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Introduction

Dear Readers,

you are just opening the second issue of the Journal of Exceptional People. Our journal is published twice a year and its contributions are reviewed by leading experts active in the field of special education.

Our editorial board has collected and chosen to publish various articles by Czech and foreign authors. Topics cover a large spectrum of the problems, particularly the quality of the life of "Exceptional People". In this issue you will find several articles that relate to research aiming at the screening of relations of non-professional and professional public to these people (K. Pančocha, L. Slepíčková, Y. Peng,) and possible follow-up care (J. Maštalír). The author compares aspects of the follow-up social care in Scotland with reality in the Czech Republic. Other authors monitor special education issues related to auditive, physical or visual deficit. (Y. Odstrčilíková, L. Ludíková, K. Stejskalová, E. Satinská). B. Petters sent to us an article which concerns a boy with disabilities in Hong Kong. M. D. Polínek is engaged in possibilities of using art therapy techniques for people with special educational needs. The contribution of Polish author J. Kossewska deals with the formation of belief and finding the place in society in the context of health deficit and social exclusion. American authors Rieger D, Rieger A. detect a possibility to use humor among people with disabilities.

Our magazine also contains one short review related to special education literature published recently in the Czech Republic.

The size of contributions is limited so many authors could not describe the issue in detail. In case of your interest in the topic it is recommended to contact the authors in person, through mail addresses that are listed below the articles.

On behalf of the editorial board of the journal JEP I wish you pleasant reading and I hope that this reading will be an inspiration for your eventual active cooperation with us.

On behalf of the JEP editors

Pavel Svoboda

Issues relating to the individual transition of young special educational needs students moving from their education system onto an adult social care setting

Jaromír Maštalíř

Abstract: *In this article I would like to highlight the issues facing young adults leaving special education schools as the move from education services into adult social care services. Within this article I will raise my concerns regarding the complete lack of process during this transition period, leaving the involvement from the individual, their family and professionals in the planning for any future care needs; social needs; further education needs; dreams and aspirations for the individual, completely omitted.*

Key words: *student with special education needs, end of compulsory school attendance, transfer, transition planning, personalized transition plan*

1 Introduction

Pupil sending mainstream secondary schools usually go into further higher education (high schools, high vocational schools, then possibly University). However pupils attending special needs schools, more often than not, have no further educational experience and 'normal life' for those with disabilities and complex needs tends to be that of social services and usually directly into the care of a support service provider. At most they may have just one-year study on Practical schools.

Special school pupils could be generally defined as any young person who requires specialized support to improve health and to participate in daily activities – at home, at school and in the community due to their significant impairment in one or more of the following areas:

- health issues,
- cognitive difficulties,
- communication difficulties,

- limited sensory-motor skills,
- poor social integration skills,
- emotional/behavioural difficulties,
- poor self-help skills (The Transition Planning for Youth with Special Needs: A Community Support Guide, 2005, s. 3).

Pupils with special needs leaving their secondary education will receive a formal document and certificate. This certificate or report will contain a brief outline of that pupil's personality, character, and general behaviour during their time attending school. It will also contain additional information relating to their educational achievements and subjects completed. This document will also include any additional support needs the person may have in relation to study.

However there is a question regarding other information this document may or may not contain i. e. their hopes, dreams, and aspirations for their future life; their abilities and support needs in relation to life skills; their interest in a career or further education. Is it indeed practice within the context of transition to think about such issues and if so is it recorded within this document. Furthermore if indeed it is recorded are these documents used by social services to plan for the individual's future. After all this is a very important milestone in everyone's life and what happens at this point could determine the level of success and happiness they may have in their adult life. They have, in law at least, reached adulthood.

"For disabled young people, however, this is not always the expectation. Disabled young people have historically had decisions made about their futures without being asked what it is they want to do, or with such limited choice available that they are simply expected to use existing support which offers limited options. The move towards personalisation could have a significant impact on the lives of disabled young people. Using the range of support which sits under the 'personalisation' term, should provide all disabled people with the opportunity to live lives as citizens with the same rights as others" (The National Children's Bureau, 2011, s. 1).

The change that transition brings, has an impact not only in the life of a student with a disability, but will significantly affect the people closest to them e. g. parents, siblings, other family members, classmates and friends. The transition from school to adult life is one of one of the most comprehensive changes that young people with complex needs will face in their lives.

"The problem of the 'transition' from school to adult life for people with learning disabilities is well known to families, professionals and policy-makers. Indeed, transition is a word that seems to now be always accompanied with a groan! For many working with disabled young people and their families transition is understood as the time disabled young people move from children's to adult services, rather than a natural stage of life that includes leaving school, starting work, going to college

or university, leaving home, trying out new experiences and making new friends” (Cowen, Duffy, Murray, 2010, p. 2).

2 Transfer versus transition

In this case we look at the term **transfer** as a life changing situation that every student will go through as they either, come to the end of their educational stage in life, or indeed as the move from childhood to adulthood. The concept of **transfer** can be understood in this context just as an event, in which the pupil with special education needs goes from one support system to another without any training, planning, or even consultation. It is a kind of formal “bureaucratic transmission” without any pre-planning in which young adults with a disability change or **transfer** from being a “student” to becoming a “client or user.” It is clear that within the student leaving certificate from school only educational information is detailed and indeed no life plan including care needs, developmental needs, and social needs are very obviously ignored.

Figuratively speaking the transfer is a stage that a student **must** take and as the school door closes behind them they have no idea what lies behind the open door that they now **must** take. The **transfer** has to happen, it is inevitable.

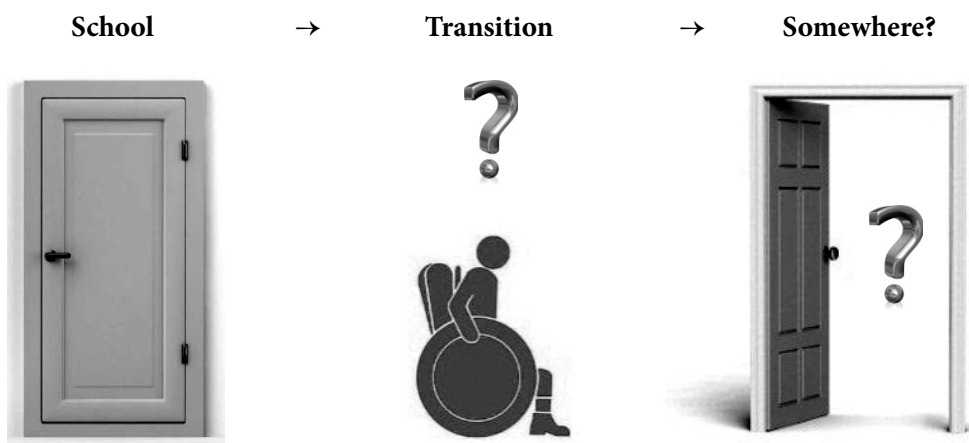


Figure 1: Author’s conception of transfer

Transition means an organized, premeditated and controlled process in which we work with the theme of the end of compulsory school attendance in order to ensure the conditions for the best, most natural and effective transition of young people with disabilities in real life, or other support services (Blum et al., 1993 in Transition:

getting it right for young people, 2006). It is “the movement from one set of circumstances to another resulting in changes to environments, relationships, behaviours, routines, roles and expectations. It is a process of change that for some may require substantial preparation, planning, adjustment and support” (Department of Education, 2013). McLeod (2002) considers the transition as a kind of bridge between the two periods. It is characterized by a change and a planned move from one bank to another. All people go through a series of changes in life. Some go smoothly and effortlessly over the bridge. However for some; this journey can be a difficult one and often need both assistance and guidance from others. “Transition – Effective integration and successful transition can be achieved when citizens and families are given clear entitlements and control of key resources” (Cowen, Duffy, Murray, 2010, s. 4).

For transition to be effective and a natural as well as planned process, in terms of students leaving special educational schools, it must surely involve all those people involved with that individual's life. This should include the individual, their family and friends, as well as those professionals who have been involved in the student's life including those who will be involved in the future.

British Department of Education (2013) defines transition planning as process that helps young people plan, prepare and work towards achieving their future directions and goals. It is planning now for a desired future. This focus recognizes that young people who engage in transition planning processes, and are supported to do so, make smoother transitions into adult life and greatly enhance their post-school outcomes and quality of life

It is a process that should:

- promote a smooth transition to adult life,
- empowering the individual,
- maximises choices to the individual,
- inform decision making,
- provide direction and purpose (Department of Education, 2013).

“Transition planning is a partnership involving the individual with special needs, their family, local service providers, school personnel and government staff who support youth transitioning to adulthood. Transition planning is an interactive, dynamic process that requires a number of meetings to prepare, plan and implement a successful transition for a youth with special needs. The purpose of transition planning for youth with special needs is to identify opportunities and experiences during their school years that will help them better prepare for life as an adult” (Ministry of Children and Family Development, 2005, p. 5).

The output of this process should be the creation of a **“Personalized / individualized transition Plan”**.

3 Personalized Transition Plan

The European Agency for Development in Special Needs Education (2006) **Individual Transition Plan** describe as:

- document closely connected with a student's individual education program,
- pupil in this planning process is built into the very heart of the action,
- preparation should begin to be implemented two to three years before the end of compulsory schooling,
- can be seen as a specific profile (medallion) of the pupil, including a description of their current life situation, motivations, desires, abilities and skills,
- contains in detail a description of what will happen after leaving special school,
- targeted at the transition period between elementary school and special life in adulthood,
- foresees the creation of a supportive team, with the outcome to produce a personalised transition plan with the participation of – classroom teacher, assistant teacher, family members and other external professionals, etc.

“Crucial to the successful transition of all young people is forward planning based on the needs of the young person and their family, thus instilling confidence in both that their unique needs will be recognised and addressed. Ensuring that children and parents know about the opportunities and choices available and the range of support they may need to access is something which cannot start too early” (Department of Health, 2008, p. 6).

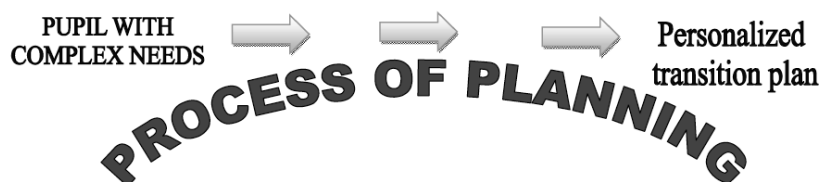


Figure 2: Transition planning

In Czech Republic there does not exist a scientific study that would directly describe this issue – only in a very narrow sense within “transit programs” in terms of the training and preparation of young people with disabilities in the planning and the transition from school to the labour market (see e. g. Bicková, 2011, Krejčířová, 2009, Opatřilová, D., Zámečníková, D., 2005, McLeod, 2002).

Foreign research in connection with this topic *transition planning for pupils with special education and complex needs from school into everyday life*, notes the following facts:

- transition from school to other support services is often not planned in advance,
- parents of children with disabilities are often not well informed about other related services,
- young people with disabilities (especially with complex needs) often do not understand why they have to leave school,
- poorly planned transition can have adverse effects on the health of young people with disabilities,
- lacks a comprehensive system of policies and measures for the transition of young people with complex needs from school to life,
- some young people are experiencing manifold transitions due to other life events, death of a parent, separation from family and then placed in institutional care, the transition from one type to another residential care (May, 2001).

The journal *Teaching Exceptional Children* in the context of planning the transition of pupils with special education and complex needs, provides some suggestions, recommendations, and guidance to special education teachers, and includes:

- connect parents in the process of transition planning,
- try to consolidate some of your approaches and strategies to support those that are commonly used to provide support for adults with disabilities,
- try to provide a general overview and overall orientation in the support system of people with disabilities,
- try to establish interdepartmental dialogue,
- soak up the knowledge and experience of other members of your team,
- support family paradigm in the context of the changing roles and responsibilities for their adolescent children with disabilities,
- try to create space and conditions for mutual communication and support between families with each other,
- communicate regularly with parents through their preferred methods of communication(diary, phone, email, personal contact),
- during transition planning, focus mainly on the positive features of the strengths of the pupil with special education and complex needs (Ankeny, Wilkins, 2009).

4 Brief excursions – transition planning in UK

In the English education system, the statutory requirement to attend school ceases in the June of the academic year in which the young person/pupil (including those who have been recognised as having special education needs) reaches the age of 16. As a result, young people have to make a transition from statutory schooling to one of a range of options which are, to varying degrees, available to them. In broad terms, these are usually seen as constituting three main pathways:

- *Education*: The young person can pursue an academically oriented education, probably in school sixth form, sixth form college, or further education college.
- *Training*: The young person can seek to develop more vocationally-oriented skills and knowledge, perhaps in a further education college or with a training provider.
- *Employment*: The young person can enter the labour market and find work (Dewson, Aston, Bates, Ritchie, 2004).

“Transition from young person to adulthood for pupils with special educational needs may be more difficult than for other young people since, in addition to the usual changes, the process concerns the change of a whole range of provision and related educational, health and social services. For pupils with a statement of special education needs (SEN), the process of transition formally starts after a young person’s 14th birthday. This stage in the process legally requires the Local Education Authorities (LEA) to work closely with the Social Services, Careers Service, Health Authority, Further Education Funding Council, the school and school-related services and of course, the young person and his/her parents. The Careers Service has a particularly significant role in that process. The Careers Service must be invited to the first annual review following a young person’s 14th birthday and to all subsequent reviews until the young person is 19 years old” (Polat, Kalambouka, Boyle, Nelson, 2001, s. 20).

Between 2008–2011 The Transition Support Programme also took place. This was run jointly by the Department for Education and the Department of Health. The programme was supported by the National Transition Support Team (NTST). NTST worked with a range of partner organisations to develop support that local areas could access, including training days relating to transition, as well as information booklets on specialist areas of work and extended case studies on good practice with the main aim to: **improve support for disabled young people in transition to adulthood through Individualized Transition Plan (ITP)**. ITP plans for the progression of students with disabilities aged 14 and over, from secondary school to adult life were intended to insure that students are prepared at graduation to participate in activities that interest them such as postsecondary education, vocational education, employment, and independent living. It is written with the help of the student, parent, teacher, social worker or service coordinator and adult service provider. It spells out what everyone needs to do in order to provide the training and services needed for a smooth ‘transition’ from school (Transition Information Network, 2011).

The Department of Education (2013) indicates which kind of crucial areas of pupil’s live every Individualized Transition Plan should contain:

Table 1: Crucial areas of pupil's live

Environments	Life roles	Life dimensions	Needed skills
such as work	worker	social	positive social
education and training	parent	physical	self-determination
leisure and recreation	friend	spiritual	transport and mobility
living arrangement	community participant	emotional	independent living
Community	flatmate	intellectual	leisure and recreational activities
	partner		education and training courses and programs

Ministry of Children and Family Development from British Columbia (2005), also recommends in the process of creating Individualized Transition plan that the following areas should be included:

- health such as medical needs and healthy lifestyle,
- daily living such self-care, shopping, meal preparation etc.,
- housing/living arrangements,
- finances and money management,
- friendship and socialization,
- transportation,
- post-secondary education and training,
- employment,
- recreation,
- community involvement such a spirituality and volunteerism,
- cultural associations,
- legal and advocacy needs.

5 Conclusions

The aim of this paper is to highlight a number of issues in relation to the transition period. Firstly to highlight the lack of preparation for and involvement in, the transition of young people with disabilities and/or complex needs leaving special education schools moving into adult social services. Secondly the lack of a consistent and detailed planning process within both the education system for those particular groups and within the adult social service system who will be receiving these individuals. It is very clear that there is little or no cross communication between education and adult social services. Lastly and by far the most crucial point, is that the general attitude of the importance of this transition process and indeed what should be included within the whole process; the communication between all people concerned, the planning

with the individual themselves; involvement of their family and other professionals, all seems to be sadly lacking and certainly not a priority. Surely it must be the case that those young people with additional support needs deserve the same opportunities in life as we all do, indeed it must be their **right** to have this.

In conclusion, I would like share a short story. The story, which would not take place without **transition planning** and support of all the participants of the planning team:

JOSH'S DREAM

Josh has long since dreamed of working with the police: "Fast cars. Walkie talkies. Stopping crime. Helping people. The Bill!"

Josh's mum and dad told school that Josh had talked about being a police officer since he was a little boy. Dad said: "I can't imagine him being a police officer, but I can see he could have a role in the police. Josh is very good at helping people."

Josh started working at the Hammerton Road Police Station every Friday, under the watchful eye of Kay the administrator who made sure that he experienced different aspects of police work.

His tasks included: washing police cars; sorting the mail; delivering messages; shadowing Police Officers in their various duties; watching officers deal with crime reports as they came in; visiting the horses in the mounted police section and spending time in a patrol car.

Josh's superb people skills and enthusiasm quickly led him to become a valued member of the team. He has been asked to stay on as a volunteer for one day a week during his last year at school. Staff at the station is keen for Josh to continue working with them when he leaves school.

"Josh is an asset to the police station. Everyone knows him and he is part of the team here. We would like to find a way for Josh to be here long term" (administrator, Hammerton road Police Station).

"It has been wonderful and beyond all our expectations. He is just exhausted when he leaves and often falls asleep in the car on the way home" (Josh's mum).

"It is just fantastic! When he is at school it is all he will talk about! It has really helped him to be more responsible!" (Teaching Assistant Supporting Josh)

(Cowen, Duffy, Murray, 2010, p. 27).

Proofreading: David C. Watson

6 Literature

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This paper is also a partial outcome of the *Specific research no. PdF_2012_040*, (under the title “*The issue of transition graduates of special primary schools with moderate learning disabilities and multiple disabilities concurrent impairment in social service system in relation to individual planning process*”).

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“I’m not a Rice Pot”: Disability, society and inclusion in Hong Kong

Chris Forlin^a, Brenda Peters^b, Darren Chan^c & Edmond Lau^d

Abstract: *This paper reports Darren’s story told from the perspective of a person who, due to a serious accident as a young adult, became a quadriplegic. Darren experienced debilitating consequences as a result, which led to many challenges for him in both social and work activities. His limited mobility directly affected his job prospects and personal life. By sharing his life experiences and the personal difficulties he faced, Darren’s story highlights the difficulties of young people who are physically disabled in Hong Kong. It is a story of hope and encouragement, although it began with one of frustration, depression, and boredom.*

Key words: *People with disabilities, having a disability in Hong Kong, rice pot*

1 Introduction

Personal stories of people with a physical disability from China and Hong Kong, have presented them as heroes (Dauncey, 2012). A new trend noted in personal stories of people with a disability, however, presents the person “living a productive life, the need to challenge preconceptions about disability, and an enhanced sense of self and self-worth” (Dauncey, 2012, p. 312). Darren’s story is the narrative of such a person living and working in Hong Kong, and is a story of transformation from his dependence after the accident, to regaining autonomy. He is an active decision maker, who considers that he fights against the ideas of Hong Kong Society, namely, that he is merely a recipient of care, as Darren is quadriplegic. This article, therefore, adds to the growing number of personal stories from people with a disability living and working in the different cities in the region, although Darren’s story is one of the first to be publicized from Hong Kong.

