszawa 2009, pp. 162-165; W. Zaczyński, *Praca badawcza nauczyciela*, WSiP, Warszawa 1995, p. 8.

[4] As K. Konarzewski indicates, the model imitates certain aspects of operation of the original – theory recreates in the concepts certain aspects of real phenomena, influences the mode in which we view facts, allows for the understanding f relationships between phenomena (K. Konarzewski, *Jak uprawiać badania oświatowe. Metodologia praktyczna*, WSiP, Warszawa 2000, p. 12).

of activity that are universal to all people already plays a therapeutic role.

The TAF model had emerged as a result of an analysis of the development and education process using the Three Aspects of Form method in course of phenomenological studies[5]. The author conducts such research only with respect to phenomena – events that are fully real[6] – and in this context, the terms used in the article, such as person, individual, man, refer to the subject in its entire psychological and physical complexity, defined according to any psychological concept.

On the *Three Aspects of Form* method and *Education Therapy*

The formal analysis method named *Three Aspects of Form* is not a psychological method, it does not serve to analyse the psychological conditions of man but the level of their purposeful activity. An analysis using the TAF method employs phenomena, the interpretation of which depends on the acting subject, with the researcher analysing the emerged component of culture.

According to the assumptions of the TAF method, the mode of thinking of a person that is related to an activity can be diverse, however, its individual threads always seem to fit in three universal formal categories – the missionary, the phenomenological and the cultural one[7]. Their names stem from the following aspects of purposeful actions of man:

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[5] B. Trochimiak, *Dydaktyka XXI wieku – potrzeba terapii?*, „Problemy edukacji, rehabilitacji i socjalizacji osób niepełnosprawnych. Vol. 19. Konstruowanie świata osób niepełnosprawnych – różne aspekty rzeczywistości" 2014, pp. 78-88.

[6] Phenomenon – any fact that can be experienced, being the vantage point for scientific research (New Dictionary of the Polish Language, Wydawnictwo Naukowe PWN, Warszawa 2003) [phenomenon – a fact or an event in nature or society, especially one that is not fully understood (Oxford Advanced Learner's Dictionary, 2019) – translator's note].

[7] B. Trochimiak, *Terapia dydaktyczna – założenia*, „Niepełnosprawność. Dyskursy pedagogiki specjalnej" 2013, no. 11, pp. 127-129.

1) motivation – within the TAF method, this is generalised as the missionary aspect; the missionary activity of man entails making oneself consciously aware of diverse kinds of internal messages;
2) cognitive – this is generalised as the phenomenological aspect; the phenomenological activity of man entails the reception of many diverse kinds of external data;
3) cultural – the most significant aspect of human activity within paedagogical diagnosis; cultural activity of man entails the processing of external and internal information that is mutually related within a specific activity and undertaking on this basis decisions taking into account values significant for the existence of the culture of man. In line with the assumptions of the method, such searching for an ever greater scale for one's purposeful activity leads to intellectual development of man.

The indicated names of categories form a system of terms that defines the space of events that is sufficiently capacious so as to analyse every kind of purposeful activity of man. The research plane corresponds to Aristotle's stipulations on form and matter. He believed that the purposeful cause for the emergence of things 'is a certain good, due to which something exists or something is happening' (here: the cultural aspect of purposeful human activity), and that the purposeful cause in the second meaning 'only emerges in the activity of beings able to be cognisant' (here: the phenomenological aspect of purposeful human activity), 'or at least to desire[8]' (here: the missionary aspect of purposeful human activity). Pondering the choices of the names, the author considered the fact that a researcher is only able to observe a fragment of culture that was created as a result of work of an individual. They have no direct access to the content of their intellectual activity, and categories of analysis must encompass all activities without the necessity to re-

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[8] Quoted from: L. Regner *Wstęp*, [in:] *Arystoteles, dzieła wszystkie*, vol. 2, *O powstawaniu i niszczeniu*, Wydawnictwo Naukowe PWN, Warszawa 2003, p. 342.

duce their significance. Even though in any sort of study using the TAF method we do not know the content of the conclusions of the person acting purposefully, however, we are able to indicate a weaker level of activity within certain categories, and, on this basis, suggest training of accommodating these. Purposeful activity in the missionary sense will be able to emerge after excitation to work by way of motivation, irrespective of its type and condition of awareness of its presence[9]. It is an internal message of the activity being commenced. Within phenomenological activity, the person refers to the modes of achievement of a particular goal and modifies them if necessary. Within cultural activity, they choose the path to the objective that is valuable to them according to their views.