In writing his story, he felt that one of the important aims was to bring the contemporary attitudes of Hong Kong society to light, particularly from the perspective of a person with a physical disability. Darren feels that he fights against the ideas of Hong Kong Society on a daily basis. Furthermore, in co-writing with Darren we have learned from each other and developed a deeper understanding, respect and commitment to support others with a disability in Hong Kong. The title of the article “I’m not a rice pot”, therefore, is a positive declaration by Darren about himself and his friends with a disability in Hong Kong, who also strive to support themselves through their own efforts. Darren’s emphasis is that he is a productive member of society who fulfils his own expectations for independence, as well as the filial expectations of a son or daughter in Chinese culture.

2 Chinese perspectives and disability

Within Chinese and Confucian culture, parents provide for their children and it is commonly expected that when parents become incapacitated, the children will provide for their needs (Yang & Kleinman, 2008). This particular cultural perspective, according to Yang and Kleinman (2008), places a high obligation and moral duty upon the children to provide for their parents when they have retired, and even after their death, particularly on specific festival days, such as *The festival of the Hungry Ghost*. Being a son or daughter with a disability, therefore, can be considered a judgment on the whole family, especially if the person’s disability means being unable to carry out expected filial duties, as might be the case for someone with quadriplegia. In addition, there are traditional cultural perceptions of disability, which have viewed the disability as retribution for the person’s early transgressions, past lives, or as a punishment for the past sins of parents or grandparents (Yeung, 2008). Furthermore, in Chinese culture according to Stafford (1995), the term *rice pot*, has been used to indicate a person who does not provide for his or her parents when they grow old. The analogy is that the individual eats the rice provided, but does not pay for it, in this instance, providing for parents when they are no longer able to care for themselves. The term is commonly used in the Asia Pacific region in a derogatory fashion to indicate a person with a disability.

3 Having a disability in Hong Kong

Of the extant studies conducted about people with a disability in Hong Kong, Yeung (2008) found three categories of people who had survived work injuries that left them permanently disabled. Yeung (2008) described the people as survivors, achievers, or strugglers. Each person, however, individually negotiated the constraints and

opportunities of living with a physical disability in what Yeung (2008) portrayed as “against the odds”. According to Yeung (2008).

The sense of shame and the moral connotations that the disability brings to the sufferer and the burdens he or she carries with her or him on social encounters might make the experience more complicated. The intrusiveness of the disability undoubtedly plays a part in how the disabled person and the people around him or her respond to it (p. 851).

People with a disability and wheelchair users’ perceptions of their quality of life in Hong Kong, linked to their participation in the community, for example, their ability to access public transportation and their engagement with family and peers, rather than the users satisfaction with their wheelchair (Chan & Chan, 2007). Furthermore, the ability to cope with a disability found amongst community-dwelling elderly persons in Hong Kong was positively related to their level of education (Choi & Leung, 2008).

4 People with disabilities

Self-determination

Traditionally, it has been the role of parents to bear the responsibility for their children with disabilities into adulthood and to provide them with a home (Berry, 2009). The promotion of this rights-based approach has been embedded within legislation in many regions throughout the world, thus people with disabilities in general have become more self-determined in seeking opportunities for living independently within their community with support. In Hong Kong, current rehabilitation services are still embedded in the traditionalist perspective of paternalism, which perceives people with disabilities as being dependent and helpless, and far from the ideals of inclusion, dignity and independent living promoted in Western societies (Lee & Lee, 2006).

Adaptation and response

The stage theory of adaptation and response to disability (Livneh & Antonak, 1997) purports a gradual assimilation of an altered identity that is an on-going process that is developed over a life span. Further, Berry (2009) suggested that there were many challenges to the relationships people with a disability have within and outside their family, particularly in seeking meaningful employment. Adjusting to a sudden traumatic acute onset of disability, as a result of an accident, requires an immediate reorientation of personal priorities and relationships. A lack of anticipatory adjustment aligned with the sudden onset of a disabling condition, compounds the way in which some individuals respond to a sudden and dramatic change in their life (Smart, 2009). In many instances, though, people with disabilities report that it is

not the disability per se that causes them the greatest stress but the prejudice and discrimination of society that they now encounter (Smart, 2009).

Expectations and opportunities

A society that is less than supportive of people who are disabled often precludes those with a disability from equality of access and participation. Darren's story, though, explores how being disabled does not necessarily prevent the undertaking of expected family duties, as long as that person is given appropriate opportunities to do so. Darren exceeds cultural expectations of people with disabilities in Hong Kong, who are often considered unable to provide a means for self-care or to support their parents in old age (Yang & Kleinman, 2008).

As a mechanical engineer and assistant general manager of a large firm in China, Darren worked very hard, he entertained and socialized with work clients on a regular basis. He lived in the community and spent a large amount of travelling around. His story explores how his life changed after being involved in a serious car accident.

5 Method

We contacted numerous community groups to find a person with a disability who was willing to share their story. We specifically sought a person who had paid employment. Going through community groups produced no results, and it was by word of mouth that we heard of Darren. From our initial contact, Darren was keen to participate in writing his story so that he could share with others how challenging it is for him to live and work in Hong Kong.

We sought details about Darren's experiences, and the challenges he had faced, the support he had received and how he had overcome any barriers to being included in the work force. The material used in the article was gathered through two interviews that lasted for up to 45 minutes. Darren's story was written based on these conversations.

All interviews and subsequent meetings were recorded with Darren's consent. We discussed the aim of the interviews with Darren before recording. During the interviews, we gave Darren encouraging non-verbal signals, and for the most part, remained silent during the recording. The interviews were transcribed and sent to Darren by email. We met with him on several occasions in order to clarify certain parts of his story, and the meaning he wished to convey. These meetings took place at Darren's workplace and were conducted in a mixture of Cantonese and English. When it came to writing his story, we sought further explication on any translation issues and meaning. Thus, Darren was closely involved in reviewing and amending the text in an iterative process that involved emails, telephone calls and face to face

contact. To maintain the authenticity of the story, we have, with Darren's agreement, used his own words recorded in the interviews.

6 Darren's Story

I was born in China. I have an elder brother, a younger sister and a younger brother. It was a very poor village so I wanted to have some high career or post for my future. I thought being a pilot was good – quite professional and prestige.

I moved to Hong Kong with my mother and brothers when I was nine years old. On leaving school, I studied mechanical engineering to become a pilot. I have a higher certificate in engineering. I then joined a company of plane maintenance. Because my English and my study results were not very good, it was quite difficult to get a pilot license. So I quit. I then joined another company doing project engineering for seven years, handling toy car designs, putting them to manufacturing lines, and making shipment arrangements.

In the meantime, there was a migration wave and I was one of the Hong Kong people to move out to go to Singapore. I joined a semiconductor manufacturer as a mechanical engineer doing automation. I designed the machines that ran the whole production line. That was in 1997 to 1999. Then, I came back to Hong Kong and joined another company doing craft paper manufacturing in China.

The traffic accident happened in 2000. As the factory was in China, I needed to travel around the mainland. My post was quite high (assistant general manager). I needed to meet everyone and needed to entertain others. I remember at that time I got quite a number of glasses of red wine. I slept in the car. My driver drove me back. On the way, he avoided a car coming towards him from the opposite lane. My car was bumped to the side of the road. I could not move my legs and I had a spinal cord injury from C5 down.

My parents took care of me to 2007. They coped with my disability by first looking to see if there was some kind of cure available. Maybe there was a treatment that will make me as before. Maybe I will walk again. Maybe to have fingers that can move. Maybe no need to use the wheelchair. So many movements I cannot do. My brothers and sisters often just say to me "What you want you just tell me. I will do them, if I can." I know as long as they can do it, they will support me.

Before my accident, I got a girlfriend. We almost got married. After the accident, she said she could not be with me. So, she left.

My life was even worse than before. I just only stayed home, and my family's friends came to visit sometimes. I woke up at twelve, and then slept maybe at two, got nothing to do, and just faced the computer.

I wanted to find a job because it was very boring at home. I could play the MSN or send some instant messages, but it was not enough. I am a human being. I need to have some community integration. I need to meet people outside my home. I had many friends but I lost many friends. Before my accident, I had many friends drinking outside Lang Kwai Fong or Tsim Sha Tsui [bar areas in Hong Kong]. But now, they have grown and they have families, and they need to be responsible for their families. So, we become quite distant – not as close as before. We get together once a year.

For the first four years I did not have any job. So, I stayed home. I tried to study. Internet was a big thing for me at that time. I was able to find information about different medical equipments. I did not need to go out to get the information. At the same time, I wanted to be mobile. I am in a wheelchair. Therefore, my first concern is accessibility. “Where is the way I can go?” Thinking of bus routes or MTR [Mass Transit Railway in Hong Kong], I often need to ask myself, “Is this a suitable way for me to travel?” “Which exit is good to me?” For the manual wheelchair users, it is quite hard. Now, once I am on the computer, I can find Wan Chai or Tai Po [two areas in Hong Kong accessible by MTR], let you know where the exits are, and the best way for wheelchair users to travel in those areas.

Money became a concern when I started to get out of the house and meet people. Getting a cup of coffee was about ten dollars at that time. Now, a regular Starbucks coffee costs about thirty dollars. Therefore, I told myself, Oh! I should get a job and get some money.

Because of my mobility, I believed I did not have many opportunities in getting a job. So, I started by applying for jobs in the government. I thought the government would support me, but I was wrong. After spending almost a year, I believe the government never supports employment of people with disabilities. If the government thinks you are independent, then you can do the job. If you are dependent, then the government will think that you are incapable in doing the job. I tried mailing 40+ letters applying for jobs in the government, jobs like answering hotline, but I was not even able to meet their requirements.

I realized that the government was not going to give me a job. So I stayed home, got on the computer and MSN [MicroSoft Network – Windows Live Messenger] my friends. Then, one of my friends told me about a company looking for sales representatives. So I prepared myself for an interview. I think that was March, 2005. The company offered me an interview, and then confirmed my employment the next day. I later found out that a very generous person, who owned another factory, started this company. He used some of his profit from his first company and started another company with a focus on hiring people with disabilities. My job was about order receiving and making shipments and delivery arrangements. It was a full salary position. The salary was six thousand dollars [Hong Kong] a month. That salary was not subsidized by the government.

There were another eight people with disabilities working in this firm. I think that was a big firm. In Hong Kong, the company had 60 employees, and in China, more than 2,000 employees. I was in that position for four years. The best thing about the job was that I met the best boss. He was a very nice and kind boss. He was the best boss because he was the only one who would employ me. He specifically asked to hire me. I know he has interviewed a lot of people, but he specifically said he wanted to hire me.

There were two groups of people in the firm; people with disabilities and people without disabilities. We worked together in the same place and we met daily. Some of the people without disabilities did not cooperate with us, but some of them were cool and nice. Some of them did not discriminate people with disabilities in the surface, but I know inside their mind or behind our back, they did not like us.

That job was too simple for me; just work on the screen, maybe in small groups. I tried to have a tough job. On 2 Jan, 2009, I became the first employee of a new enterprise and started this challenging job where I am now. I think I need a challenging life. In the present job, I can do everything and use my own ideas. I missed my old job, but I wanted another new start. I missed my co-workers very much, especially the boss.

Since 2004, the year when I started to go out, I have really realized the disability life – living with a disability – is a hard life. I have tried to breakthrough this. Now, I meet a lot of people.

Having a job, I moved out from the family and started to live independently. I live in my own flat. It is from public housing. The government has changed the flat physically for me so that I can access it. They removed the curve from the main entrance and modified the toilet so that it is now big enough for a typical wheelchair. They also widened the door of the kitchen so that I can go in and turn on the water tap or get something from the refrigerator. The electric switches have also been lowered such that I can reach them easily. I do not have any helper to come to my home. Sounds very independent, but actually, I am not. I live with my girlfriend. I cannot do all the cooking and the cleaning. I can cook and I cooked well before the accident. I think if I have some modified tools, I can cook again. My cooking is delicious.

I met my present girlfriend during my reassessment trip in 2003. I think it was love at the first sentence. Although she sometimes scolds at me saying, “Why do you always leave a mess for me?” or “Why is it always you every time?” I know what she is trying to say is, “You must keep in good condition by yourself. Don’t just ask for help from others. You must prepare yourself well for the future. You have to take responsibility for yourself and take care of yourself. Don’t depend on others.” I learn and live by these principles in my community.

As a human being myself, I ask myself, “Why not I earn money by myself? Why not I contribute something to the community, earn some money and have a good

life?" I have the ability to get a job, work hard and get financial security. I can do it by myself. It's OK.

Nowadays, I can see there are mainly two kinds of attitudes towards people with disabilities. The first kind is they will bypass us as usual, treating us as a "normal person". The second kind is they will stigmatize or reject us. They will scan us from head to toe. Many of these people think that we are trouble-makers. They will also say something to make you feel bad. My response towards them is "you can do what you want to do but I don't care". My perspective is that many people still do not understand the true meaning of "integration of able-bodied and disabled persons". For instance, the wheelchair-parking slot in MTR should not be labeled for wheelchair user only. In fact, anybody who needs that space can also use it e.g. baby car. All the transportation, buildings and facilities should be designed fit for everybody instead.

I like meeting people, and through this association, I have got many opportunities to meet different people by giving Life Education talks and giving out souvenirs in different schools and universities. There are 600 members in this association; all in wheelchairs, highly dependent and all have their own life stories to tell. We team up, tell our stories and show the students how to overcome difficulties in their studies or in their lives. For the past 10 years we have talked at more than 600 schools and have met more than 100,000 students.

7 Conclusion

Darren's story shows his strong personality and self-determination in moving his life forward in a positive and engaging manner. Even so, he encountered many challenges, particularly in being given the opportunity to demonstrate his abilities because of his physical disability. It is difficult to see how a person who might be less self-directed could achieve similar outcomes to Darren, as there seems little in place to help support people with disabilities to achieve a fulfilling life within the Hong Kong community. Darren would seem to have what Stienstra and Ashcroft (2010) refer to as a strong 'spirit', that helps to guide and support his achievements, regardless of his disability. Stienstra and Ashcroft (2010) propose that disability is only one aspect of a person's experience that shapes what it means for them to be human, and that a clearer understanding is obtained only when a person's spirit and experiences of spirituality are incorporated into the dialogue. It is Darren's optimistic approach to life, his strong spirit, and academic ability that has enabled him to find a work niche that gives him the prospects he sought to fulfill and fired his desire to join the work force in a productive way. Nonetheless, he still faces many daily challenges and is especially disturbed by the less than positive attitudes he experiences by people whom he meets in the community. His determination to be independent and his

persistence against the barriers that he endures to achieve this, are tantamount to how challenging life as a person with a disability can be. It is difficult enough being disabled, but to have to fight so hard to achieve what non-disabled people expect as their right, highlights the distance that society in Hong Kong still has to travel in order to become a fully inclusive society.

In Hong Kong there are several ordinances that cover discrimination related to sex, marital status, pregnancy, race, family status and disability. The Disability Discrimination Ordinance (DDO, 1995) outlines a wide range of potentially discriminating actions against people with disabilities that are deemed to be unlawful under the Ordinance. Increasingly, people are becoming more aware of these ordinances yet, while it is possible to make people conform to the physical requirements, it is very difficult to address society attitudes, which as Darren highlights remain negative and unsupportive. If Hong Kong is to become an inclusive society, then disability needs to be seen as a human rights issue where barriers for people with disabilities

Can only be removed by the concerted and integrated effort of the government, NGOs, corporates, movie mughals and educational institutions. It is the duty of the rest of society to acknowledge the rights of the poor and the disabled. This can no longer be treated as philanthropy but is a responsibility (Isaac, Raja, & Ravanan, 2010, p. 627).

According to Grech (2009), interventions and support for people with disabilities, though, requires a closer investigation of each individual as “Engaging with what surrounds disabled people (sic) and their families is pivotal, since, like other groups, their experiences and the possibilities and limitations they confront are largely contingent on the broader socio-cultural, economic and political environment” (p. 775). The role of social networks and community services would seem to be key to the reintegration of people following a disabling event and in particular are found to be closely associated with enhanced quality of life opportunities (Chan & Chan, 2007); yet these at present, and according to Darren’s experience, seem to be less developed and even missing from the Hong Kong community.

While Ordinances such as the DDO in Hong Kong can provide legal directions, this must be supplemented by a well established and resourced network of peripatetic staff to ensure the rights of people with disabilities are enacted. Thus, to prevent long-term demands for care services, activities of daily living might be better supported from an early age to enable people with disabilities in Hong Kong to live within their local community (Choi & Lung, 2008).

In some countries such as the UK, rehabilitation services have begun to focus more on user-led funding models that allow people with disabilities to retain dignity and achieve greater equity by being able to remain independent within their com-

munity. Prideaux, Roulstone and Harris (2009) argue that if people with disabilities are able to access locally monitored funding and services and that if they are seen as employers of services rather than benefit claimants, the outcome will be a change in perception of disability and much greater opportunity for them to live more self-determined and thus more equitable lives in society. Choice and control over a person's own life is even more important for those with disabilities, as too frequently this choice is taken away from them. For people with disabilities, being able to choose their own support and life direction has been found to improve health, independence, and positive relationships with family and peers (Rabiee & Glenninning, 2010).

Stories written by people with disabilities, like Darren, who have experienced the challenges posed by a less than sympathetic society, are important for ensuring that relevant stakeholders take on the responsibility for identifying individual needs and in removing barriers that prohibit the full inclusion of people with disabilities within their local community and society. Darren's story also highlights the key importance of self-determination and choice, receiving access to appropriate support, and the availability of strong social networks. His story clearly demonstrates that being disabled does not mean being a 'rice pot' and needing to rely on others for his needs.

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Special educational aspects of the quality of life of children with retinopathy of prematurity

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Abstract: *Quality of life has become a very topical scientific phenomenon over the recent two decades and it is reflected in many fields of research. In the context of special pedagogy a very highlighted issue is the assessment of the quality of life of specific client groups in order to establish an adequate level of the provided support and to optimise the complex intervention. This is why there was designed a concept focusing on the research of the quality of life of children with retinopathy of prematurity, which is one of the main causes of blindness in advanced and medium developed countries of the world. This study focuses on the description of the research concept. The whole issue is studied in the context of the theoretical background and practical applications.*

Key words: *Retinopathy of Prematurity, Quality of Life, health related quality of life, visual impairment, special education, children*

1 Introduction – theoretical base

Retinopathy of prematurely born children – Retinopathy of Prematurity, Retinopathiapræmaturorum (“ROP”) is at present on the top of the list of causes of blindness of children in developed countries of the world. ROP was the cause of eyesight loss for ca 70% of the blind children (Rozsival, 2005). This vasoproliferative disease of the retina affects especially prematurely born children with low birth weight. The ROP incidence grows due to the increasing number of extremely premature children, who manage to survive. In the Czech Republic every year 80% of children with less than 1000 g birth weight survive (Štembera, 2004). Every year in the Czech Republic there are registered ca sixty children with serious damage of vision due to ROP (Kuchynka et al. 2007). The contemporary advances in ophthalmology have

significantly improved the prognosis of vision functions of children with ROP, yet its impact can have fatal consequences of total loss of visual perception, which confirms its dominant position among the child blindness causes.

The presented data clearly show, that ROP remains, in spite of the significant scientific and technical advances in neonatology and ophthalmology care, a very pressing medical, social, economic, social-pedagogic and ethical problem. Depending from the level of retained eyesight functions, which range from weak eyesight up to total blindness and in connection with other accompanying complications arising from the degree of immaturity, there was prepared a concept focusing on the quality of life of children, who suffer from retinopathy of prematurity.

The most frequent effect of ROP is serious eyesight impairment, or even blindness. Due to the technical advances in the neonatology and perinatology fields we can expect rising incidence in the category of extremely immature newborns at the very limit of viability, which will mean a rising incidence of retinopathy of prematurity, especially its atypical forms. The loss of vision affects the whole personality of an individual and his/her quality of life. It is also reflected in new trends in access to persons with visual impairment (Růžicková, 2008).

The QOL (Quality of Life) phenomenon is an issue, which is currently highly discussed and widely understood and many fields of science study it (philosophy, sociology, psychology, medicine, economy, ecology, pedagogy, special pedagogy etc.). The wide options of application are reflected in the multi dimensional nature of this problematic. The assessment of QOL of children has become the focus of interest of experts only during the last ten years. A wide range of research is dedicated to the quality of life of the adult population, however the category of children and adolescents is slowly gaining in importance and it becomes an “emerging field of study”. In the past there were developed various theories describing the quality of life of children. Mostly the theories focused on only one dominant aspect of a child's world. According to the present view of many authors, the development theories focusing on the psychological aspect (e.g. Limber, Hashima, 1999), or physical aspect (such as Ruštin, Greenberg, 1999), social (e.g. Flakkoy, Hevener, 1997), moral or spiritual growth (such as Thompson, Randal, 1999) do not provide sufficiently complex basis for creation of tools to monitor QOL of children“ (Dostálek, Troneček, Hejčmanová, Petrišćáková in Mareš et al., 2006, p. 209). Currently even in this area of interest there dominate the quantitative methods of QOL assessment in the form of questionnaires, which may not be sufficiently sensitive to the specifics of certain groups of children, especially ill children. The questionnaires are also designed for an “average” child, which does not exist. This is why there is a worldwide increase of interest in a qualitative approach and specific instruments of qualitative nature (Mareš, Marešová in Koukola, Mareš, 2007).

From another perspective, the aforesaid authors speak about other problematic aspects of measuring the quality of life of children – we, the adults, ask children from our point of view, using our methods and our words. Vaďurová (2006) notes the attention span and points out, that in reasonable cases there is no other alternative than “proxy rating”, when the quality of life is assessed by a parent, doctor or other relative. This brings us to the question of the evaluator of the quality of life. Vaďurová (2006) considers the assessment of the source of information as a very important aspect of the QOL assessment. The source of information may be the patients (clients), nurses, medical staff. Each of the groups clearly provides a different point of view about the quality of life of a child and interprets the situation from its own perspective. One of the variants is the “proxy rating” – assessment done by the parent or nurse. The parent’s opinion about the quality of life of a child may not be quite relevant, it may be distorted for instance due to different perception of the present situation of the child and anticipation of its future and it can be significantly determined by emotional influences. In this context Salajka (2006, p. 68, 69) notes, that the “tools assessing the HRQOL of children have until recently almost always been based on data from the relatives, usually the mother.” In this context Růžicková (2007) emphasizes the role of counseling, especially with psychological counseling.

Measurement of the quality of life of handicapped children may be even more complicated. QOL of specific client groups must be assessed so we could improve the quality and optimise the complex individualised intervention in order to achieve the maximum possible social integration of a handicapped person into the intact society. Růžicková (2006) states, that the subjective assessment of quality of life is the current trend in support for people with special needs. Even in this context the total QOL cannot be described only by health indicators. An illustration of this is the definition of health created by the National Institute on Disability and Rehabilitation Research – “Being handicapped does not equal being ill.” The international classification of functioning, handicap and health according to WHO on the other hand emphasises the social dimension of a handicap and the limitations arising from that (Vaďurová, Mühlpachr, 2005). In the recent decades there has been spreading an attitude, that the handicapped people themselves identify the elements of the “disabling environment” instead of the axiom, that the organic damage is the primary source of their problems. This has led to a significant change of paradigm, when the functional limitation was replaced with a model of a minority group, which faces basically the same problems as other disadvantaged groups (Hahn in Vaďurová, 2006, p. 88).

1.1 Underlying ideas of the research

The quality of life issues can be defined by several attributes, which illustrate the contemporary state of scientific research in this area – wide applicability, multi-dimensional nature, vague terminology, strong interdisciplinary overlaps, differing interpretations, fragmented concepts and multifactor conditionality. In spite of a great diversity in the theoretical background, models, approaches and terminology, the unifying element is the attempt to present a complex view of a person on various levels, which reflect the overall quality of life with an accent on the subjective feelings and the person's preferences instead of objectively measurable attributes. From what has been said above, from the fragmentation of the whole concept up to the subjective specifics of the quality of life, it leads us to the key question – Why should we study the quality of life anyway? Spilker (1990) notes that on the individual level the answer is self evident – the purpose is to optimise the intervention directed to a specific individual. This is the context, in which the concept of QOL assessment of children with ROP originated. Some characteristics of the eyesight disability may be an obstacle in the path towards life satisfaction, well-being, and can significantly affect the key pillars of the quality of life in the widest sense.

Depending from the extent of the retained eyesight functions and in relation to other accompanying complications arising from the degree of immaturity, there came an idea to assess the quality of life of children with this specific eyesight impairment. In this sense it is required to identify and fully analyse the specifics of the given target group and perform its thorough description in order to optimise the complex intervention process, which might, in an ideal case, lead to an improvement of the quality of life. The main goal of the research was subjective evaluation of the ROP impact on the quality of life of individuals, with the focus on child population. One of the partial objectives was to identify relevant QOL indicators specific for children with this type of eyesight impairment.

1.2 Survey design

Though the present dominant trend is to use quantitative methods to measure QOL, such as generic and specific questionnaires, the presented research is conceived as qualitative. So far the experts have not clearly solved the question, how can quality of life be assessed quantitatively and to what extent the used questionnaires are suitable for this purpose. In the context of the target group of our survey there is also the specific and so far not scientifically preferred field of QOL measurement of children, modified for children with health disability, often combined with other disabilities. Not only due to the aforesaid factors, the worldwide interest in the qualitative methods and qualitative approach as such is rising. We decided to reflect this trend and

conceive a qualitative design for our survey. Due to the character of the researched subset we consider qualitative methods as the most relevant.

Mareš (in Mareš et al., 2006) characterises qualitative approach to QOL assessment as an approach, which does not attempt precision and generalisation. Qualitative methods in general enrich our view of the examined problem and allow us to generate new hypotheses. “Svatoš, Švarcová (in Mareš et al., 2006, p. 174) point out to methodological difficulty, when a child subjectively assesses the quality of its own life – “Unlike adults here it is methodologically more difficult to get reliable data about quality of life from a self assessment – especially in case of little children, in general it can be said, that with falling age our diagnostic options decrease.” This is one of the reasons for combining a subjective self- assessment performed by children with ROP and proxy rating provided by parents or nurses.

Due to the problematic aspects connected with the assessment of QOL of children with visual impairment, the chosen data acquisition method is semi-structured interview, which should reflect the aforesaid problematic nuances so the interpretation imprecision is as reduced as possible. At the same time this method should contribute to a truly subjective assessment of the child's life quality and it should allow for identification of the subjectively important elements of the child's every day life.

1.3 Interpretation of the research outcomes

Our survey should help as a primary research about the development of children with ROP. The result is an integrative description based on authentic opinions and statements of the respondents, so we could paint a maximally complex picture about the life experiences of children with ROP in the context of their quality of life. During the realisation of the survey we chose the following research questions, whereas some of them emerged spontaneously from the data only during the very research:

- What are the characteristics of the quality of life with retinopathy of prematurity?
- In what way does retinopathy of prematurity affect the quality of life of children?
- What is the subjective perception of the quality of life of children with retinopathy of prematurity?
- Is retinopathy of prematurity subjectively viewed as something connected with worse quality of life?
- What areas of quality of life are considered by children with retinopathy of prematurity as subjectively problematic, or which are the most determined by eyesight impairment?
- How do children with retinopathy of prematurity view their quality of life and how does their view differ from the one of their parents?
- What is the role of the overall health condition in the assessment of the quality of life of children with retinopathy of prematurity?

Concerning the first of the research questions (What are the characteristics of the quality of life with retinopathy of prematurity?) our objective was to define the individually specific and subjectively assessed level of the quality of life. At the same time we wanted to define the specific predictors of QOL improvement based on identification of any specific indicators.

Though we used general measurement instruments to create the concept of the assessed QOL areas, the tool we designed can be considered as adequately sensitive. The spectrum of indicators corresponds to the empirically verified areas of QOL of the intact population, so we can expect that it captures all the relevant attributes. Schalock (2009, p. 5) confirms our approach on a more general level: "Individual quality of life is a multidimensional phenomenon consisting of key areas affected by both personality and environment. These key areas are the same for all humans, though they may differ individually according to the relative value and importance." The general measurement instruments thus reflect even specific indicators for the category of people with visual impairment, who however have different individually specific characteristics. Due to a relatively wide range of the used indicators, they can be expected to cover all the subjectively important aspects of the quality of life. At the same time the assessed indicators are identical with the determining factors of the quality of life of each individual, regardless the existence of any health problems. However the resulting profile of the quality of life bears the specific characteristics of a disability, in this case a visual disability.

The second of the presented research questions (In what way does retinopathy of prematurity affect the quality of life of children?) has a very wide scope – from individually specific characteristics of health condition – concerning the retained vision functions there are two extreme positions, when comparing the case studies and authentic interviews – through other anamnesis data confirming the aforesaid variability of the overall health condition; up to the characteristics of mental and social dimension related to the visual or even combined disability. Authentic statements, or individual QOL profiles allowed us to capture and describe all the differences in the individually specific quality of life indicators.

These aspects can be further connected with the interpretation of results related to the third and fourth question (What is the subjective perception of the quality of life of children with retinopathy of prematurity? Is retinopathy of prematurity subjectively assessed as something connected with worse quality of life?). It is clear, that ROP and complications connected with prematurity affect the quality of life. On the individual level, the question is, how to determine the subjectively perceived well-being. International research concerning the quality of life of people with disabilities examined a representative sample and proved specific features identified by a wide range of disabled people – a communication and information barrier between the intact population and the community of the disabled, which has implications

for social integration, acceptance and non-acceptance by the intact society and also identification with the community of the disabled. These characteristics are, due to the age range of the respondents, especially in the casuistic studies made by us.

Though it is not possible to reach a truly relevant generalisation, there is no denying, that ROP significantly determines the quality of visual perception and secondarily even the whole development of an individual concerning the possible strong vision impairment with all the described negative impacts and limitations. Another complication is the etiology factor of the ROP formation – prematurity implying a number of health complications, often life endangering, and late polymorbidity. The above mentioned attributes certainly contribute to the personal well-being and in the general sense they affect the quality of life of each individual.

The generally accepted view is that health disability implies a lower quality of life, however regardless the resulting health condition, which may or may not be affected by these factors, we would like to highlight an empirical confirmation of the “disability paradox” which brings also one of answers to the fourth research question (Is retinopathy of prematurity subjectively viewed as something connected with worse quality of life?) – it is a disparity between the objectively documented serious diagnosis and its expected serious impact as viewed by the exterior evaluators on one side and the subjectively positive evaluation of quality of life by the persons, who lives with health problems (Mareš, Marešová in Řehulka, Řehulková, Blatný, Mareš et al., 2008). Mareš, Marešová (in Řehulka, Řehulková, Blatný, Mareš et al., 2008) call it a paradox of the beneficial influence of health problems.

The research of this phenomenon has shown, that people with various types of health problems claim to have the same or even higher quality of life than people, who are healthy or “intact”. So we cannot a priori anticipate a lowered quality of life, even though serious scientific studies (Silva, Oliveira, Ferreira, Pereira, 2005) proved a significant impact of health impairment on the quality of life of an individual – as we have emphasised several times, in case of QOL it is a multifactor conditioned concept, which needs not necessarily be affected by health condition, or the limits arising from it. The authors also present an explanation for this divergence, as shown by Albrecht and Devlieger (in Řehulková, Řehulka, Blatný, Mareš et al., 2008, p. 11) using the theory of balance: “Many people with a serious disease can find a balance among the physical, mental and spiritual segment of their lives. They are helped also by the positive influence of their environment, whether it is social or nature environment.” This explanation can be applied also to the problem of health or visual disability. Our findings are more optimistic, than we had anticipated originally, not only concerning the retained visual functions, but also concerning the assessment of the overall development and the related social factors. In this context Salajka (2006) points to a very careful and reasonable interpretation of the data acquired from the QOL assessment. Also, considering the disability paradox, he warns about

the possibility of data distortion due to the prejudice, which automatically expects the health problems to have a negative impact on the quality of life. In this sense he highlights the individual hierarchy of life values, the level of adaptability to changed conditions and the ability to “perceive various aspects, which form the rich tapestry of everyday life, to what extent this influence will manifest, how much it is perceived by the ill person” (Salajka, 2006, p. 105). On the level of the third research question (What is the subjective perception of the quality of life of children with retinopathy of prematurity?), apart from the aforesaid disability paradox we can only highlight the individually specific profiles of the quality of life of each respondent.

Of all the proposed indicators of the quality of life, the most highlighted one – not only by our respondents – is the psycho-social dimension, which is – in compliance with the outcomes of the international handicapped person QOL assessment projects – the main troublesome dimension of a disability – which opens the question of the attitude of the intact population to disabled persons, the question of social integration, influence of the disability on the process of socialisation of an individual, the level of acceptance and non-acceptance of the handicap and identification with the community of the handicapped people and a number of other long term topical all-society issues – the influence of family and the upbringing attitudes of parents, social determinants (wider environment, other members of the same age group, contact with the community of the disabled) and other nuances. On this level we have actually answered the fifth question (What areas of quality of life are considered by children with retinopathy of prematurity as subjectively problematic, or which are the most determined by eyesight impairment?).

Concerning the sixth research question (How do children with retinopathy of prematurity view their quality of life and how does their view differ from the one of their parents?), there was assessed the hypothetically different viewing angle of the parent and the child about the ROP impact and the related QOL aspects. From the view of the researcher the parents were able to adequately and relative rationally assess the impact of the health problems and the disability on the life of the child. The realised interview also allowed them to reflect on the development of the child and to get a feedback. Schalock (2009) points out, that except providing the feedback there are also other ways, how the data can be useful for the parents – it can create their expectation that change is possible and it can occur on several levels. At the same time it confirms functionality of organisations in the sense of a holistic attitude to the client and comparison of the subjective and objective dimension. In this context it also clarifies the importance of the use of personal data, either in the form of individual or summary information on the organisational level – it highlights the need to allow sharing of information about the client’s outcomes and changes on various levels of support, to incorporate the information about the outcomes and the findings arising from that to the theory of scientific disciplines, and last but not least,

to define the individual, organisational and community factors, which may indicate the prospective development.

The specific features of the health care of the surveyed group usually have the attributes of a combined disability in the ROP context and also complications connected with prematurity, however some of the contacted respondents feel only minimum negative impact of the aforesaid factors. The level of retained visual functions seems relatively positive in this respondent group, compared with the anamnesis data from the case studies. In the sense of the last research question (What is the role of the overall health condition in the assessment of the quality of life of children with retinopathy of prematurity?) we can, again, only point to the individually variable influence on the quality of life.

Concerning the visual impairment and its negative impacts on the independent and his/Her well-being, the answer to the last question is clear – if the outcomes of ROP reach the dimension of visual impairment, the psycho-social indicators of QOL are modified in the above presented way.

As part of a specific module intended only for the parents, there was assessed not only QOL of their children in the sense of proxy rating, but we were also interested in the attitudes, feelings and knowledge of the parents concerning the options for the optimal development of the child. Again, we cannot reach a relevant conclusion with an adequate value, but in a number of specific examples we noted very rational democratic approach of the upbringing. However talking about the acceptance of the disability by the parents or by their children, proved to be embarrassing for the parents, as well as the topic of the options to identify with a group of disabled people in order to form an adequate identity of a disabled person. This issue of course has implication for the area of personal self-perception, but in a wider dimension also to the social integration area. From the interviews and the casuistic studies we can see an emphasised role of the family and family influence towards adequate socialisation, or social integration and the overall psycho-social dimension of the disability.

In general, our research aimed to become the first survey of a “new or complex area” and initiated a quantitative research while “proposing measurement procedures or acquiring a deeper insight into the specifics” (Hendl, www.kpg.zcu.cz/capv/HTML/5/5.pdf, p. 5). Our objective was not to create a generalising theory, but to provide a relatively complex picture of the quality of life of children with ROP so as to allow subsequent deep analysis of a quantitative nature.

2 Conclusion

What was the premise of our work, from what idea did the research design originate? These questions have been answered in the previous text, however, several characteristics will serve here for final balancing:

- Quality of life – multidimensional, broadly interpreted, multifactorially conditioned scientific concept attracting in the last three decades attention of expert public within the intentions of social disciplines.
- Retinopathy of the premature babies (ROP) – one of the main causes of sightlessness of children in the economically developed world, a specific disease characteristic for premature babies with low birth weight, which may and, at the same time, due to technological advance in the field of interventional procedures, does not have to lead to fatal consequences in the form of meaning loss of sight perception, respectively to sight disability.
- Extreme prematurity of a new born baby – factor carrying along a very wide spectrum of life threatening complications and late consequences, situations evoking a number of ethical dilemmas, key etiological factor of origin of ROP.
- Sight disability – attribute determining overall development of an individual, factor conditioning the socialization process and social integration process, one of key determinants of quality of life and the life satisfaction.

We decided to reflect these phenomena of contemporary scientific research on various levels of knowledge – the result is a concept of evaluation of quality of life of infant population with ROP with accent on subjective evaluation of impact of above presented factors, mutual interaction of which and determination of complexly understood quality of life in the sense of well-being – personal well being integrating in itself indicators of psychical and social health.

The objective of the research has been to formulate subjective influence and impacts of ROP onto the sphere of regular everyday life and the rate which determines its quality. We tried to evaluate to which extent ROP, and its consequences and other related aspects, influence the quality of life – physical and psychical state, way of life and the feeling of life satisfaction. Respectively we wanted to confirm empirically correlations between its consequences and altered quality of life. A partial objection was in this matter to find subjective importance and meaning of proposed indicators of quality of life for target group, while, at the same time, identifying other subjectively important factors. In this sense an analysis of the statements of children was a premise. The subject to measurement of quantitative nature was a category of children with ROP, whose current quality of life was evaluated.