Example: A pupil knows that in order to be promoted to the next form, they should work on their mathematics – they are motivated. When they begin solving the required calculations, they exhibit missionary activity that was not the case earlier, before they started working (according to the assumptions of the TAF method). During studying, both momentary discouragement as well as interruptions in learning may arise. The phenomenological activity of the pupil is the preparation of materials for learning, with respect to which they assumed that shall be needed and which they may still amend in course of their continued work, with some of them being rejected during the search for the correct ones. They had concluded that they will be reading the content of the exercises, and searching for ways to solve them in textbooks and on-line. Apart from that, as part of this activity they concluded that they will be able to learn a specific portion of the material within three hours. During their cultural activity, the pupil appreciated the value of knowing mathematics that would help them solve the exercises required to pass, and concluded that during learning they would not destroy the

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[9] A differentiation is made between conscious and unconscious motivation as well as internal and external motivation – arising directly from the internal status of the body or external circumstances (P.G. Zimbardo, R.L. Johnson, V. McCann, *Psychologia. Kluczowe koncepcje. Motywacja i uczenie się*, Wydawnictwo Naukowe PWN, Warszawa 2010, pp. 60-63).

books through notes and that they would not play music too loud, so as not to disturb others. During their activity, it may arise that in books, markings would emerge that are smeared due to eraser traces and that, to the dismay of their cohabitants and neighbours, the pupil concluded their learning playing the music of their favourite band. Depending on the levels of each type of purposeful activity achieved by the pupil, it could come to pass that they were active the entire time with great engagement, that they chose their textbooks and working strategy well, and that the learning was effective. It could also be that the high level of encouragement and determination ran out when information from the textbook did not let them understand the contents of the exercises, when they would be unable to find better materials and if the learning would have been unsuccessful. Subsequently, the pupil, not satisfied with their work, listened to a song by their favourite band and commenced playing computer games – these are other purposeful activities that can be presented in the same activity categories.

The presented universalism of purposeful activity categories permitted the formulation of the assumption on the three paths, along which thoughts flow along the way to the goal, and, accordingly, three courses of purposeful activity. In the assumptions of the TAF method, this property of the mind[10] had received the name of *categorial path tripartition* (Pl. *trójtorowość kategorialna*) and describes the existence of three types of intellectual activity permitting the individual to achieve the objective they set for themselves

What does the thinking process look like in this concept if it would be reduced to the area of purposeful activity? Usually, in practice, the thoughts that follow each other and that accompany the achievement of diverse objectives are mixed. For instance, when thinking about doing their homework, the pupil will look out the window, desire to drink some tea, and when brewing it, they would

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[10] The concept of the *mind* is understood here as the entirety of psychological processes perceived as functions of the brain (conf. C.S. Nosal, *Umysł,* [in:] *Encyclopaedia of Psychology*, ed. by W. Szewczuk, Fundacja 'Innowacja', Warszawa 1998, p. 935).

change TV channels, all the while thinking back to their paper, etc. In addition, they would frequently ponder on their and others' historic and future activity as well as on diverse activities with them at the centre. The image emerging this way may seem to the observer as being disordered, however, this is only apparently so, and only when if one would want to examine it linearly over time, without using the categories of the TAF. An analysis using the Three Aspects of Form method entails interpreting the thoughts accompanying purposeful activity in terms of the missionary, phenomenological and cultural categories, and the determination of their levels by descriptions or with the use of scales presented in the further part of the article.

The analysis of a longer train of thoughts by way of TAF categories makes sense both for the diagnostician as well as the pupil. It is a confirmation of the fact of emergence of strings of thoughts that are organised in a non-linear manner. The individual is helped in that they can become aware of the existence of a great set of their own activities, which are not concluded due to the lack of knowledge of the mode, in which the objective could be attained (weaker phenomenological activity level) or rejected as being forgotten (lower level of missionary activity), and allows them to determine the circle of beneficiaries of their purposeful activity (evaluation of the level of cultural activity).

The application of the TAF model in paedagogical diagnostics entails the expansion of the paradigm of diagnostic work with the therapeutic function, all of this being equal to the pupil participating in the first of teo stages of the proprietary paedagogical method referred to as *Education therapy* (Pl. *Terapia dydaktyczna*). This type of therapy entails educational influence aimed at the support for intellectual development through the definition of the cultural point of reference for decision-making process[11]. It entails in particular seeking good decisions in action (valuable components of human

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[11] B. Trochimiak, *Terapia dydaktyczna a rozpoznawanie edukacyjnych potrzeb uczniów*, „Człowiek – Niepełnosprawność – Społeczeństwo" 2015, no. 2(28), p. 64.

culture). The therapy entails accommodating phenomenological, missionary and cultural activity of a person. According to the assumptions of ET, accommodating phenomenological activity entails developing the characteristic of openness of the mind; accommodating missionary activity entails training to achieve the state of interest in the environment; accommodating cultural activity is getting to know and training oneself to apply values important for the existence of the human species and their environment[12].