The proposed indicators are, according to our opinion, relevant in relation to studied issues and, at the same time, these are identical with the determinants of quality

of life of each individual despite the presence of the health disability. However, the resulting profile of quality of life carries just the specific features of health disability, in our case sight disability in particular. Despite it is not possible to reach really relevant evaluation, it is evident that ROP significantly determines quality of sight perception and secondary the entire development of an individual in the sense of potential severe sight disability with all described negative consequences and limitations. As another complication factor comes to the front line the etiological factor of occurrence of ROP – prematurity implicating a number of health, often life threatening, complications and late polymorbidity. The outlined features are undoubtedly taking part in the feeling of personal well-being, in the most general sense of the word these influence quality of life of every individual. However, without taking into account the health state, which may or may not be influenced by these described factors, we would like to stress the empiric proof of, so called, disability paradox – illustrating case may be case study of Lukas, on the basis of which we may predict his positive future development towards self-reliant, independent and satisfactory life. Of all the proposed indicators of quality of life psychosocial dimension is accented, not only by our respondents. It is in line with the conclusions of international projects evaluating quality of life of persons with disability, the main acrid dimension of disability – here comes a question of the approach of intact population towards the persons with disabilities, The area of social integration, influence of disability on the socializing process of socialization of an individual, level of acceptance and not acceptance of disability and identifying with a community of persons with disability and a number of others long term topical society-wide topics.

The results of empiric research would, in ideal case, be reflected in optimizing of special pedagogy intervention process with the observed category of individuals with sight disability – both on individual levels, towards improved quality of the approach of professionals, and on the level of organizations in the sense of interdisciplinary cooperation. An integral part of this requisite represents enrichment of theoretical base of special pedagogy of person with sight disability by the phenomenon of the quality of life and especially by the problems of ROP, to which adequate, and from the point of view increasing incidence ever more accenting, attention has not been paid so far. We expect that applicable potential of the research output may be found not only in the field of social pedagogy, but also in medicine, respectively in neonatology and ophthalmology practice. The presented proposals for practice aim also to this conclusion. At the same time the resulting findings may project into the process of creating of a standardized specific tool for measuring the quality of life for the category of persons with ROP. In association to this was one of partial objections checking the extent of proposed concept of evaluating of quality of life of children with this specific disease on a relatively small group and its viability and its use for further applied research.

In general approach our research sought primary acknowledgement "with a new and complicated field of science" and initiation of quantitative research "with proposal of measuring procedures or reaching of deeper insight into peculiarities" (Hendl, www.kpg.zcu.cz/capv/HTML/5/5.pdf, p. 5). Our objection was not to establish a generalizing theory, but rather to present a relatively complex picture of life of children with ROP.

The key objection of this work was to broaden theoretical base of special pedagogy for persons with sight disability on the basis of longitudinal quality oriented research by, so far never reflected, issues of quality of life of persons with ROP and to open space for related applied research. Secondly, these efforts should lead to optimizing of complexly understood intervention towards the given target group.

On individual level our objection was not only to present particular life histories, but, at the same time, using this self-evaluation secondarily provide to respondents, respectively to their parents, a feedback, opportunity for self-reflection. On the level of cooperation with professionals should these features, related from distribution of information, to adequacy of approach of experts, and the level of empathy, via interdisciplinary cooperation as far as optimized accessibility of services on various levels, illustrate a very real picture of used services, which should be a premise for further applied research aiming towards saturation of specific needs of individuals with sight disability resulting from ROP and towards increased quality of their everyday life. The pivot point of this idea is achievement of independent, self-reliant and satisfied life on various levels in the sense of well-being.

Conclusion of this work is not based on rough scores or statistical data, not even on generalized theory – it is based on description of images of particular authentic life histories of children with ROP.

3 Literature

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General public and future teachers' attitudes towards people with disabilities and inclusion

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Abstract: *This article analyzes the context of inclusive processes in the Czech Republic through attitudes of the general public towards people with disabilities, followed by a study on attitudes of future teachers towards people with disabilities and inclusion. We used data from a questionnaire survey, which used modified version of Bogardus scale of social distance (administered to the general public and students of education), measuring social acceptance of selected groups in society. The questions were aimed to provide information about three types of disabilities (physical, intellectual and sensory) and selected issues concerning inclusive education. The analysis looked closely at the level of acceptance in educational settings. Data showed more positive and accepting attitudes in younger and more educated groups of the general population. Further results show that being a student of a program focused on education is a major factor positively influencing social acceptance of people with different types of disabilities and attitudes towards inclusion.*

Key words: *attitudes toward people with disabilities, special education needs, inclusion, disability, Czech Republic*

Introduction

The right to free and accessible primary education has been affirmed by *The Universal Declaration of Human Rights* in 1948. This has been followed by other declarations and international treaties, which developed this right further. Currently, international documents clearly state the right to quality education for all, irrespective of their physical and mental capabilities (*Declaration of the Rights of the Child*, 1959), focus on inclusive education and use of support services (*The Salamanca Statement and framework for Action on Special Needs Education*, 1994).

The latest document focusing on education of persons with special needs is *The Convention on the Rights of Persons with Disabilities* published in 2006, which the Czech Republic signed as late as in September 2009. This document clearly states that persons with disabilities cannot be excluded from any level of education and shall be educated in their local community (Vaňurová, 2013).

Following this international development, the Czech Republic has put into force a number of national provisions focusing on inclusion of persons with disabilities in education, work and social life. It is namely the *National Plan for the Creation of Equal Opportunities for Persons with Disabilities 2010–2014* and the Act no. 561/2004 Sb. on Pre-school, Basic, Secondary, Tertiary Professional and Other Education (the Education Act). This law is the first Czech school act ever not mentioning the possibility to “free” someone from compulsory education and, furthermore, considers individual integration to be the primary form of education for students with SEN (Medu, 2004).

Inclusive education is, therefore, becoming the predominant policy of the country, not only because of legal, but also research support. Study of Dyson et al. (2004) showed that inclusion can have a positive influence on social and interpersonal competences of all students. Further, Jordan et al. (2009) published a research showing that inclusive education has a positive influence on achievement of students with SEN, they achieve higher than their peers in special schools. Dyson et al. (2004) noted that the overall results of the schools were more influenced by the school’s resources and capabilities to employ supportive measures than by the number of students with SEN (level of inclusivity). These capabilities of schools are closely linked with capabilities of their teachers and other support staff. As the number of students with SEN in Czech mainstream schools is rising every year (ÚIV), the preparedness of educators is crucially important for successful inclusive education (Vaňurová, 2013).

However, several studies show that teachers do not feel adequately trained (Webb, 2004 in Ross-Hill, 2009) and experienced (Rose, 2001) for inclusive education or worse, their attitude to inclusion is sceptic or negative (Corbett, 2001). The shift towards inclusive education can also be slowed down or hindered by the attitudes of the general public, which are important indicators of social position of people with disabilities. They give us true perspective on the life situation and the degree of inclusivity of the Czech society, as they may be better sources of understanding than formal structures and legal provisions. (Pančocha, Slepíčková, 2012).

Studies of public attitudes towards people with disabilities and attitudes of teachers and future teachers towards inclusion and their concerns associated with working in inclusive settings are using variety of methodological strategies. Attitudes are inclinations to react to objects, situations, persons or oneself in a stable manner and are directly linked to interests of every individual. Attitudes have three main components – cognitive (rational), affective (emotional) and conative (leading to an activity). We can further specify attitudes as positive and negative, verbal and non-

verbal, manifested and hidden, strong and weak, compact and loose, conscious and unconscious, group and individual, constant and changeable, etc. (see in Hartl, P., Hartlová, H. 2000; Nakonečný, M. 2000; Říčan, P. 2004). Specific category within the research of attitudes are studies focusing on attitudes of the general public, teachers or other professionals in education in in-service and pre-service situations towards people with disabilities and inclusion. Positive attitudes of teachers towards individuals with special educational needs and inclusion are one of the main factors for successful education in inclusive settings. Negative attitudes towards individuals with disabilities function as hidden barriers specifically for those, who wish to fully participate in a given society. Therefore, we need to form positive attitudes towards inclusion and towards people with disabilities in the general population as well as in pre-service teacher training (in Mukhopadhyay, S., Molosiwa, S. M. 2010).

Methods

The research aimed to analyze attitudes of the general public and future teachers of different subjects towards people with disabilities and inclusion, find out how these attitudes differ within and between these two groups. Two independent studies were conducted within this project and their results were compared. This article presents only partial results of the studies, namely differences in acceptance of people according to the type of their disability and comparison of results between the general public and student of education.

In the first study, we administered a questionnaire with the adapted version of Bogardus scale of social distance (Bogardus, 1947), to a representative sample of Czech population aged 15 and more. The questions were aimed to provide information about three types of disabilities (physical, intellectual and sensory). In the analysis we looked closely at the level of acceptance in educational settings. We can expect that due to the historical development of the approach to people with disabilities, younger generations, socialized in the post-communist era, should be accepting individuals with disabilities significantly more than the older generations. We also focused on the connotations of different types of disabilities in the Czech context and their impact on the level of social acceptance. To be able to reach large number of respondents of different age, education and socio-economic status, we used a questionnaire with adapted version of the Bogardus Social distance scale, which measures how much or little sympathy the members of a group feel for another group. The scale is still commonly used method of measuring prejudice. Since its introduction, it has been translated to many languages and used to measure relations towards many different groups in population (for a review see Wark, Galliher 2007).

The Social Distance Scale usually consists of five to seven statements that express progressively more or less intimacy toward the group considered. Typical scale an-

chors are “would have to live outside of my country (7)” and “would marry (1)” (Cover 1995, 403). In this case, a respondent who accepts item “seven” would be more prejudiced than a respondent who marks item “one” or any other item on the scale. Eight statements describing relationships were selected from a number of the original statements. The aim has been to cover three spheres of social life – work life, education and personal relations. We asked the respondents the same questions for each type of disability in the following format: Would you agree that a person with a given type of disability be your: co-worker, superior, subordinate, friend, child’s schoolmate, schoolmate, child’s partner, neighbor. The respondents could agree with any number of relations offered.

We adapted the scale from the original Bogardus version to fit the current social reality. Three statements presenting the highest social distance, i. e. admitting people with disabilities only as citizens of the country, only as visitors to the country and excluding people with disabilities from the country were not used. They present extreme cases of social distance unlikely to be held by the Czech general public or students. Ryšavý (2003) argues that this kind of changes in the scale are quite common. This can be supported by the results of a public survey conducted by CVVM (2012), which used parts of the scale, and where 93% of respondents accepted persons with disability as their neighbor. The following table shows adaptations made to the original scale.

Scale of social distance, Bogardus 1947	Adapted version	Area of social life in adapter version
I would willingly admit members of each race:	Would you agree that a person with a given type of disability be your:	
1) To close kinship by marriage	I) child’s partner	Social relations
2) To my club as personal chums	II) friend	Social relations
3) To my street as neighbours	III) neighbor	Social relations
	IV) child’s schoolmate	Education
	V) schoolmate	Education
4) To employment in my occupation	VI) co-worker	Work
	VII) superior	Work
	VIII) subordinate	Work
5) To citizenship in my country	Not used	
6) As visitors only to my country	Not used	
7) Would exclude from my country	Not used	

Figure. 1: Original and adapted version of Bogardus scale of social distance

For the purposes of our study, we administered the widely used Czech version of the scale (Ryšavý, 2003) as the starting point for our adaptations. Full psychometric testing of the adapted scale was not part of this study. We established the face validity of the instrument by comprehensive review of the literature concerning adaptations of the Bogardus scale and by reviewing the scale with four experts from the field of special education and sociology of disability. Next to this, we piloted the instrument and found relatively sound internal consistency of the scale. Cronbach's alpha was 0.712 for the subscale concerning people with physical disabilities, 0.767 for the subscale concerning people with intellectual disabilities and 0.774 for the subscale concerning sensory disabilities. This supported our aim to create a summative index of social distance for the purpose of distinguishing groups of low, middle and high social distance. The index ranging from 0 to 8 (high to low social distance) has been used to compare the general public with students of education in the matter of attitudes towards people with disabilities.

Sample

The data were acquired from a stratified sample of respondents (N = 1797) selected by quota sampling. The data were collected with the support of 303 professional interviewers of Inres social research agency as part of a larger survey Attitudes of the Czech Public towards Health Issues (Inres, 2011). Concerning the deviation of the sample from the population, we reached 0,2%, deviation of the sample from population age structure, 0,1% deviation of the gender structure and 0,2% difference in case of territorial (regional) structure of the population. The sample may therefore be seen as representative sample of the population of the Czech Republic in the age 15 and higher, stratified according to age, gender and place of residence. The sample of the first study (general population) consisted of 877 (48.8%) of men and 920 (51.2%) women, which is in concordance with the composition of population of the Czech Republic. In the category of age, we followed the same procedure, but for the purposes of data analysis grouped respondents into five age categories: up to 29 years (25% of respondents), 30–39 year (16%), 40–49 years (18%), 50–59 years (16%) and 60 and more years of age (25%). The sample consisted of 12% of people with primary education, 31% with vocational certificate, 41% of respondents had high-school diploma, and 16% had university education.

The second study, carried out in April 2012, used the same instrument as the first one. The sample was chosen intentionally and consisted of 155 students of Masaryk University studying either Special education or other programs focused on education. Next to this, the second study used also modified version of SACIE (Sentiments, Attitudes, and Concerns about Inclusive Education) questionnaire (Sharma, Forlin

a Loreman, 2007) to find out about more complex issues concerning inclusion. Results of the SACIE study were presented in other publications of the authors. Students, who were the respondents of this study either passed an individual course in special education or were studying special education as their major field of study. There were students of several different study programs (Math education. Chemistry education. Art education. Biology education. etc.). There were 78.4% of females ($n = 120$) and 21.6% of males ($n = 33$). which is a typical population of students pursuing career in education. Most of the students 78.8% ($n = 119$) were full-time students, who recently finished secondary education. However, there were also students, who already had a university degree, 21.2% ($n = 32$). The age of the respondents varied between 20 and 35 years. 49% of respondents were 22 or younger, 32.1% were between 23 and 24, and 19.1% of respondents were 25 and older. 50.7% of students communicates with people with disabilities regularly, while 49.3% are not used to meet and communicate with people with disabilities.

Results

Acceptance of people with disabilities in different relations

The spider chart (fig. 2) represents the structure of attitudes of Czech population within the scope of different types of relations, which were evaluated by the respondents. Each shape represents one of the three disability types we evaluated (physical, sensory, and intellectual). From the point of view of type of disability, the chart clearly shows substantially lower acceptance of people with intellectual disabilities, which are (except neighborhood relations) accepted less than other people with disabilities in all types of relations (school, work, family, etc.). On the other hand, Czechs have the closest relations with people with physical disabilities and are ready to accept them in wider range of relations.

From the point of view of different relations, we see that the people with all types of disabilities are accepted the most within the neighborhood. Over 80% of respondents agree to have a neighbor with a disability. Concerning neighborhood, there are no significant differences between the disability groups. Relatively high acceptance has also been found in the frame of friendship and co-working relation. On the other hand, very low acceptance rate has been found in family relations, specifically acceptance of persons with disabilities as life partners of respondent's own children. Attitudes towards people with disabilities in the educational context lie in between the two above mentioned spheres.

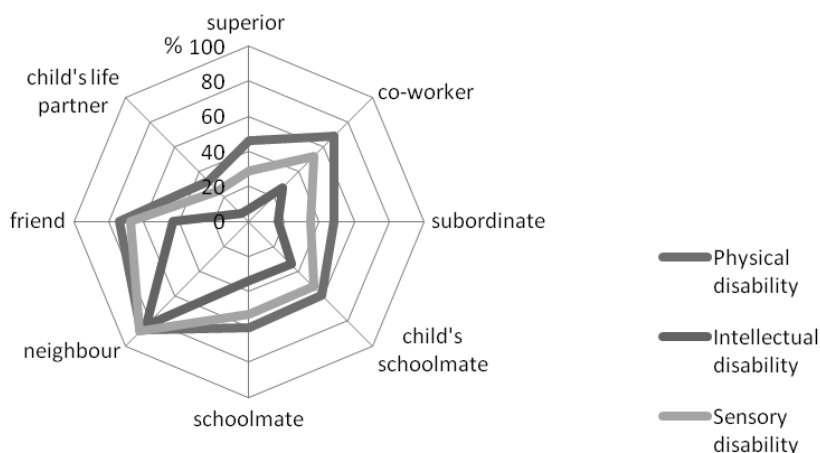


Figure 2: Social distance towards people with disabilities by type of disability and relationship (% of respondents accepting given relation)

Acceptance of a schoolmate with a disability

Statistically significant differences between different subgroups of the general public has been found. Pearson Chi-Square test has been used to find out whether the differences between age groups were statistically significant. Concerning schoolmates with physical disabilities, we found statistically significant difference between the acceptance rate between age groups ($\chi^2 = 87.212$; $p = 0.0001$). By examining the residual levels (observed counts – expected counts). The group below 29 years of age and the group 65+ were the most significantly different. The same procedure has been used to evaluate schoolmates with sensory disabilities. Again a significant difference has been found ($\chi^2 = 77.246$; $p = 0.0001$), with the two outermost age groups adding the most to the differences. Exactly the same were true for the question of schoolmates with intellectual disabilities ($\chi^2 = 54.339$; $p = 0.0001$). We can conclude that age is an important factor in acceptance of a schoolmate with a disability.

Similar tendencies were found as in the previous analysis when analysing the sample according to education level. Except the acceptance level of schoolmates with intellectual disabilities, which has not proven to be statistically significant ($\chi^2 = 5.141$; $p = 0.162$), even though there has been a tendency towards more positive answers in respondents with higher education. Finally, a significant difference has been found between the education level groups concerning acceptance level of schoolmates with physical disabilities ($\chi^2 = 21.650$; $p = 0.0001$) and also sensory disabilities ($\chi^2 = 15.856$; $p = 0.001$).

Acceptance of people with disabilities in different relations – general public vs. students of education

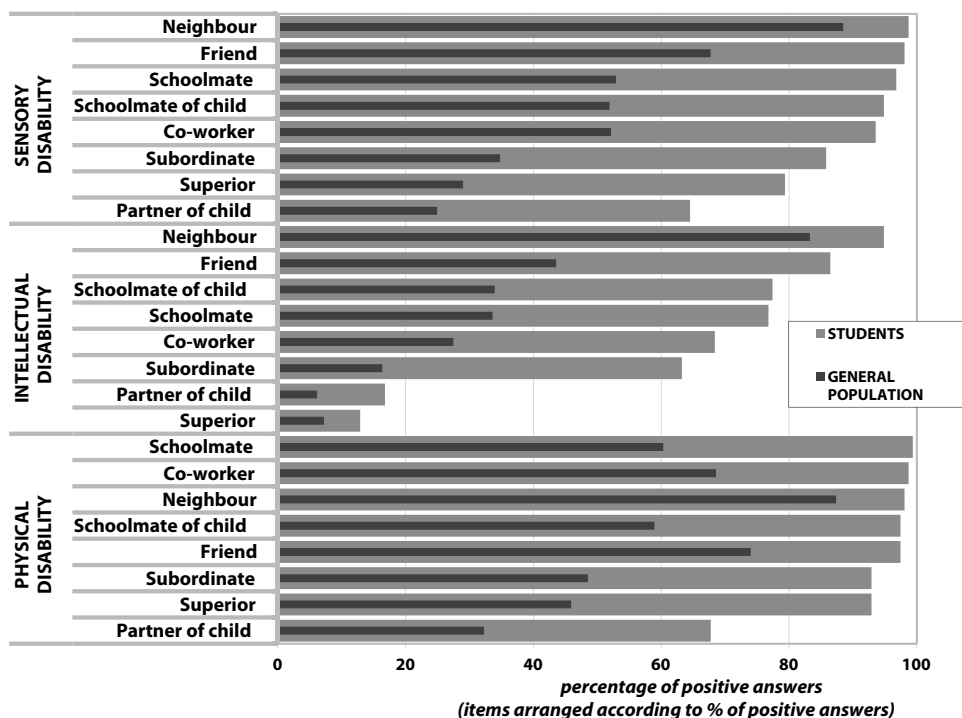


Figure 3: Social distance towards people with disabilities by type of disability and relationship. Comparison of general public and students of education (% of respondents accepting given relation)

Figure 3. shows the differences between general public and students of education in acceptance of different relations with people with disabilities. We can see that students are accepting all types of relations with people with disabilities more than the general public, but the structure of attitudes is similar. For comparison purposes, we created a summative index of social distance. Respondents' scores could vary from 0 to 8 according to the number of accepted relations for each type of disability. This is in accordance with similar studies (Ryšavý, 2003), which proved that the concept is unidimensional and could be summed into an index. We tested our data in all the relevant subscales for normality with the Saphiro-Wilk test ($p = 0.0001$) and also by observing the histograms. The distributions showed negative kurtosis.

For this reason, to compare general public and students, we used the Mann-Whitney U test, which is a non-parametric equivalent of the t-test, as the data were not normally distributed. In agreement with the general population, students accept

people with physical disabilities the most. The general public is accepting on average 5 out of 8 relations ($Mdn = 5$), while students are accepting 8 out of 8 relations ($Mdn = 8$).

Statistically significant difference has been found between the general public and students of education concerning their attitudes towards people with physical disabilities ($z = -11.736$ $p = 0.0001$).

Acceptance of people with sensory disabilities is in the general public just a little lower than acceptance of people with physical disability (4 out of 8 relations) and the same has been found in students of education (7 out of 8 relations). Also here statistically significant difference between the general public and students of education has been found ($z = -13.380$ $p = 0.0001$).

The lowest acceptance has been found in general public and students towards people with intellectual disabilities. Most of the general public is willing to accept 2 out of 8 relations ($Mdn = 2$) and students 5 out of 8 relations ($Mdn = 5$). Statistically significant difference between these two groups has also been found ($z = -12.874$ $p = 0.0001$). Because the students of education were only 20–35 years of age and the sample of the general population between 15–80 years of age, we decided to control for age and made further comparison between the students and selected subgroup of the sample of general population aged 20–35 ($N = 507$). Despite the fact that the differences between the groups were smaller, we still found statistically significant differences between students and general public in acceptance levels of people with disabilities.

Discussion

Our analysis of the data obtained from the sample of general public of the Czech Republic focused on the rate of acceptance of people with three types of disabilities in various types of social relations. According to our analysis of social distance we conclude that age and education of a respondent are two important factors for the rate of acceptance. Concerning the differences in acceptance of different types of relations, our research confirmed the pattern found by other studies, where societal attitudes were found more positive in the public sphere (education and employment) but not within family and partnership (Grand et al., 1982; Chen et al. 2002). A person with a disability has been more often accepted as a schoolmate or child's schoolmate by respondents with lower age and higher education. These statistically and practically significant differences could be assigned to socialization of young age cohorts in the democratic political system, after the end of the era of "invisibility" and isolation of people with disabilities and start of processes leading towards inclusion and community participation in all spheres of social life.

Our results show, that being a student of education is an important factor for social acceptance of people with disabilities. The student population and general population show the same patterns in acceptance of people with different types of disability – the lowest acceptance in work and family relations, the highest acceptance of people with physical disabilities and lowest acceptance of people with intellectual disabilities. Students of education declared willingness to accept more relations towards people with disabilities compared to the general public, even when we controlled for the age of respondents. This trend can be interpreted as a result of education in pedagogical field, as well as an effect of future profession. Future teachers tend to have more positive attitudes towards students with different health status and educational needs. Despite this, we can still see low acceptance of people with intellectual disabilities in the area of private relations, work and education.

Both of the studies have several limitations that need to be considered. The first and second study used modified version of Bogardus scale of social distance, which has not been fully psychometrically tested. For this reason, we shall evaluate the results with caution. The original scale itself has been criticized for several reasons. As self-reported attitudinal scale, there is a danger of potential bias by social desirability (Parillo and Donoghue, 2005). Respondents are aware that their attitudes are being measured and they may respond in a way as to provide the interviewer with the attitudes that are supposed to be held according to the current social climate rather than their own attitudes. We may, therefore, see more positive results and thereby threat to the validity of the responses (Antonak, 1995). Especially the second study is further biased by non-random sampling of students and the results shall only with caution be seen as the characteristics of the students' population. Last but not least, all attitudinal studies which use self-reported measures lack direct link between attitudes and concrete behavior of a respondent. From this point of view, we measure only the affective component and partially cognitive component of attitude, missing out the conative part of the story.

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Inclusive basic art education and its expressive-formative potential for the pupils' development with special educational needs

Martin Dominik Polínek

Abstract: Basic art education has an important, conventional place in our school system. Questions: Should the art education be understood as an integral part of the school system or is it just a free-time activity are rather out of questions. What are the conditions of integration at ZUS schools in comparison with conventional schools? – This question was studied by us within the investigation survey in autumn 2010. However, a more significant question suggests itself: Is it necessary at all to prepare inclusive conditions in such specified education type as the basic art education is? What above-standard benefit is represented by ZUS schools for pupils with specific education needs? Is the integration in conditions of basic art education possible at all? We are going to answer these questions in further text.

Key words: Basic art education, inclusive education, expressive-formative potential, pupils with special educational needs

1 Introduction

Basic art education has an important, conventional place in our school system. The importance of this education is indisputable, however, sometimes called into question. Questions: Should the art education be understood as an integral part of the school system or is it just a free-time activity are rather out of questions. Fortunately, the Frame Educational Programme of the basic art education was approved in 2010 and thus the placement of the elementary schools of art was confirmed in the Czech school system. Thus the danger of the quality decrease of the art education was turned away, to which it would probably come in a contrary case. The interest in this education type from the side of pupils and their parents proves mainly the significant (and

further growing) percentage of educated pupils in Elementary Schools of Art (ZUS) regarding the population in the age from 6 up to 19. E. g. in 2005 it was 12.8% and in 2009 already 15.9%. Out of this data results (the nowadays accepted) necessity not only to maintain the present level of the basic art education, but also the necessity to adapt this education according to the new education needs, especially in the perspective of the inclusive education.

What are the conditions of integration at ZUS schools in comparison with conventional schools? – This question was studied by us within the investigation survey in autumn 2010, where we took the ZUS schools of Zlin Region as the survey complex. This survey results were alarming. The percentage of integrated pupils in ZUS is considerably lower than the percentage of integrated pupils in schools of conventional types.

However, a more significant question suggests itself: Is it necessary at all to prepare inclusive conditions in such specified education type as the basic art education is? What above-standard benefit is represented by ZUS schools for pupils with specific education needs? Is the integration in conditions of basic art education possible at all? We are going to answer these questions in further text.

2 Partial Results of Integration in ZUS Schools of Zlin Region

In Autumn 2010 the questionnaire survey was provided which was aimed in integration of pupils with specific education needs in ZUS schools of Zlin Region. As a survey complex all the ZUS schools of Zlin Region were chosen. Questionnaire returnability was 63%, what in absolute value is 17 (out of total amount 27 ZUS schools in Zlin Region). – Thus, this specimen is regarded by us as sufficiently valid and the survey results provable. For its evaluation the percentage expression by the help of commented charts with a simple description and categorization was used.

The survey purpose was to study the problems of integration of pupils with specific education needs at ZUS in brief as the reaction for the trends rising from the new Frame Education Programmes for ZUS, especially from Chapter 12, where it is stated that it is the “basic art education opened to pupils with specific education needs. In case such pupils prove necessary presumptions required for their admission to the chosen art branch, such conditions must be created by the school which enable them regarding their educational possibilities and needs to fulfil the education content set up by the school...”¹. Within the framework of the survey we wanted to find out especially:

¹ Comp. e. g. MÜLLER, O.; VALENTA, M: *Psychopedy*. Praha: Party, 2003. ISBN 80-7320-063-5., POLINEK, M. D., VALENTA, M., MÜLLER, O. *Theatre-therapy in Institutional Education*. Olomouc:

- a) Whether (to what extent and in which branches) the pupils with special education needs are being educated at ZUS schools of the Zlin Region.
- b) What are the ideas of particular ZUS schools about the necessary study presumptions for the admission of pupils with specific education requirements.
- c) What are the obstacles for the integration of these pupils from the side of ZUS schools.

Out of the survey results following facts have been found out:

Ad a)

The ratio of the integrated pupils at ZUS schools of the Zlin Region represents almost one percent of all the educated pupils (see the Chart 1), what is an alarming finding already from two basic viewpoints:

1. In comparison with the ratio of the integrated pupils at primary schools the pupils at ZUS schools are far below the average, on top of that it is overcome significantly by the percentage ratio of the integrated pupils at secondary schools and kindergartens. (Compare Chart 1 and Chart 2).
2. Out of the professional, empirically proven knowledge on the education of pupils with specific education needs comes out, that the so called expressive approach (taking various art kinds as a mean of an education-formative activity) becomes apparent as one of the most suitable variant of education and bringing up of particular pupils. ZUS schools bring in themselves an irreplaceable potential not only for inclusive approach but especially for an enhancement of the quality of life of the pupils with a health handicap, social and health disablement.²

Thanks to the above mentioned fact (Point 1) this education-formative potential of ZUS is not utilized completely.

Chart 1

ratio of integrated pupils with special educational needs at the art school of the Zlin Region for school year 2009/2010

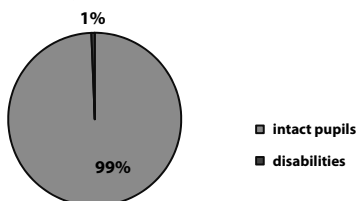
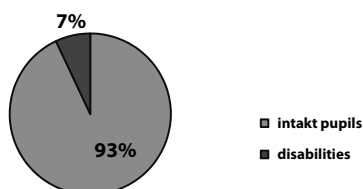


Chart 2

ratio of integrated pupils with special educational needs in primary schools in the Czech Republic for the school year 2009/2010

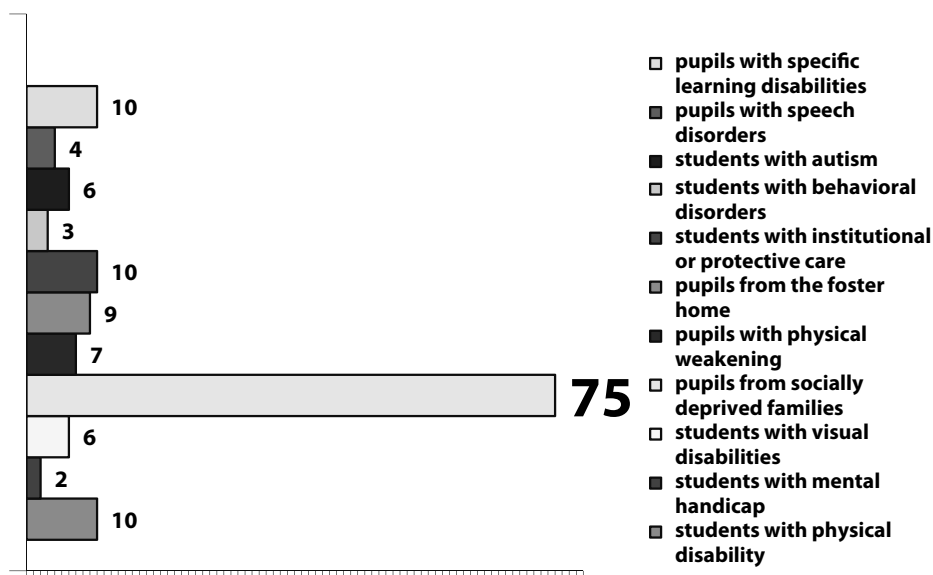


UP, 2010. ISBN 978-80-2442659-4., MÜLLER, O. *Therapy in Special Pedagogy*. Olomouc: UP, 2005. ISBN 80-244-1075-3. and others.

² The number data state the absolute frequency of integrated pupils at ZUS of the Zlin Region.

Structure of the integrated pupils in ZUS schools of the Zlin Region (Chart 3) shows, that there are great differences in frequency of the integrated pupils with a various handicap type. E. g. pupils with a hearing impairment are not integrated at all (which can be assigned to the necessity of specific communication with them and also because the most frequent art branch – regarding the number of educated pupils is a music branch). Pupils with physical disability are integrated more frequently than the pupils with mental handicap, even though the absence of the wheelchair access is stated as one of the obstacles by the majority of surveyed schools. Out of that it can be deduced that inconvenient area (material) conditions represent a far less obstacle than the professional unpreparedness of teachers. Out of the survey results comes out that pupils with various handicap types have not got equal opportunities for education at ZUS schools of the Zlin Region.

Chart 3³
numbers of integrated students at the art school with various types of disabilities



ad b)

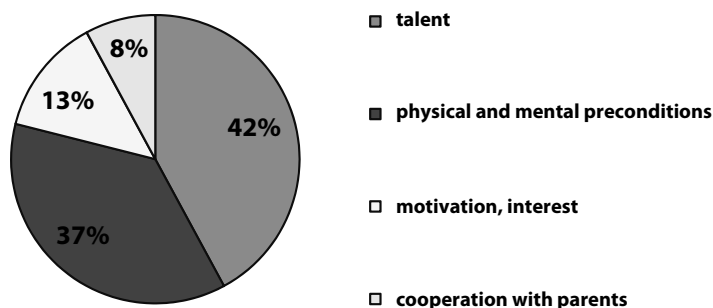
What concerns the concept of ZUS schools of the Zlin Region on the necessary study requirements for the admission of a pupil with specific education needs, relative low-threshold in regards to the specific needs is being shown. They do not differ too much

³ Output indicators 2009/10 – C Chapter [online] 10. 2. 2011 [cit. 10. 2. 2011]. Attainable at World Wide Web: <http://www.uiv.cz/clanek/726/2026#>.

from the study presumptions of intact pupils (see Chart 4). In case it is necessary the school fee is reduced by schools or it is cancelled by them entirely.

Though, in many cases the school fee reduction is not the cardinal presumption for the education at ZUS schools. (It means the school fee is not modified frequently even though the pupil is integrated). The physical, mental and social presumptions for education in the given branch are a certain limit here. We assume that much of that arises rather from the non-acquaintance of suitable methods, compensation tools, etc. As the matter of fact remains that the gift (talent) is the most important precondition for the admission at ZUS school similarly as of the intact pupils. – Here is quite a high rate of inclusivity and so the threshold is being lowered for the admission from the side of pupils with specific education needs themselves. It means that the specific needs of the pupil arisen out of his disablement do not need to be a crucial obstacle for admission into particular art branches at ZUS schools.

Chart 4
the admission of pupils with special educational needs in the art school



ad c)

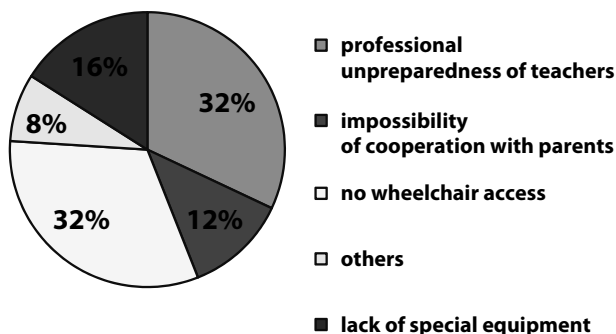
As the **basic obstacles for education of pupils with specific education needs** the following is being stated by pedagogues of ZUS schools of the Zlin Region (see Chart 5):

1. Professional unpreparedness of pedagogues in the sense of unfamiliarity with the base of specific pedagogy (that means of elementary specifics of particular disablement kinds and work methods with them).
2. Many schools are not barrier-free.

Out of these two obstacles the first one is regarded by us as more important one. As stated above even though the pupils with physical handicap (that means those ones with the highest demands for barrier-free passages) are being educated in higher extent than pupils with for example mental defects or hearing impairment. Thus the

necessity of creation of an education module is being shown, which would bring the basic knowledge from the field of specific pedagogy to ZUS school pedagogues.

Chart 5
barriers to integration at the art school



3 Inclusive Attitude of ZUS Schools in CR

In the final part of this article we are going to discuss the importance of the basic art education for pupils with specific education needs. Naturally, the efficiency of this potential depends mainly on the inclusivity rate from the side of ZUS schools themselves. Within the framework of the Czech education system the inclusive trend is obvious and the questions: How? How better? With what concept? What possibilities?... etc. are actual. It seems that the question: Whether at all? – for the common schools has already been answered positively.

We wanted to know whether it is the same also within the Elementary Schools of Art. In 2012 we have tied up to the research of integration at ZUS in the Zlin Region (see above) and a partial study of this trend within ZUS in CR has been provided by us ... and the results of this survey were also rather definite.

The aim of the survey was to find out the “integration activities” in the selected ZUS from the whole CR. As the method for the school selection a stratific random selection was used where one Elementary School of Art from each regional town or its year-end report for year 2010/2011 was chosen by random selection. Though the year-end reports of the chosen ZUS schools served us as the basis for the data collection. Their number was identical with amount of regions (14). We have used the year-end reports as they are a representative document of the school and it summarizes completely the school activities in the given school year. We wanted to know what information towards the integration are included in these reports. We were aimed concretely in:

- Number of integrated pupils with specific education needs (resp. handicapped and disabled ones) in an education form whatsoever (individual integration, integrated class, individual education plan, etc.).
- Cooperation with institutions belonging to the care system for people with specific education needs.
- Further training of pedagogy workers towards their competence enhancement within the integration (e.g. social-pedagogy education).
- Further activities and projects of the school towards the inclusive education.

By the analysis of the above mentioned documents the following was found out by us:

1. Total number of pupils of all the surveyed schools (14 schools in particular regional towns: 8527 (in average 568 for one school)
2. Number of integrated pupils: **1** ... that means **0,010% out of the total number of pupils** in the surveyed ZUS schools.
3. Cooperation of ZUS schools with institutions in the framework of care for persons with specific education needs: **One school** states the cooperation with specialised schools and with school consultancy institutions (PPP, SPC) and the Institution of Specific Pedagogy Study at PdF UP.
4. No further education of pedagogy workers for their competence enhancement within the integration was found out.
5. Only one school performs further activities directed to inclusive basic art education (it was a regular integration theatre-therapeutic workshop repeated every year and a creation of a model concept of inclusive basic art education inclusively the systematic training of pedagogues in this branch in a form of a project within the framework of ESF – equal opportunities).