Usage of the TAF model in paedagogical diagnosis

An important objective of paedagogical observation is to determine, whether the pupil requires psychological and paedagogical aid. If it would turn out to be necessary, the material achieved subsequently is utilised to determine the diagnosis. When using the TAF model, the entirety of analyses is conducted in universal categories of activity (meaning, phenomenological, missionary and cultural activity), and requires the execution of four tasks in interaction with pupils:

1) presentation of the property of the *categorial path tripartition* of purposeful human activity;
2) aid in the pupils becoming aware of the content of their thinking that accompanies purposeful activity and that translates to thinking using TAF categories;
3) encouraging self-diagnosis using TAF categories;
4) indicating relationships between the usage of the *Three Aspects of Form* method and intellectual development.

The TAF model may be utilised in paedagogical diagnosis at preschools and schools. Activity conducted as part of the model should be presented to the pupils, applying the relevant concepts, however so translated by the teacher that such vocabulary is used that would be comprehended by these pupils. Pre-school children

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[12] B. Trochimiak, *Terapia dydaktyczna – założenia…*, p. 123-138.

and young schoolchildren should be taught purposeful activity categories of the TAF in course of games and activities solidifying behaviour, without the exposure of terminology. Example tasks aimed at the introduction of the *categorial path tripartition of human thinking* in daily lives (exercises one, two and three), after the translation of the contents of the relevant rule to the realm of terms understandable to preschoolers, could look like this:

Activity 1. *I want to do something* – purposeful activity of missionary character

For all age groups. Activity conducted once per day. Time: 2-3 minutes or longer.

Course of the activity:

- Introduction to the activity: The children sit along a straight line. The teacher asks several questions: Would anybody like to use the bathroom? (if so, they can go), whether anybody is hungry? is anybody thirsty? do they want e. g. to sing a song? play ball? go sleighing? walk on the moon?
- The activity proper: If a pupil would want to do something, they stand – if they want to state what they want to do, they state it, if they do not – they do not – they clap their hands and sit down.
- Diagnostic needs:
- The activity is recorded – the frame spans the entire group. Ever week, the children from the group are shown the most interesting fragment of the recording – two minutes long, or longer if the children would so desire. It is clear how the children stand up all the time – individually or in groups – and sit down – clapping is heard.
- For the teacher, the film is a recording of the diagnosis of the entire group in the category of purposeful activity that is missionary in character.

Activity 2. *I know, how to do something* – purposeful activity that is phenomenoloical in character.

For children from a middle or older group. Activity conducted once per week or more frequently. Time: 2-5 minutes or longer.

Course of the activity:

- Introduction to the activity: The teacher uses a folder with activity sheets: 'I know, how to do something', which contains thematically-ordered sheets with simple descriptions of execution of simple activities by pre-schoolers. The teacher reads out a few descriptions (different ones for each activity), and asks the children, whether do they know how to do something else.
- The activity proper: The children stand in groups of three facing each other. If the pupil knows how to do 'something' – they raise their hand, they put it down and says quietly to the child standing on the right 'what they want to do'. Then they explain loudly to the child on the right 'how they want to do this', and this pupil attempts to guess, what was to be done. The child on the right confirms or denies this. Then the children switch roles.
- Diagnostic needs:
- The activity is recorded – the frame spans the entire group. Every week the children are presented with the most interesting, three-minute portion of the film (or a longer one if they desire this). Initially there is no sound, the children try to remember what they said. Then – with sound. Fragments of discussions may be difficult to hear, due to the voices overlapping.
- For the teacher, the film is a recording of the diagnosis of the entire group in the category of phenomenological purposeful activity.

Activity 3. *What is good and what is bad* – purposeful activity that is cultural in character.

For children from a middle or older group. Activity conducted once per week. Time: 5-10 minutes or longer.

Course of the activity:

- The teacher reads out descriptions of different modes of doing the same activity. In groups, the children pick the variant that, to them, seems the most valuable. The teacher presents their version of the best course of action. A discussion is conducted within the entire group. The children create a drawing about this (+ ca. 15 minutes).