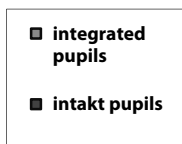
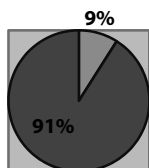
Integration Activities of ZUS Schools in CR Recorded in Their Year-end Reports for the School Year 2010/2011 – List of the Survey Results.

number of analysed year-end reports	14
total number of pupils in the surveyed ZUS schools	8 527
average number of pupils in one ZUS school	568
number of integrated pupils	1
percentage ratio of integrated pupils	0,01
cooperation of ZUS school with institutions	1 from 14
training of pedagogues towards integration	0
further activities towards inclusivity	1 from 14

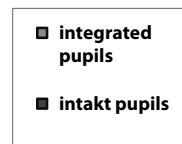
<http://www.msmt.cz/vzdelavani/vzdelavaci-soustava>

Comparison of percentage ration of integrated pupils in 2010/2011 at Primary Schools and surveyed ZUS schools

integration at the primary school 2010/2011



integration in the annual reports 2010/2011 at the art school



Though these sad and alarming data must be taken relatively. One must realize we have analysed just the content of selected year-end reports. In comparison with the above mentioned integration survey at ZUS school in Zlin Region where a questionnaire was used for the data collection we have acquired more exact and little bit less alarming data.

When considering that the year-end report is a somehow summarizing and representative document and if we suppose that there are some integrated pupils at ZUS school (as proven by the survey in the Zlin Region), we can polemize whether the inclusive education is an important phenomenon.

What the Ministry of Education concerns, the situation is even sadder. There are no statistics on integrated pupils regarding the basic art education. ZUS schools fell out from the graphic depiction of the Czech education system in the official web sides of the Ministry of Education², also the proposals from the side of the ministry for the saving measures are being criticised within the framework of which it would come to such re-organisation of the basic art education that this education would not only be locked up for many pupils (school fee increased by up to 100%), but also it could endanger the existence of some ZUS schools at all.

1. At present the basic art school system battles with issuing of school education programmes on the basis of the Framework Education Programme for basic art education. – What can be understood also as an effort to “excuse” its (nowadays disputed) place in the Czech education system.

We can assume that after this priority task has been managed the attention will be devoted also to the pupils with specific education needs, resp. to the inclusive approach within the basic art education. Besides that, the Frame Plan of Education for the basic art education contains a chapter (being just marginal) dealing with education of pupils with specific education needs. – The chapter content refers just formally

to the § 16 of School Act and to the Public Notice No. 73/2005 of the Digest on the education of pupils with specific education needs. We should believe that these up-to-now formal inclusive tendencies will grow up in a real need of the elementary art school system and that they will not become just a mere vision in the perspective of battle of the elementary art schools for their own survival.

4 Expressive-formative Potential of ZUS Schools

Already the name itself appears as a paradox at the first sight: In case we speak about the expressive-formative potential we mean the potential of expressive-formative therapy. The psycho-therapeutic intervention does not match to the school milieu, though. If we understand the therapies in special pedagogy in wider extent (compare Müller, 2005; Růžicka in Valenta, 2009 etc.) also the preventative-bringing up (being the secondary one) effect of the approach can be included here rising out of the expressive therapies, which can be applied in a certain extent within the educational-bringing up process at ZUS schools.

In other words: Research and empiricism in the field of expressive therapy application have proven that the art, besides its art potential has also the potential to affect the behaviour, psychical getting through, attitudes, and others. – So it can become a very important mediator in communication with the world and the individual themselves with their mental, sensorial and body handicap or social impairment.

We can state that the art activity of individuals with specific education needs brings a certain secondary therapeutic-formative (or integration) effect. For example the experience within the phenomenon Outsider Art where the art is being produced by artists with handicap is proving that these artists improve their quality of life in various fields by the help of their art works. This statement is proven also by the research of theatre-therapy, where the so called Paradox of the theatre-therapeutic aiming was described (Polínek, Valenta, Müller 2010, p. 103): “The art aiming of the theatre-therapy fulfils and strengthens its therapeutic-formative aims”. The theatre-therapists and actors (clients) take their activity as a specific kind of art and simultaneously describe their other added value than the artistic one – self-confidence increase, extension and improvement of social contacts, communication, etc.

Within the education of individuals with specific needs at ZUS schools we do not endeavour after psychic-therapeutic acting but it is obvious that the art creation has an impact for the quality of their lives undoubtedly. In the framework of the mentioned research of theatre-therapy it was proven that the higher quality of approach to the artistic goals and also the quality of therapeutic-formative effects was reached secondarily. At ZUS schools professional pedagogues work who are often not just very good artists but also excellent method specialists and educators.

It is not enough to be ascertained that the inclusive basic art education makes sense but it is also necessary to outline the steps leading for elimination of this sad situation at present. Such measures should be provided in order to increase the percentage ratio of education of pupils with specific education needs at ZUS schools in order the pupils with different kinds of handicap and impairment have equal opportunities for education.

5 Conclusion

For the above mentioned creation of a complex frame methodology of inclusive education of pupils with specific education needs at ZUS schools can help. This methodology must be created on the basis of evaluation of the education module for pedagogues of ZUS schools which should provide them with basic knowledge from the branch of specific pedagogy and which would be aimed in utility of proceedings of expressive approach in education and bringing up (that means mainly the knowledge from theatre-therapy, music-therapy, dance-therapy and art-therapy). The pedagogues trained this way should become a basic unit in the system of supervisions and mentoring of integration at ZUS schools, the frame structure of which would be also an integral part of the advised methodology.

Further it is necessary to prove the module of the whole-year education of pupils with specific needs at the ZUS schools in a pilot project and the experience gathered this way should be worked in into the above mentioned methodology. Purposeful and efficient cooperation with special schools and consultancy institutions in the given field should be tied up. And mainly meaningful, targeted and methodically maintained cooperation with parents (resp. legal representatives) of pupils with specific education needs should be tied up.

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Specifics of auditory perception for children with developmental dysphasia

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Abstract: *Developmental dysphasia belongs in the category of specifically impaired speech development and also in the category of central auditory processing disorders. This article is focused on a partial, theoretical and subsequently practical finding in a review regarding one of the impairments of speech – auditory perception – in children with diagnosed developmental dysphasia. This was also addressed within the issue of central auditory processing disorder and some of its definitions, which were presented by the ASHA (American Speech-Language-Hearing Association) in 1990 and 1996.*

Key words: *specifically impaired speech development, developmental dysphasia, central auditory processing disorder, auditory perception*

1 Introduction to the Issues

The ability to hear, or to listen, is closely linked with the development of a child's speech and, consequently, with its thinking. The child learns to speak by imitating the sounds of human speech. The main precondition of speech imitation is that the speech is heard well. The perceptual apparatus is located in the inner ear and it has the ability to analyze and process the mechanical vibrations of sound waves, change it to a nerve signal and transfer it to the brain. Ergo, this neural signal process in the auditory area of the brain, specifically in the Wernicke speech center, has the ability to perform highly differentiated analysis and synthesis of acoustic stimuli. However, we cannot consider this area as delimited, because the auditory cells are spread over a greater distance. The more distant the auditory cells are from the cortical core of the auditory analyzer, the less their ability is to perform complex analysis and synthesis of speech sounds. (Novák, 2001).

I. P. Pavlov called these cells ‘reserve’ cells, because in the case of a damaged cortical core they function as replacements. The cortical core of the auditory analyzer is capable of the analysis and synthesis of the most subtle sounds of speech. Auditory cells are densest in the core and there they form the strongest connections between themselves. Weaker connections occur in the peripheral parts of the cortical core of the auditory analyzer, therefore, only elemental analysis and synthesis is possible there (Gaño, 1965).

A simplified description of the physiological basis and neurophysiological aspects of auditory perception provides us with the information that the primary circuit of speech crosses the auditory pathway. The reflexes of speech are created through imitation; if we listen, the sound, the speech and so on is strengthened by reflexive repetition – this is physiological echolalia, even when the child hears his or her own speech. The reflexes of speech systematize if a child reaches the age of asking questions, when a child asks about things and events (Lechta, 2003).

2 Periods of Development of a Child’s Hearing

It is very difficult to define what is “normal” hearing development, if we’re talking about humans. Everyone has their own individual development, path and speed. We will introduce some examples of the basic stages of hearing development. A person has an inborn genetic faculty at all positions of auditory processes which enable that person to perceive a sound signal, to filter it according to certain principles and to understand its relevance.

The stages of hearing development in individuals can be observed with the following specifics:

The brain of a human being begins to activate in the seventh week of pregnancy, while the area of the central nervous system, or temporal lobe, begins to develop after the twentieth week of pregnancy. The auditory nerve and cochlea nucleus is fully developed by six weeks after birth. An individual with “normal hearing” makes use of the effectiveness of the auditory pathways to the end of the second year of life and the maturation of the auditory cortex continues into the fifth year of life (Diller, 2012).

The development of hearing is dependent on these factors:

- inner ear function,
- auditory pathways leading from the cochlear nuclei,
- high-level functions of auditory cortical nuclei (Diller, 2012).

If we summarize the latter information within various periods of human development, we can observe the important stages of auditory perception in connection with the development of speech:

I. Prenatal (antenatal) stimulation

The foundations of hearing begin in utero. The human fetus can hear sounds coming from outside of the mother's body; the fetus hears low sounds much better than high sounds and he or she hears the sounds from the interior environment, e.g., the mother's heart beat, her voice, singing, etc.

II. 0–4 months

After birth, the child reacts to its mother's voice; also he or she can be frightened by sudden or strong noises. The movements of his or her eyes, or head, begin to locate certain sounds.

III. 3–6 months

The child is interested in different sounds. He or she experiments with their own sounds. The child ostensibly recognizes familiar voices.

IV. 6–12 months

The child can hum. He or she begins to understand simple words, like "mama" and "papa". He or she begins to understand simple instructions. The child is able to recognize complex auditory stimuli: he or she responds to words such as "mama," "papa," "woof;" to verbal incentives to give their hand, point to their nose, etc. Passive language is developed before active speech at this age.

V. 12–18 months

The child's babble begins to form his first words. He or she can use about 20 words, and understands about 50 words.

VI. 2 years

The child usually speaks in simple sentences and uses about 200–300 words. He or she likes reading, recognizes pictures and can name many things.

VII. 3–4 years

The child uses words and sentences to express its needs, questions and feelings. Vocabulary, pronunciation and understanding increases significantly during these years. (Jedlička, Škodová, 2003).

It is important to notice that the child is progressing gradually and fluently through all the stages of development, rather than to focus attention on the presence of a specific stage at a specific time.

3 Central Auditory Processing Disorders (CAPD)

Insufficient auditory perception of children with specific language impairments is associated with Central Auditory Processing Disorders (CAPD). In the fifties of the 20th century, Mylkebust stated (in Smith 2001) that hearing is a normal process within standard language behavior. He also noted that during diagnosis of the central

processing of speech signals, we focus only on the peripheral lesion, and therein lies the central damage.

Since then, diagnosis has been enriched with investigative methods that can reliably determine the central processing disorder of speech signal. Hall and Mueller (in Smith, 2001) reported in 1997 that around 70 tests exist, which are used especially in English speaking countries. The best known tests are: the binaural fusion test, the sentence completion test, dichotics tests, discriminatory tests, comprehension during noise interference, and others.

The diagnosis of disorders within CAPD is complex and time consuming (Smith, 2001). In the Czech Republic we use tests which are aimed at determining the leading ear (Dlouhá, 2003). This test observes whether the client understood the word in both the right and left ear. Furthermore, the test focuses on short sentences, of which one part is reproduced for the right ear and the other part of the sentence is reproduced for the left ear, after which the client has to compose the sentence. Other tests are used without a verbal base, where there are tones varied in length – PATTERN Pitch Sequence – PPS. (Novák, 2001). These tests are implemented mainly by ENT specialists and paedaudiologists.

Currently, in their practice, school speech therapists and Czech speech therapists encounter developmental dysphasia, which belongs to a group of specific impaired developments of speech. Most of the current authors in etiology label the cause of developmental dysphasia disorder as Central Auditory Processing Disorder, or CAPD.

The wording of “speech signal processing” was and is the subject of many discussions between audiologists, speech therapists, psychologists, teachers and parents. Terms such as “central processing of speech signals,” “central auditory processing,” “phonological processing” and “temporal processing of auditory perception” are used in the sense of how people perceive speech, how it is understood, interpreted and they respond to questions about how heard patterns are recalled and introduced. The American association, ASHA (American Speech-Language-Hearing Association), published definitions in 1990 and in 1996 which provide detailed information about the complexity of these processes and their deficits. The 1990 definition includes a description of the behavioral correlates involved in processing that ultimately correspond to the neuroanatomical processes involved in processing linguistic and non-linguistic acoustic information.

The definition from the year 1990 describes the neuroanatomical processes which are involved in processing language and nonverbal acoustic information. Central auditory processing disorders in the area of sound signals include the perception, language and cognitive functions, which, with relevant interaction, lead to effective communication and speech perception, conscious and unconscious, as well as the mediated and unmediated ability to participate, discriminate and identify acoustic signals. It is a process of transformation and continuous transmission of information

over the peripheral area to the central nervous system. Here, the information filters, ranks and combines information into an appropriate perception at the conceptual level. The information is then saved and read efficiently using the phonological, semantic, syntactic and pragmatic knowledge, where it joins the meanings of various acoustic signals through the use of language or non-language context (Fahey, 2012).

Another opinion can be found in the definition of CAPD from 1996. Central auditory processes are the auditory system mechanisms and processes responsible for the functioning of the following phenomena: localization and lateralization of sounds, auditory pattern recognition, perception of sounds in time, and their resolution in the background with competing or incomplete acoustic signals. These mechanisms and processes expect and relate to the non-verbal and verbal signals, as well as affect many areas of functioning, including speech and language. They are of a neuro-physiological nature. Most neurocognitive mechanisms and processes are involved in identification and discrimination tasks. Some of them are specially designed for acoustic signals, while others – such as attention, the long-term process of linguistic concentration – are not. In light of those mechanisms and processes, the term “central auditory processes” relates primarily to acoustic signals.

The second definition determines the auditory standpoint of processing, but it assumes the difference in terms of language processing that is not dependent on the acoustic signals. This difference leads to a wider debate about language processing. We should be aware of other kinds of communication that we use for reception, perception, analysis, storage, extraction, formulation and development of language. For example, by using sign language deaf people can communicate and understand messages. They process language with a disrupted auditory system. Written language is another way which the process of language does not require a direct audio input. Reading and writing, however, requires the knowledge of words, speech and language, but the development of these abilities is possible even without auditory sensations. These examples show that language processes go in tandem – depending on the processing of auditory signals, but also independently of them (Fahey, 2012).

4 Phonemic Hearing as Part of Auditory Perception

Phonemic Hearing (the term “phonemic awareness” is used, more often in foreign literature) is the area of auditory perception which leads to the subtle auditory discrimination of phonemes.

Lechta (2005) presents that “phonemic awareness is the most comprehensive level, the most complicated level of the phonological processes, and that it is therefore the strongest indicator of phonetic-phonological abilities in children”. (Lechta V. et al. Treatment of communication disorders, 2005, p. 176).

Phonemic discrimination of phonemes of a mother language is a process that begins to develop around the eighth month and it accompanies the child throughout its speech development. Various authors do not agree with the age distinction border of phonological matching and they state a different age limit.

Mikulajová (2003), for example, lists the following stages of development of phonemic hearing:

- The period of rhymes begins around the third year of age,
- A child can compare the verbal basis of rhyme (alliteration in words, starting off the same, ending the same),
- A child has a feel for the rhythm of words at pre-school age, it begins analysis and synthesis of words, and can separate a word into syllables,
- A child, before entering school, can single out a phoneme in a word and he or she can identify a phoneme at the beginning or the end of words, he or she becomes able to analyze and synthesize phonemes in a word,
- School age is the time when a child reads and writes and becomes aware of the manipulation of phonemes: the substitution, omission, modification of phonemes.

Various tests were created to examine phonemic hearing, to identify its quality, and also to identify deviations and disorders. Here are some of them:

- Phonemic awareness screening – M. Mikulajová (2003).
- Auditory differentiation test – JM Wepman, in 1987, then edited by Z. Matějček.
- Examination of phonemic differentiation – Lechta V., 1995.
- Examination of phonemic hearing – in 1995, Škodová, Michěk, Moravcová.
- Auditory discrimination of phonemes – J. Dvořák.

Nowadays, there are whole sets of tests; there are exercises for correcting and strengthening phonemic hearing and these are the subject and the trend of modern speech therapy.

5 The Specifics of Auditory Perception for Children with Developmental Dysphasia

It should be noted that a child with developmental dysphasia has therefore “normal hearing,” but the problem is manifested in the interpretation and the subsequent processing of speech. The disorders are significant to the understanding and usage of individual sounds and of acoustically similar sounds, in the perception and in the determination of sounds at the beginning and the end of words with these sounds and syllables. There are often disorders of perception, memorizing and reproduction of rhythm, of the intonation and of the melody. (Škodová, Jedlička, 2003).

We have to recall and take a close look at the area of auditory perception, which includes the auditory processing of speech. Dvořák (2003), characterizes the difficulties in auditory performance for children with developmental dysphasia. They are:

- Localization and lateralization of sound: the knowledge of where the sound is produced,
- Auditory memory: the ability to remember heard patterns,
- Auditory discrimination: distinguishing the similarity and differences in sounds,
- Hearing: time processing of signals and speech,
- Auditory perception: the ability to receive sounds, words and understand them,
- Recognition of auditory patterns: the ability to identify sound patterns and identify them, for example: motor cars,
- Hearing figure and background: the ability, even with the interference of background noise, to choose the basic, important information.

Novák (2001) refers other areas, where children with developmental dysphasia have deficiencies. They are:

- hearing – vocal association: the ability to draw what the child hears, and then verbally respond to spoken words,
- hearing – vocal automaticity: the ability to predict word reversals according to previous language experience,
- auditory synthesis: the ability to combine the sounds, which they hear, and join these in units or analyze a word by its individual components.

The central processing of speech signal disorders is a disorder which affects the whole range of speech in all its components.

This part of the article is devoted to the specifics of auditory perception for children with developmental dysphasia.

We often encounter the personal histories of children with developmental dysphasia, because the mother reports: “He developed normally, and began to talk at two years, but after this time something happened and then he couldn’t speak like his peers,” “He has no interest in storytelling”. The question arises: “Why did he normally speak and then something happened?” Auditory perception very significantly affects not only the development of speech communication, but subsequently its learning, especially learning to read, and it is also important for the education and exercise of communication skills.

The children with developmental dysphasia has the deficiencies in the auditory perception difficulties in these areas, that are crucial for in-school speech therapy diagnosis:

1. In phonemic hearing and in the resolution of initial and final phonemes in words, the child doesn’t distinguish the phonological differences between sounds – for

example: koza/kosa, balí/valí – problems occur in pronunciation, in recognizing familiar and similar sounds, and the child makes mistakes with diacritical marks on long vocals. The child makes errors by confusing voiced and unvoiced consonants, in sibilant substitutions, and has problems distinguishing the syllables di-ti-ni, dy-ty-ny.

2. The child has problems with concentrating and with the ability to listen: most of the information comes through hearing, the children do not have an active interest in reading fairy tales and stories, listening does not work in ears, there are problems also to listen to instructions, commands, and for specific actions in order to implement several tasks in order.
3. The child has problems to analyze and synthesize words, is not able to distinguish monosyllabic from multisyllabic words, does not divide words into syllables, does not connect parts of the words into a whole, cannot complete words, cannot distinguish the root of a word which can be derived from the given word, and is unable to analyze and synthesize abstract words and unknown words.
4. Problems in the resolution of figures and background: this is the situation when the child has a problem to focus his or her attention away from sounds in the background when the background is distracting – such as the sounds of cars from the road, the voices of children on the playground – in which cases the child is not able to concentrate on the auditory stimulus which is specified for further processing, and so the child fails to recognise the auditory stimulus and give it due attention, thus the child is easily disturbed by any other sound stimulus.
5. The child has difficulties with auditory memory: he or she has problems learning children's poems, rhymes, is deficient to remember instructions, hear the word and sentence patterns, the deficiencies manifesting themselves in the remembrance of words with a visual component to the model of listening, so this weakness is reflected in written language where the child is not able to write correctly without visual support, as in the case of dictation.
6. The child also has problems with mathematical concepts: the problems may be reflected in the understanding of number sequences, multiples, and the child has difficulties with their perception of rhythm where they have problems clapping to a beat, or marking the syllables in words.

The stated applications of auditory perception are only a fraction of the factors which affect the ability to learn, to speak in contained and syntactically correct sentences, read, write, and think within a time sequence. The diagnosis of developmental dysphasia is necessary and requires further testing of motor skills, the general psychomotor development of the child, other levels of speech and in the framework of differential diagnosis it is also important to cooperate with experts from the areas of neurology, ENT specialists, psychology, speech therapy and to avoid problems with

other forms of communication skills such as: delayed speech development, mutism, mental retardation, autism.

The overall and, especially, the speech development of a child with developmental dysphasia is very long and exhausting, and it demands patience on the part of the child itself, as well as from parents and professionals. Even through the smallest accomplishments and firm conviction, all those involved are motivated towards further reeducation work.

6 Conclusion

The aim of this article was to write a partial view on the issue of auditory perception for children who have a diagnosis of developmental dysphasia. It is necessary to approach each child individually. It is also important to obtain a high-quality, detailed case history for each case, because individuals have different problems, different ranges of specific non-linguistic and linguistic information, and they come to speech therapists at different ages in different stages. The strategy of re-education is aimed at every child with developmental dysphasia, and is directly "tailored" to each child.

The presence of central auditory processing disorders includes signal interference with the goal to eliminate the disability and move the child at all language levels to the highest point, to where one can communicate seamlessly. This is a difficult task for all, especially if the child has to successfully cope with his or her entrance to primary school.

It is a clear advantage for such a child with this diagnosis to be included in a mainstream school. The interdisciplinary cooperation of teachers and participation of all professionals will be necessary to their reeducation, training and the educational processes of the child. We wish them all satisfied children!

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Attitudes of parents of child with special educational needs towards inclusive education: a perspective from the Czech Republic

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Abstract: *The purpose of this study was to identify the attitudes of parents of child with special educational needs to inclusive education. Questionnaire was constructed to obtain needed data and was distributed to parents whose children with special educational needs were educated in regular classrooms in 16 public regular primary schools in Olomouc region of the Czech Republic. Analysis of collected data indicated four main characteristics: firstly, parent respondents admitted the advantages of inclusion; secondly, they expressed low expectation on their exceptional children's development; thirdly, about one third of them agreed disadvantages of inclusion; fourthly, parents expressed neutral attitudes toward special education schools. The study ended with research-based recommendations for future practice.*

Key words: *Parent of child with special educational needs, attitude, inclusive education, Czech Republic*

1 Introduction

The Czech Republic has a long history of providing special education support to children with disabilities and has made some progress in inclusive education since Velvet Revolution in 1989 (Cerna, 1999). According to the data of academic year of 2009/2010, there were 71,879 Czech students with special educational needs (SEN) learning in compulsory schools, including 30,092 in (segregated*) special schools, 7,026 in special classes in regular schools and 34,761 in fully inclusive settings (European Agency for Development in Special Needs, 2010). Specifically, "mainstream schools were opened for pupils with SEN; diverse forms of individualization of education were established to meet the needs of pupils with SEN; a counselling system has

been developed for pupils with SEN to support their integration and inclusion into mainstream schools and for pupils who are educated at home; the role of parents was stressed and special schools had developed into resource centers” and so on (ibid). At the same time, development of Czech inclusive education (IE) is experiencing some difficulties; one of them is the attitude of the parents to IE.

There are only few literature sources in English that show the attitude of the parents of child with SEN to IE in the Czech Republic. The role of parents of a child with SEN is very important in a way those parents realize IE. The success of IE will be dependent by the way they act. The birth of a child with impairment is typically considered as an burden and stress for the family as well as family life. The level of resilience and wide variety of all the resilience factors are significant for the effectivity of calming down the family with a child with impairment. These factors are important for the further “school” life and rate of success the particular child with special education needs in integrative education (Potmesilova, 2012). These factors were also a reason why to study current status quo of attitude of parents of child with SEN to IE. To find out more following research questions were considered:

- (1) What was the attitude of parents of child with SEN to IE in Czech Republic?
- (2) What support did those parents need most in order to help their children with education in regular classrooms?

This research is focused mainly on students with SEN in fully inclusive settings. According to the School Act (No. 561/2004), the statistical data only covered “students with impairment: physical, mental, sensory, speech and language impairment, specific learning and/or behavioral difficulties, autism and children with severe multiple needs” (European Commission, 2009).

2 Method

(1) Research instrument

After reviewing relevant Western and China’s literature (e. g., Niu, Liu & Tian, 2005) describing perception and attitude to IE of those involved (especially teachers, parents’ and principals’ and so on), three principal points were considered in order to find out the parents’ attitude to IE: the advantages of IE, the disadvantages of IE and advantages of special school and the parents’ expectations of their children with SEN. According to the research questions of this study, one draft of questionnaire was indentified, carefully worded and formatted in Czech for parents whose children with SEN were educated in regular primary classrooms.

Six special needs experts and ten front line practitioners with at least 10 years experiences of implementing IE in regular schools were invited to review the draft

and give suggestions. According to following professionals' critical reviews minor changes in the wording and format of items of the draft were made. The final questionnaire was field-tested on 30 parents whose children with SEN were educated in regular primary schools.

This questionnaire comprises 4 parts. An introductory statement is attached to explain the purpose and significance of this research and to assure of confidentiality in the first part. The second section consists of open questions to get respondents' background information. The third section uses a 5-point scale (strongly disagree, mildly disagree, not sure, mildly agree, strongly agree) format for items assessing respondents' attitude to IE. In the last section the respondents were asked to list three most difficult things that their children with disabilities have to face in her/his inclusive schooling. Totally, there are 22 items.

(2) Research sample

The Czech respondents were parents whose children with SEN were educated in urban and rural primary regular schools from grade 1 to grade 5 in the region of Olomouc. The towns of Olomouc, Litovel and Mohelnice were selected as sample sites for research. 42 out of 48 returned questionnaires were identified as valid.

A high percentage of the respondents (85.7%) were female. The majority (66.7%) of parents were 30–39 years old. Approximately 47.7% of them received education “under college level”, 16.7% of them received education “over college level”. The majority of parents (85.7%) have never received any training or course aimed at children with disability. The majority (92.9%) of respondents have never taken part in any associations for parents of children with SEN or kept in touch with these associations.

Table 1: Demographic information of Czech parent sample (C . R)

Item	Variable	Frequency (n = 42)	Percentage (%)
Gender	Male	6	14.3
	Female	36	85.7
Age	20–29 years	2	4.8
	30–39 years	28	66.7
	40–49 years	12	28.6
Education	Basic education	2	4.8
Background	Secondary education	18	42.9
	College programs	15	35.7
	Bachelor programs	7	16.7
Training types	None	36	85.7
	Nonperiodic	4	9.5
	Periodic	2	4.8

Item	Variable	Frequency (n = 42)	Percentage (%)
Training time	Within one week	2	4.8
	1 week to 1 month	1	2.4
	6 months to 1 year	1	2.4
	1 year above	2	4.8
	Missing	36	85.7
Membership of associations for parents of children with SEN	Yes	3	7.1
	No	39	92.9

(3) Methodology of research

Firstly, mainstream schools in the towns of Olomouc, Litovel and Mohelnice were contacted and a permission to distribute questionnaires in these schools was obtained. After that a formal survey was conducted by the author personally.

(4) Data analysis

The data were coded and entered into the Statistical Package for Social Sciences (SPSS) for Windows (15.0) for statistical analysis. An analysis of the data was carried out by using descriptive statistics and one-way ANOVA.

3 Results

(1) Results from closed questions

Table 2 shows that 95.3% of parents agreed that all children had the right to study in regular schools as same as their intact peers, and there seem to be no disputes on this point ($SD = 0.582$). 66.6% of them agreed that there were sufficient resources as well as professionals to support inclusive education. Half (50%) of them agreed that their children with SEN could achieve better results faster in regular school than in specialised settings. 81% of them agreed that inclusive education was likely to have a positive effect on children's with SEN social and emotional development. 73.8% of them agreed that ordinary teachers are able to give appropriate attention to their children and to take care of them in regular classes. 78.2% of them agreed that inclusive education could facilitate understanding, acceptance and social interaction among children with and without SEN. 88% of them agreed that inclusive education made intact students more likely to accept other individual's differentness, recognize themselves more easily and be ready to help others. And 88.2% of them preferred their children with SEN to study in regular school.

At the same time, 71.4% of respondents had low expectations of their children's development in the future to certain extent ($SD = 0.846$). There were still 35.8% of them agreed children with SEN were easily discriminated by their intact peers and felt isolated in regular classroom. 31% of them agreed that the impairments of chil-

dren with SEN affected their interaction with intact children. 28.5% of them agreed that children with SEN are less competitive and lack ambition comparing with their healthy peers.

26.1% of respondents stated that children with SEN were able to get more effective and systematic support in special settings but responses on this point have to a certain extent been centered around “not sure” ($M = 2.98$, $SD = 0.897$).

On the whole, average mean of the attitude is 3.51 with a very low standard deviation of 0.352, which indicates that all responses of this section have to a large extent been centered on “mildly agree”.

In addition, by utilizing one-way ANOVA in terms of respondents’ attitude to inclusive education as whole, parents with different gender, age, education background, training types and time did not demonstrate significant differences.

Table 2: Parents’ attitudes toward inclusive education (C . R)

Items	Sd	Md	Ns	Ma	Sa	M/SD
Children with SEN have the right to study in regular school as same as their intact peers.			4.8%	52.4%	42.9%	4.38/0.582
There are sufficient resources and professionals to support IE in regular schools.	2.4%		31.0%	59.5%	7.1%	3.69/0.715
Academic achievement of children with SEN can be promoted faster in regular classroom than in special class or special school.	2.4%	11.9%	35.7%	40.5%	9.5%	3.43/0.914
IE is likely to have a positive effect on the social and emotional development of students with SEN.			19.0%	64.3%	16.7%	3.97/0.604
For children with SEN we only expect that they will be more self-sufficient in the future, we can not expect they will do well as same as their intact peers. ☆	4.8%	2.4%	21.4%	64.3%	7.1%	2.33/0.846
Children with SEN can get regular education teachers’ appropriate attentions and cares in regular class.	2.4%	4.8%	19.0%	54.8%	19.0%	3.83/0.881
Children with SEN are easily discriminated and isolated by their intact peers in regular classroom. ☆	9.5%	26.2%	28.6%	31.0%	4.8%	3.05/1.081
Children with SEN can get more effective and systematic resources in special, separate settings. ☆		31.0%	42.9%	19.0%	7.1%	2.98/0.897

Items	Sd	Md	Ns	Ma	Sa	M/SD
IE can facilitate understanding, acceptance and social interaction between children with and without SEN.	2.4%		19.0%	73.8%	4.8%	3.79/0.645
The impairments of children with SEN affect their interaction with common children. ☆	4.8%	28.6%	35.7%	28.6%	2.4%	3.05/0.936
Children with SEN are less competitive and lack ambition comparing with their healthy peers. ☆		21.4%	50.0%	21.4%	7.1%	2.86/0.843
IE makes intact students more likely to accept other individual's differentness, recognize themselves more easily and be ready to help others.			16.7%	61.9%	21.4%	4.05/0.623
As parents, I prefer my child to study at regular school.		2.4%	9.5%	52.4%	35.7%	4.21/0.716
Total						3.51/0.352

Note: Sd = Strong disagree, Md = Mildly disagree, Ns = Not sure, Ma = Mildly agree, Sa = Strong agree; Weights of "1", "2", "3", "4", "5" are correspondent to the categories "strong disagree", "mildly disagree", "not sure", "mildly agree" and "strongly agree"; adverse weights of "5", "4", "3", "2", "1" are correspondent to the categories "strong disagree", "mildly disagree", "not sure", "mildly agree" and "strong agree" to all the items attached "☆"; IE = Inclusive Education, SEN = Special Educational Needs

(2) Results from open question

In the last part of the questionnaire parents were asked to write down three current difficulties their children with SEN had to face during learning in regular class. About half of the respondents expressed their opinions. On the whole, they mentioned the following difficulties:

Children's concrete learning difficulties

Most parents who responded the open question mentioned problems about their children's learning. To be specific, these problems focused two aspects: first, their children lacked academic motivations and interest in learning, e. g. "child has no interest to study" and "my child wouldn't like to go to school because he/she cannot concentrate on studying"; second, children with SEN had concrete learning difficulties such as concentration on studying, with making notes, with handwriting and with doing homework and so on.

Children's relationship with intact classmates

Some parents stated that their children had problems regarding relationship with classmates. For example, several parents reported that "my child was laughed at by

his classmates”, “my child lacks skills of communicating with his/her classmates and friends”, “my child often quarrels or fights with classmates” and “he/she was always abused by his/her classmates”, few parents reported “my child was bullied at school”.

Concrete school supports

Parents also reported their children with SEN need more support from the school. For example, “school has too high demand on my child”, “my child’s needs are not respected by school” and “some students will stay at school after schooling, but there are fewer teachers staying at school to look after them, my child cannot get enough individual care” and so on.

More government and community supports

More than 70% parents agreed that they could get aid from government when they needed and 26.2% of them agreed they could get aid from specific professionals in their communities when they needed. But they said they needed more supports from government

4 Discussion

In the Czech Republic the attitude of parents of children with SEN to inclusive education seems to be positive and also negative and reflects following characteristics: firstly, they admit the advantages of inclusion; secondly, they express low expectations of their children’s development; thirdly, about one third of them agreed on disadvantages of inclusion such as children with SEN were easily discriminated by their intact classmates and isolated in regular classes and so on.

It is difficult to find out the reasons causing Czech parents’ attitude to inclusive education. In the author’s opinion the reasons are:

Firstly, because the lack of training or courses aimed at children with impairment, parents lack appropriate and deep understanding of inclusive education. Though 95.3% of parents who took part in the research admitted that children with SEN had right to go to regular school, only 14.3% of them received some courses for children with impairment, 26.2% of them were acquainted with relevant laws, regulations related the rights and social welfare of children with SEN;

Secondly and most importantly, traditional concept for people with disabilities and the stereotyped attitude to people with disabilities seem to be still deep-rooted in the Czech society (Černá 1999).

Thirdly, the support for children with SEN and their families was still poor. Only 21.4% of surveyed parents agreed that they could get aid from government when they needed and 26.2% of them agreed they could get aid from specific professionals in

their communities when they needed. 92.7% of them reported they had never participated in any parent association for handicapped children, half of them did not have any opportunities to exchange experiences with other parents of children with SEN.

5 Conclusion and recommendations

It seems the traditional stereotype concept of persons with disabilities and concrete support from government, community and inclusive school are still potential and crucial obstacles influencing the attitude of parents of child with SEN and it will hamper the development of inclusive education.

More attention should be given to the following vital issues:

- supporting a family with children with SEN through providing more financial support and courses of specific special education to parents,
- promoting parents' involvement in inclusive education,
- strengthening parents' communication and cooperation among themselves and with all kinds of professionals who provide various services to the children with SEN etc.

6 Limitation of this research

Our parent sample was limited in 16 regular primary schools in the region of Olomouc. It is a question whether the opinions of the respondents from this region would be the same as in other regions of the Czech Republic.

7 Acknowledgements

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KLIM-THERAPY – new miraculous rehabilitation method or expensive hope for desperate parents?

Edita Satinská

Abstract: *Following paper brings basic introduction of a new rehabilitation method, that has according to press very successful outcomes. Basic principles, target group as well as contraindications are mentioned in the article. At the end of the article the author is trying to highline/underline clarify what stands behind success of the new method that arises hope in many parents of children with mobility disorders.*

Key words: *klim-therapy, rehabilitation method, cerebral palsy, developmental disorders causing motor handicap, brain damage as a consequence of inflammatory diseases, craniocerebral injury or apoplexy, hyperkinesis*

1 Introduction

Since approximately March 2012 a new therapy in Klimkovice spa has been introduced and is offered to parents of children with mobility problems. Several newspapers wrote number of articles glorifying above mentioned method as miraculous, promising nearly that child who was immobile suddenly walks on its own or with minimum facilitation aids. Number of clients of Special needs centre became to enlist themselves for the therapy and ask me, as a special needs teacher in a counselling centre, several questions concerning this method.

Unfortunately no paper or book that would bring complex information about it has been published in our country yet.

Time to time Klimkovice spa organizes a free workshop for the public – more precisely for potential clients of the **KLIM-THERAPY**. So I have decided to visit this workshop in order to find out more objective information about this “miracle”.

In a power point presentation we (number of parents and I) were introduced **basic principles** of the method:

- people with neuromuscular disorders require intensive repetitive rehabilitation exercise that leads to return of lost motor skills -this means that through out the intensive therapy the “incorrect” nerve circuit is interrupted (figure 1) and “new” (closer to a normal) nerve circuit is created (figure 2). New circuit creation is based on repetitive training of a certain movement. Number of needed exercises is stated individually not generally and newly built abilities remain even after the rehabilitation is ended.