- Diagnostic needs:
- The drawings are put up on the board and are presented for the next activity.
- For the teacher, the complete set of drawings is a weekly record of the diagnosis of purposeful activity of the entire group that is cultural in character.

The execution of the last, fourth therapeutic activity contained within the TAF model, meaning, the link between the usage of the *Three Aspects of Form* method and intellectual development, the teacher should, when speaking to their pupils:

- praise activities stemming from each of the three types of purposeful activities, using the following descriptions: Alice wants something – she will be a great scientist; John knows, how to do something – this is the way a great constructor starts their work, Alexandra wants to take care of everyone – she is very wise, etc.;
- stress that it is good to do something good for oneself, for friends and colleagues;
- appreciate different valuable activities (e. g. activities of children, of other persons or of characters from stories) – even the most minor ones.

In their activity, the teacher should be guided by the conviction of the relationship between the usage of the *Three Aspects of Form* method and the development of intelligence[13] in the cultural aspect

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[13] D. Wechsler indicates that 'Intelligence is the aggregate or global capacity of the individual to act purposefully, to think rationally and to deal effectively with [their] environment' (D. Wechsler, *Definicja i natura inteligencji* (reprint from *The Nature on Intelligence*, 1939 [in:] Brzeziński, E. Hornowska, *Skala Inteligencji Wechslera – WAIS-R. Polska adaptacja, standaryzacja, normalizacja i wykorzystanie w diagnostyce psychologicznej*, Wydawnictwo Naukowe PWN, Warszawa 1993, s. 16). As R.S. Feldman states, intelligence for psychologists means the ability to comprehend the

– understood as the state of the mind of an individual during the act of creation of culture. The author referred to this property of the subject as *cultural intelligence*. Within their theoretical assumptions, she related to the thoughts of Aristotle from 2500 years ago, which stated that the objective of the activity of an individual able to describe for themselves objectives and master modes of achieving them, is, in effect, to cause a certain good to emerge. In line with the assumptions of Education therapy, the presentation of an inspiring relation of the TAF method with intellectual development accommodates the missionary activity of pupils and belongs to training modes in the achievement of the state of being interested in one's environment[14]. The set of four activities that do not fit in the specific path of diagnostic activity can also be considered an amendment of the practical knowledge of pupils on the role of purposeful activity in an individual's life.

Paedagogical diagnostics conducted according to the TAF model considers the phenomenological (P), missionary (M) and cultural (C) activity levels (AL) to be significant that might be referred to along the ordinal scales – for phenomenological activity (PAS), missionary activity (MAS) and cultural activity (CAS).

Phenomenological activity scale

Activity that is phenomenological in character – according to the definition used by the TAF method, this is human activity in terms of studying and getting to know phenomena. Within the scope of particular activity, one can speak of finding and becoming aware of solutions in a given situation. The three-position phenomenological activity scale (PAS) is presented in table 1.

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world, to think rationally and efficiently use the resources available at hand in new situations (R. S. Feldman, *Zrozumieć psychologię*, Wydawnictwo Astrum, Wrocław 2004, pp. 394-395).

[14] B. Trochimiak, *Terapia dydaktyczna – założenia…*, p. 130.

Table 1. PAS phenomenological activity scale used in paedagogical diagnostics conducted according to the TAF model

Scale level – score	Phenomenological aspect of the activity
2	knowledge of various modes of execution of a given task
1	knowledge of one mode of execution of a given task
0	no activity

Source: own work

The PAS scale may be used for paedagogical analyses, where the need would arise to obtain the answer to the question about the knowledge of various methods of execution of a specific activity.

Missionary activity scale

Activity that is missionary in character – according to the definition used by the TAF – describes the readiness to act stemming from the feeling of a need, the understanding of a necessity, having a plan, a will, readiness to play, etc. The character of the conviction, with which a person commences working and then continues it may

Table 2. MAS missionary activity scale used in paedagogical diagnostics conducted according to the TAF model

Scale level – score	Phenomenological aspect of the activity
4	completion of the activity
3	continuation of the activity
2	commencement of the activity
1	manifestation of the will to act
0	no readiness to act

Source: own work

be varied, but belongs within one of the listed classes. The set of classes may be amended by the teacher, if this would aid in the understanding of the concept. Every instance of readiness to act is treated equally. In paedagogical diagnostics conducted using the TAF model to describe difficulty in undertaking and continuing activity, a five-level MAS missionary activity scale is used (with a score ranging from zero to four points), as presented in table 2.

The MAS measures the readiness of a person to act, taking into account each phase of activity.

Cultural activity scale

What is the cultural aspect of human activity, or cultural activity? According to the definition used by the *TAF* method, this is making decisions to choose solutions that are valuable (for the good of the individual and of the environment) on the basis of information from missionary and phenomenological activity in a particular task, whereby the search for a good decision contributes ever more broadly to the intellectual development of the person.

The CAS – cultural activity scale – constitutes the formal relationship of the act of the decision with the significance of the decision being reached for the environment. It is the link between the decision and the character of the consequences stemming from having reached it. It enables the measurement of the level of cultural activity using the PAS score. Consideration of the significance of one’s activity for the general population is a key component of the development process. It is very important in paedagogical diagnosis conducted using the TAF model. In terms of cultural activity, pupils should be taught that a decision made at any time throughout their lives has a cultural dimension, e. g. it can be good for oneself, for their closest environment, for a broader environment, and finally, for the world as a whole, whereby activity that is good for the entire world has the broadest cultural significance among them all.

Within paedagogical diagnosis conducted according to the TAF model, a cultural activity scale, CAS, is used that offers a score ranging from zero to eight points, as presented in table 3. According to the taxonometric property, every situation described in the second column of table 2 also fulfils the requirements of the lower levels. The descriptions of CAS levels equal reaching decisions for the good of someone (for some kind of good) is equal to reaching decisions that do not harm that person (or something).

Table 3. CAS cultural activity scale used in paedagogical diagnostics conducted according to the TAF model

Scale level – score	Phenomenological aspect of the activity
8	for the good of the world or without harming the world (including for the good of the Earth)
7	for the good of the Earth or without harming Earth (including for the good of one's country)
6	for the good of the country or not harming the country (including for the good of one's home town)
5	for the good of one's home town or not harming one's town (including for the good of the school)
4	for the good of the school or not harming one's school (including for the group of one's class)
3	for the good of one's class or not harming one's class (including for the good of the family)
2	for the good of one's family or not harming one's family (including for own good)
1	for own good (without an analysis of consequences for the environment)
0	no decision, describing lack of cultural activity

Source: own work on the basis of B. Trochimiak, *Założenia Terapii dydaktycznej a podejście do problemów wychowawczych z dziećmi i młodzieżą*, „Problemy opiekuńczo wychowawcze" 2017, no. 8, p. 46.

The teacher may establish any desired number of subscales within the six subareas of the CAS scale, meaning: CAS2, CAS3… CAS7, adapting them to the character of the group, e. g. preschoolers. When preparing ahead of observation, they can modify them, retaining the rule of taxonometric applicability of new content and the relevant rank[15]. An example cultural activity scale for pupils within a preschool group was presented in table 4. The modified scale remains an eight-point scale, the name includes the number of the universal CAS item, for which the new scale is narrowed down – CAS4 in our example.

Table 4. Example of the content of a modified cultural activity scale, CAS4

CAS4 level – score	Cultural aspect of the person's activity – character of the decision made
8	for the good of the preschool and the parents bringing the children to the preschool
7	for the good of all children from the preschool
6	for the good of the other preschoolers from the group
5	for the good of the teacher
4	for the good of the preschoolers, with whom the child eats their meals
3	for the good of their best friend
2	for the good of mum, dad and one's siblings
1	for own good
0	no decision, describing lack of cultural activity

Source: own work

For clarity, the table only shows the altered main content of the items on the scale. In the full version, the description of one level should also include the clause 'or not harming' as well as 'including for the good of…' (table 3, column 2). The fourth level of the origi-

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[15] Rank – here: providing symbols on the scale with numeric values.

nal CAS, meaning, four points for a decision benefiting one's own school or not causing it harm (including the good of one's own class), is the highest level of the new CAS4, whereby in our example the scale, after modification, covers preschool and not school situations. The rule of taxonomic suitability still applies, meaning, the relevant situation is only distinguished when the decisions reached by the child are good for the situations from all the lower levels on the scale.

The points assigned for the relevant individual levels of cultural activity, as presented in tables 3 and 5, serve to bring to order the paedagogical observation and the preparation of material to make a diagnosis.

Activity level within a single action

For instance, observations allowed for the registration of point values for a single activity of the pupil:

- one point on the PAS – they know, how to perform the activity – they knew one method of doing it;
- three points on the MAS – they did not finish the task;
- four points on the CAS4 – they were aware that they acted for the benefit of children, with whom they usually eat meals, but also that what they did did not harm their mother, father and siblings or their closest friend.

The results of the observation are noted by the teacher as:

$$AL = [P1, M3, C4; 4]$$

or

$$[P1, M3, C4; 4]$$

where AL is the activity level in the area of P – phenomenology, M – missionary scale, C – cultural scale, the note 'K4; 4' describes cultural activity for four points using the modified CAS4, whereby the information on the level of the modified scale is placed after the semicolon.

Within the conducted self-diagnosis, the pupil does not need to use the numerical activity scales. All it takes for them to think not only about themselves when choosing their solution in the course of a decision, but that they would also consider an ever broader circle of beneficiaries.

After the description of PAS, MAS and CAS activity levels, therapy is used entailing accommodating these activities that remain at a low level at a given time.

Summary

The presented proprietary model of the TAF plays two roles within paedagogical diagnostics – it simplifies the analysis of the semantic meaning of facts by the teacher by reading them within the suggested universal categories of intellectual activity, and is a catalyst within the intellectual development process of the pupil, participating in the first stage of *Education Therapy*. The execution of the therapeutic component within diagnostic activity has the objective of accommodating the real needs of the pupil on the way to independent problem-solving.

The dissemination of the TAF method that is so significant for the model within the context of its properties aligns among others in the obligation of execution of school-based prevention and development programmes. It is a helpful measure against the emergence of negative consequences for one's consciousness that would stem from the participation of children, youths and adults in unsuccessful searches for valuable solutions in their lives. In searches ending frequently with the registration of further contradictions, intensifying misunderstandings for the surrounding world and closing oneself within a circle of behaviour understandable for one, aimed at own profit. Without conscious utilisation of the mechanism of the *intellectual categorial path tripartition* mechanism and the idea of the elementary process of the creation of culture (by way of decisions made for the common good), intellectual development may evolve like an unexpected journey to nowhere. It would remain mysterious, incidental, slow, rich with 'dead ends' and ineffective. The knowledge of categories of activity in the development of culture has fundamental significance for the development of a young person, providing them with a stable support in the fast-changing world, and at the same time – the foundations for the construction of a positive value system later in life. Within the *TAF* model and within *Education Therapy*, one assumes the target form of the pupil, who, when leaving the education facility, would know the universal categories of activity for their own benefit and for the benefit of human culture on Earth along with all of nature, and knows how to be a positive individual in adult life. The knowledge of the mechanism of one's intellectual development is useful to everyone, in particular people searching for a method to reach decisions that are positive for themselves and for the entire world. In line with the assumptions of the TAF method, this mechanism is natural and elementarily simple, thanks to which the individual can participate in the process of creating culture already from the moment of its physical emergence, initially on the lowest level of cultural activity. With time, along with the development of their own – missionary and phenomenological – activity and with the utilisation of more universal values than just personal profit, it enters a higher level of creation of culture.

It seems that there exists presently the necessity to again fuse development and education processes, which with time have diverged from each other, with education processes constituting the majority. This situation is symbolically presented by the possibility of pupils being able to be promoted to the next form independent of their note for conduct[16]. The separation of the processes had

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[16] Pursuant to the education law in force, the note for conduct does not influence the notes from education classes or the promotion of a higher form in the curriculum or graduation from school (art. 44f section 9 of the Polish act of September 7th, 1991, on the education system, Polish Journal of Laws of 1991, no. 95, item no. 425; unified text developed on the basis: meaning, Polish Journal of Laws of 2018 item no. 1457, 1560, 1669).

acquired the accidental substantiation of its separation in science through the usage of different definitions of intelligence that would take into account the skills of a person without respect for activity for the benefit of existence of human culture on Earth, including with respect to nature. The results of school education may thus, in view of the author, be improved, using the three aspects of form of purposeful activity with the cultural vantage point for decision-making processes, irrespective of whether the concepts of the *intellectual categorial path tripartition* and *cultural intelligence*, as suggested in the article, will be used or not.

In the application of the TAF model in educational diagnosis, the author sees a mode of handling the phenomenon of lack of social fit in its early and initial stage. It also allows for the possibility of influencing the intellectual development of pupils and leading to more conscious and mature participation of individuals in the process of formation of human culture on Earth. She is of the opinion that when using the TAF model, pupils could better read and evaluate reality, and, accordingly, understand themselves and others better and be more understanding for the environment.

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REVIEW

Interdisciplinary Contexts of Special Pedagogy
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Review of the book by Kasper Sipowicz and Tadeusz Pietras *Introduction to inclusive paedagogy*, Wydawnictwo Continuo, Wrocław 2017

In recent years, a clear tendency could be noticed towards common education of disabled and fully able people, and hence, not only a departure not only from special schools, but also from integration schools. This is inclusive education that assumes that a disabled child should learn at a general school closest to their place of residence, and it is presently the most commonly postulated form of education of this group of pupils. The traditions of non-segregated education of disabled people are not long in Poland, because they only started to develop in the 1980s, mainly due to Aleksander Hulek. The present legislation, for instance, the Convention on the Rights of Persons with Disabilities, include the obligation to continue this. The changes in terms of education of the disabled must be handled by teachers, who ever more frequently encounter pupils with special education needs in their classes, however, not really feeling prepared for this. They suffer from the lack of specialised support as well as insufficient material knowledge. As a response to the needs of practitioners, with the aim of the highest possible efficacy of inclusive education, issues related to it are ever more frequently touched upon by Polish scientists in various kinds of publications. Kasper Sipowicz and Tadeusz Pietras have undertaken the task of analysing this subject more closely in quite a limited, because numbering only 117 pages, publication entitled *Wprowadzenie do pedagogiki inkluzyjnej (włączającej)* [*Introduction to inclusive paedagogy*], which was published in the year 2017 by Continuo in Wrocław. The publication is divided into seven chapters dealing with defining the concepts of integration and inclusion, inclusive education in preschool and school practice, economic and social aspects of inclusion or inclusive paedagogy in terms of disability studies, the migrant crisis and paradigms of special paedagogy.

It is worth noting that the authors are not paedagogues or education scientists, at least not by education. Kasper Sipowicz, German philologist, who had reached their doctoral title in the field of political science, currently works as a lecturer at the faculty for interdisciplinary disability studies at the Maria Grzegorzewska University in Warsaw. Tadeusz Pietras in turn is a psychiatrist, an associate professor at the Medical University of Łódź. These fields that lie far away from education science did not, however, hinder the authors in undertaking a closer analysis of inclusive education both in the theoretical (definitions, differentiation between integration and inclusion) as well as the practical (examples of good practices from other countries) sense. This book, dealing with a topic in education is written by authors without a paedagogical background, is an interesting phenomenon, a chance to look at inclusion in education from a different perspective. Sadly, this also has certain negative effects such as, for instance, insufficient knowledge of subject literature. As the authors note in the introduction, there are few Polish treatises taking on the concept of broadly-understood inclusion, and the availability of foreign-language works is still limited. I cannot entirely agree with this, because for a person really interested in this topic, reaching valuable sources should not pose too great a problem. Interesting is the fact that the authors of the book under review do not refer to publications by Zenon Gajdzica or Grzegorz Szumski, who are Poland's best known scientists dealing with issues of integration and inclusion. Sipowicz and Pietras do refer in fact in one chapter to Szumski's book *Wokół edukacji właczającej* [*On inclusive education*], but not to *Integracyjne kształcenie niepełnosprawnych* [*Integrative education of the disabled*], which is most probably the most frequently quoted Polish book on the subject. It is worth noting that the Internet (on-line journal editions, scientific search engines and catalogues, e. g. Google Scholar) makes it progressively easier to reach English-language articles that discuss news from research on broadly understood inclusion. However, one must note the breadth of Polish publications referring to the practical aspects of education of persons with special education needs at integration and inclusive facilities (methods of work with persons with a specific type of disability, establishment of individual education and therapy programmes), admitting a certain deficit of works introducing the theoretical aspects of the processes of educational inclusion.

In the first chapter, the authors discuss terminology, searching for similarities and differences between integrative and inclusive paedagogy, correctly noting that these concepts are frequently wrongly considered to be identical. The authors also criticise the attitude of Otto Speck, an influential German researcher from an older generation, who believes that the term 'inclusion' is flawed, because it diverges from its original meaning. He defines the verb *includere* as to limit, to close off. This critical reflection is noteworthy and suggests pondering, what the process of inclusion actually entails. Sadly, when discussing the origins of integration and inclusion, the authors fail to refer to the concept of normalisation, which through its arguments encompassed normalisation of living conditions of disabled people, hence, the area of their education as well. Proponents of normalisation such as Wolf Wolfensberger or Bengt Nirje demanded that people with disabilities should stop being isolated from the rest of society, which was compounded by them being taught at special facilities, often far away from their places of residence. According to the rules of normalisation, a disabled person should receive education in conditions like those that are enjoyed by their fully able peers. This is expressed by inclusive education, thanks to which a disabled child attends its district general school. I consider the failure to refer to this key concept to be a significant flaw.

In further chapters, the authors refer to education practice, namely to the concept of Reggio Emilia as the execution of the idea of inclusion during the preschool stage and examples of good practices aimed at the inclusion of all children in the life of a school, as collected on the basis of reports from other countries. Such practical hints will certainly be of interest to teachers, who are looking for inspiration in their daily work. Even though these are sometimes very obvious solutions (e. g. letting a pupil having a hard time concentrating calm down for a while), but education scientists without special paedagogical training can find these very helpful. Some of these methods are more general in character, referring in general to a school class that need not necessarily be inclusive (e. g. stressing independent acquisition of knowledge by the pupil).

The authors have decided to also discuss attitudes of teachers with respect to joint education of fully able and disabled children. However, they only refer to studies conducted by the Polish Supreme Audit Office and by Statistics Poland, which, in light of the high number of studies concerning the problem conducted by Polish as well as foreign scientists, I consider to be inadequate. It would be worthwhile to for instance refer to the book authored by Maria Chodkowska and Zdzisław Kazanowski entitled Socjopedagogiczne konteksty postaw nauczycieli wobec edukacji integracyjnej [*Socio-paedagogical contexts of teacher attitudes with respect to integrational education*] from the year 2007 or reach for English overview works, e. g. Avramidis and Norwich or de Boer, Pijl and Minnaert (both 2010).

Noteworthy is also the fact that the authors took their time to devote one of the chapters of their book to the inclusion of migrants, and discussing the socio-political conditions of inclusion they touch upon the phenomenon of the precariat, permitting a look at inclusive education in a broader, less obvious context. Education scientists, touchnng upon topics related to inclusive education, focus on disabled persons, whereas in the age of the migrant crisis and current social changes, one should also note other groups threatened by exclusion. I believe, however, that the phenomena related to this were discussed overly superficially, and that the publication would greatly benefit from a broader discussion of these. In the summary of one of the chapters, the authors quote a few accusations indicated against inclusive education and take their position with respect to them. I believe this to be an interesting fragment of this book, however, one that was treated overly concisely. It would be worth it to discuss at this point, for instance, research results on the efficiency of inclusive education concerning social functioning or school achievements of disabled pupils, or mention the phenomenon of requalification, meaning, the transfer of pupils from integrative/ inclusive facilities to special education facilities. These results may serve as arguments for opponents of non-segregation forms of education. There are many concepts in this publication that may be considered interesting, however, their short treatment gives rise to a feeling of dissatisfaction.

The authors have presented the selected issues of inclusive paedagogy in a clear and interesting manner for a reader who is not privy to scientific terminology. Numerous graphics, diagrams and tables make it easier for the recipient to understand and remember the information. My reservations, however, are borne out of the use of certain terminology. I am puzzled by the frequent use of the term 'inclusive *team*'. I believe that the English word *team* used in this Polish publication could be replaced with its Polish counterpart, *zespół*, used in government regulations concerning education of the disabled (in the context of people working in the development and implementation of individual education and therapy programmes). Shocking is also the use by the authors of negatively charged terms such as ‘deafness’ and ‘blindness’ or concepts that offer limited precision, such as ‘weak eyesight’ or ‘weak hearing’, even more so that they themselves in their publication note the significance of not using stigmatising language. Considering the fact that this is a scientific paper, unacceptable is the fact that the authors fail to provide footnotes in some areas. An example is the question ‘Are general classes in our country are fully inclusive?’ (page 48), and then providing a negative answer with arguments for this position, however, without any sources being quoted. Perhaps the authors refer to their own experience, however, it should be noted if this is so.

It must be stated that the authors aptly chose the title of their work. The word *introduction* indicates from the very beginning that the basic concepts related to inclusion will be touched upon. Hence, the specialists dealing with inclusion already for a longer time shall find nothing new in this paper. Looking to expand one’s knowledge, it would be worthwhile for them to reach for other works on this topic. I would consider this publication to be addressed to practical teachers who would want to amend their knowledge and get to know the fundamental assumptions of inclusive education. This book will also be useful for students of general education who, being aware of the challenges faced by the contemporary *school for everyone*, would want to expand their scope of knowledge in inclusive education. The work by Kasper Sipowicz and Tadeusz Pietras considered in this regard could be considered recommendable, however, one must note the shortcomings by the authors that were discussed above. The lecture of this book should be amended by other, renowned works in the area of integration/ inclusive education that were written by valued Polish researchers.

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