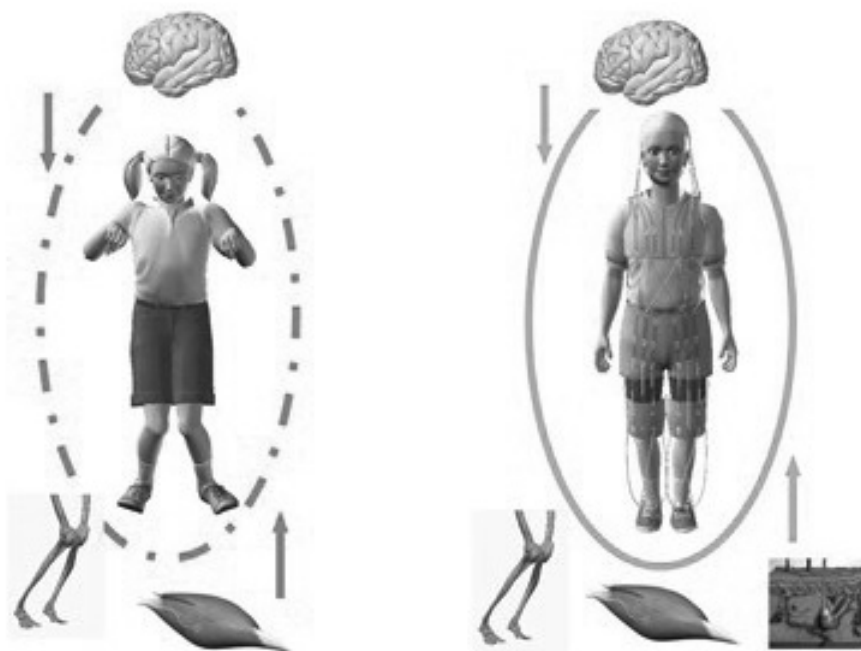


Figure 1: The movement KLIM-THERAPY takes place in a room equipped with special UEU cage, stabilizations suit and other aids that physiotherapist uses.

The **principal of the therapeutic suit lies in aimed correction of movement and positioning of body through adjustable supporting elements**. This leads to normalisation of afferent stimuli. Stabilisation suit makes the training easier, more smooth and involves less effort. This suit contains system of supportive elements, that are connected to each other by elastic stripes in order to correct body, head and limbs position in **space**.



Figure 2: The method (individual training with physiotherapist) contains of **specific training units** adjusted to the actual state, needs and development of an individual client.

2 Training units

Preparation – heating up the limbs (hot-pack)

- warming up oil massage
- deep stimulation (neuromobilisation)
- myofascial relaxation
- stretching

Training:

- strengthening of upper and lower limbs, muscles of body, back with the help of a pulley and rail system, stretching
- movement coordination
- stabilization in sitting position
- vibration training
- functioning balance
 - **Suspense system – “spider”:**
 - sensory integration
 - function strengthening

- coordination
- weight shifting a balance
- **Training of walking skills:**
 - training of walking skills with facilitation aids
 - training of walking in bars
 - training of walking – reflex reduction
 - separate walk
- **Function training of:**
 - unsupported sitting position
 - training of sit to stand up position
 - walking in “the spider”
 - walking up and down the stairs

Part of the therapy is also regular bathing in an iodidebromine mineral water, that due to its content, helps to relax muscles and therefore empowers the effect of individual training.

The **KLIM-THERAPY** should empower external stabilisation of the body posture, improves functioning of nervous system, normalises muscle strength (tonus), corrects walking stereotype, activates touch stimulation, influences vestibular system, improves balance and muscle coordination, body functions and space perception, lowers frequency of involuntary movements, further on it supports muscle growth, development of motor skills, helps to relax muscle contractions and to correct the position of hip joints and helps to progress their function.

The target group of the KLIM-THERAPY are clients from the age 2–17 suffering

- Cerebral palsy
- Developmental disorders causing motor handicap
- Brain damage as a consequence of inflammatory diseases, craniocerebral injury or apoplexy
- Hyperkinesia (an increase in muscular activity that can result in excessive abnormal movements, excessive normal movements, state of irritation)

3 Contraindications

However there is a **list of contraindications** to the therapy:

Infection, any disease in an acute state, clinical manifestation of blood circulation failure of malignant arrhythmia, decompensated diabetes mellitus or epilepsy, repeated bleeding of any origin, cachexia of any origin, malignant tumours, severe osteoporosis, sacroiliac subluxation over 50% ...and others.

This is general information that can be found on the web page of Klimkovice spa. (see reference)

But what exactly stands behind the success. According to one of the medical doctors that introduced the principles of the therapy to parents and clients it certainly is the frequency and intensity of rehabilitation procedures. Basically in very simple words: any client who would train and exercise 3–4 hours on daily basis will get better.

Of course the long time effect is guaranteed only in case of following and continuing training. I have asked the physiotherapist, how can the training be realised in home conditions without the special equipment (cage with elastic ropes, special stabilisation suit etc.) and whether it has an influence on the quality of training and effect. As a response to that I was explained, that the aim of the individual rehabilitation is to place the client to an open space as much as possible (not necessarily standing or walking), but less stable position than is lying. This enables new experience to a client, creates and supports new/correct signals in the nervous system.

But frequency and intensity is not the only precondition of success. Second and very important factor is a character and origin of the movement problem. The effect in case of progressive forms or degenerative forms of diseases, especially concerning the long time perspective, is likely to be lower than in case of stationary diagnosis such as for instance cerebral palsy. But also in case of progressive forms of diseases it helps to keep the mobility condition for as long as possible.

Last but not least, factors of inner motivation and subjective expectation are further necessary parts of the degree of the therapy efficiency.

In case of inner motivation other partial but significant aspects must be taken into account.

First it is the age – where the younger clients (meaning very small children – age 2–4 – younger children are usually not accepted for the therapy) are likely to need more reflex way of rehabilitation as their ability to cooperate and understand the requirements of the therapist and the accuracy and correctness of the needed movement are limited by the level of their mental development.

Second is the level of the client's mental state independent to age = clients with mental impairment (sever and profound) are likely to make less noticeable progress – for the same reason as mentioned above.

Expectation – must be considered as a part of success, because it serves as a mean of client's or parents' evaluation subjectively used in case of measuring the progress in mobility. But this also must be taken as a very variable external indicator as for one the success is when their child relaxes tension and reduces number of involuntary movements and for the other the therapy would be considered as successful only if the child stands and walks, or the involuntary movement manifestation disappear completely.

4 Summary

KLIM-therapy certainly represents revolutionary and effective way of improving mobility skills in clients with mobility disorders. But as any method it also must be viewed with respect to its possibility and in correlation with a concrete case/client to whom it is applied, because **success** is very variable (subjective) depending on many factors that can hardly be generalised in one simple assessment of the Klim-therapy as whole.

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Brochure provided to participants of the public workshop

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Internal world representation in adolescents in the context of normal and abnormal development

Joanna Kossewska

Abstract: *Adolescence is a period of constructing cognitive world representation which performs a crucial regulative function because it is a system of judgments about the essence of reality.*

The article presents the review of research revision and literature synthesis in the field of inner world representation in the context of normal and abnormal development in adolescence. The query search databases for articles published since 1990 till 2012 was done. However the concept of world representation seems not to be the important issue in the literature, the analysis was limited to studies done in Poland. It was found that the content and the structure of world representation in adolescents are closely related to the bio-ecological context of individual developmental pathway as well as to contextual factors such as health and family conditions.

The inner subjective world representation emerged in the minds of the youth in connection with their socializing experiences fulfills a vital regulative function in the normal as well as abnormal development pathway. This knowledge gives significant impact to the practical approach in the therapy and supporting for adolescents suffered from different somatic as well as developmental disorders.

Key words: *world representation, identity development, hearing impairment, chronic illness, conduct disorder.*

1 World representation and its regulative function

Though the effectiveness of corrective interaction is conditioned on numerous factors, the inner representation of the world that the youth contributes to the contact with carers and therapists may be one of them. Man is not a passive recipient of the

incoming information, but processes, selects and interprets it on the basis of the experiences encoded in memory, which, as a result, leads to the creation of a subjective representation of reality in mind, what is an important element of identity and proper self-evaluation.

This representation, being a global cognitive representation, performs a crucial regulative function in conduct. This *representation*, so a system of judgments about the essence of the world (a real picture of the world consisting of ontological statements) tends to be distinguished from the outlook (being an ideal picture of the world), in which recognized values, that is the criteria of the world cognition and its evaluation, take an important place (Gurycka, 1994).

Subjective perception of oneself and the surrounding world, so building the picture of reality or its cognitive representation is the thing that determines the individual's subjectivity and individuality (Markus, 1983). Not the objectively existing world and its particular elements alone exert a crucial influence upon human behavior, but the subjective picture of the world, individually processed, constructed. Thus, reality representation in human mind has a double form. On one hand, it is of an individual character because it consists of representations of various episodes and events experienced by the individual, on the other hand, it takes the form of cognitive schemes including general representations, hypotheses on the surrounding reality (the world and oneself) as well as generalized knowledge, aside from a particular context. Schemes, fulfilling the role of patterns arrange experience, encode knowledge, so that it may be the basis of judgments, decisions, conclusions, predictions and expectations' formulation (Markus, 1983). Individual versions of reality created by the individual, function in the form of personal constructs being a generalized interpretation of facts, serving to characterizing the objects of our cognition (persons and situations) and eliciting similarities and differences among them. Personal constructs allow constructing experiences and giving meaning to events, and through that they determine the perception of reality and anticipation of future events (Kelly, 1955 in Kofta, Doliński, 2000).

In the recent years, many interesting studies and discoveries have been carried out regarding the development of single objects and concepts cognitive representations (e.g. Bartmiński, 1990; Kielar-Turska, 1998, 2005), studies on the representation of the world as a whole are much rarer (Gurycka, 1994, Bulla, 1997, Świda-Zięba, 2000) and that seems to be particularly interesting as "*the global representation of the world in human mind and his place in the world*" (Gurycka 1994, p. 7), playing an important regulative function, implies the way of human conduct and conditions possibilities of coping with burdens, as well as the way of problem solving, and is a basic point of reference for his understanding of the world (Gurycka, Tarnowski, 1996).

The representation of the world happening "here and now" has a complex structure and consists of diverse elements marked out by the activity of the individual,

which may be analyzed from the interpsychical perspective of **Bioecological Model of Human Development** (Santrock 2007). The most important element connected with the functioning of the individual is the “Self” category which may be enriched with descriptive and evaluative elements, as well as those containing the developmental aspect. The “Self” category along with interpersonal relations with the closest family members (treated separately or jointly) creates a microsystem. Other people, who are an important element of a mesosystem in which the individual lives, and the social environment presented as public institutions and establishments that create the level of exosystem (school, the scouts, place of work) also belong to the crucial categories appearing in the subjective world. Both adults and the youth in their subjective worlds allow for the presence of such elements of the macrosystem as: the economic and political environment (the state, political system, nationality) and natural environment (the nature, nature protection, civilization diseases). **Chrono-system** – refers to the pattern of environmental events and transitions over time. It includes the individual time perspective.

Three levels of description are taken into consideration when characterizing the mental representation of the world. The first level reveals the material aspect (declarative, figurative) of the world picture and refers to the isolation of units (objects) that constitute that picture, the second one – evaluative – contains information about the subjective attitude of the individual towards the isolated objects, the third – logical and operational (procedural) – regards the analysis of relations between objects, that is the organization and structure of the world picture.

2 World representation in the adolescence stage

Research conducted under Gurycka’s instruction (1994, 1996) provided valuable data about the content of the material world representation in high school youth. The subjective world of the youth is dominated by two opposing values: on one hand, young people search for pleasure connected with possessing material comforts and playful contacts with peers, however, on the other hand – they focus on existential issues such as the aim and sense of life, moral values, religion. The world of the youth concentrates on the central “I” category which has positive features, but is also a source of anxiety, hesitations and reflections. The world picture is filled with positive feelings revealed towards people, objects and values being the structural units of the subjective world, while negative emotions of fear and anxiety appear in relation to the future. The world picture of the youth reflects its reflectivity and humanism, as well as independence (Tarnowski, 1996, 1998). It contains elements that are crucial owing to the present course of the individual’s developmental process and life events ahead of it.

The analysis of the world representation in the early adolescence stage was performed by Bulla (1997) with the use of Child's Living Space method. The world of younger youth is mostly filled with close people and peers towards whom positive feelings dominate, as well as with institutions, the natural environment and particular material values. The younger youth relatively rarely express their interests and existential values in the world structure.

Comprehensive research carried out by Świda-Zięba (2000) contributes to the knowledge about the values of the present Polish youth. The representation of oneself and the world that functions in the minds of adolescents was also a subject of the author's analyses. One of the elements of this picture structure is **the creation of future plans that are connected with future** time perspective. A young man starts to gain knowledge about his/her own feelings, needs, attitudes and possibilities. Gaining knowledge about oneself as a result of experiences with the outer world enriches and establishes the picture of one's own person and the picture of the world. Knowledge of oneself, one's needs, values, ideals and skills plays an important role in shaping life plans and the actions of the individual. Future plans creation makes it possible to obtain greater autonomy, self-determination, management of one's own life and development. In the adolescence period, life plans are not worked out yet. In this period, the individual creates a vision of a perfect world in which he/she also finds a place for himself/herself. He/She extends life plans, sometimes very remote ones, but often little realistic as they still do not sufficiently allow for opportunities in the form of outer objective conditions and their own predispositions.

3 World representation in the disabled and chronically ill youth

Time perspective as an element of the world representation appears in the youth with a mild level of intellectual disability. This youth also make **plans for the future**, think and dream about becoming self-dependent, which they reveal by expressing their own expectations and desires. But limitations in the intellectual sphere, lack of the ability of abstract thinking do not however enable to perceive significant connections between one's own action and its effects. These restrictions do not allow predicting the course of events happening independently of the subject. It hinders the possibility of influencing the course of events and one's own fate, and taking intended and intentional actions. As a consequence, the youth with a mild level of intellectual disability have difficulties in defining states which do not exist yet, or in creating realistic plans for the future. They also often cannot evaluate their conduct skills appropriately. They assess various social situations from the perspective of one's own *I*, not being able to look at the given situations from the perspective of others (Kowalik, 1989).

In comparison with the healthy youth, young people with motor dysfunctions construct less diverse maps of the world, which is the result of objective limitations in interpersonal relations, caused by locomotion limitations (Wilk, 2000, as in Pilecka, 2002). Physical limitations cause lower sense of influence on oneself, on other people and on the course of events, and also lesser material scope of the world representation. However, this less intense physical activity is conducive to inner reflection and development of the value system, in which God, being its keystone and central point, plays a particular role.

God and spiritual values are also dominant elements in the world representation in the youth with asthma (Jabłońska, 2001, as in Pilecka 2002). The ill youth's representation of the world, despite numerous similarities in the scope of emotional content and color to the picture in the healthy youth, is characterized by peculiar dichotomy of two categories: God and his attributes and the church. God is connected with the accepted system of values, especially with love and the good, whereas the church is associated with participation in collective forms of religious life. In spite of the material differentiation, both categories are very important for the youth with asthma and are two sources of support – spiritual and social. The healthy youth probably derive social support from other sources; hence the church plays a less important role in their subjective world.

The world representation is somewhat differently constructed by the youth with insulin-dependent diabetes (Nitecka, 2001, as in Pilecka, 2002). The material scope of the world representations created by this group of the youth is smaller, but social relations and material comforts take a special place in it. Values and other dimensions of the spiritual world do not decide about the representation content in a significant way. The color of the constructed vision of the world is definitely positive. Elements of the real world dominate in the world representation of the ill youth, which shows a huge need of action and the conviction of one's own efficacy and personal influence on the course of events.

4 World representation in the youth with conduct disorders

Children and the youth with adaptive difficulties, and boys in the first place, create a negative and threatening representation of the social environment (Pilecka, 2002).

The research on the world representation in the youth with conduct disorders was carried out by Kossewska (2000). The youth aged 15–17 under the custody of the Emergency Fostering took part in the research due to the specificity of their personal experiences and particular course of socialization process and considerable level of moral corruption. The studied youth committed crimes against property, health and life – fights, robberies, thefts, and therefore were under institutional custody. The

control group was high school youth paired with the youth from the experimental group as regards the similarity of independent variables (age and sex). Cognitive representation of the world in the minds of the youth with conduct disorders was determined on the basis of A. Gurycka's (1994) method – "The Map of My World".

The **Emergency Fostering** is a kind of emergency educational care center where children deprived of constant and appropriate parental care are sent. Emergency centers provide a child, who is partially or entirely deprived of parental care and in a crisis situation, with an emergency, 24-hour care, education adjusted to the age and developmental possibilities, care and education until return to the family, or placement in a foster family, socialization or family facility. These centers may connect intervention, socialization and therapeutic activities towards the child and his/her family.

The Emergency Fostering arranges the first stage of care for children and the youth aged 7–18. Children who run away from home, or from other educational care centers, who wander around streets, do not have their own house, who are minor victims of domestic violence, stay at the shelter. Not infrequently they are the youth who infringed the law and were sent to the shelter on the basis of the regulations of the Act on Juvenile Delinquency Proceedings. Juvenile delinquents are placed there for the time of a pending trial. A considerable percentage of the children come from families dominated by alcoholism, violence, poverty, unemployment and all kinds of addictions.

Emergency Fostering also organizes rehabilitative, therapeutic and compensatory activities and helps the children with fulfilling their schooling obligation.

The quoted studies of the cognitive world representation in the minds of the youth with conduct disorders revealed characteristic features of its inner picture of the world. Concentration on oneself is a crucial feature that is shown by defining a central object from which links in the direction of other objects split radially. Most often, one's own "I" is the central object, and in that case the world representation is of egocentric character (Neff, 1996). This central type of the world picture proves an intensified egocentrism in comparison with the control group. Egocentrism is a natural, though developmentally earlier stage of personality structure shaping process and also a symptom of the intensified self-affirmation need which could not be met by satisfactory interpersonal relations with significant people. According to Urszula and Mariusz Filla's (1996) research findings, the "I" category is more frequent in the youth than in adults, more often in boys than in girls. Egocentrism takes multiple forms (Zaborowski, 2002), at least two of which – basic and cognitive egocentrism – may be found in the studied youth, the result of which may be cognitive decentration process inhibition consisting in the integration of one's own perspective with the perspectives of other people.

The central place of one's own person in the world representation is a characteristic feature in the adolescence period and influences narrowing the area of interests and the idealization of one's own individuality. Neff's studies (1996) showed that the centric type is however a form of some impoverished world vision dominated by objects connected with the closest family circle, providing – in families properly fulfilling their functions – a sense of security. People with this type of world representation do not show particular interests in social life, so they do not have ambitions to play a dominant role in it; they do not start reflection on philosophical issues but do not experience inner conflicts either. The presence of objects with the pronoun “my” symbolizes the spread of the “I” boundaries on other significant elements that become important components of the inner psychical world. It may result from a pathological relation with the object in childhood (Gasiul, 1992). More often, in comparison with the control group, placement of one's own person on the Map of the World and attributing more importance to it, as well as lack of emotional color towards oneself – neither positive nor negative emotions, nor reflection – show serious inner conflicts being the basis for antisocial conduct forms that is an immediate reason for placing the child in an Emergency Fostering.

Lack of reflection towards oneself may reveal difficulties in the process of self-education consisting in learning how to undertake actions and meet obligations. This process starts as early as in childhood and reaches its maximum after the adolescence period and, as the results show, is more intense in the youth from the control group. Self-creation competence, that is the wisdom of experience boosting resistance to stress and helping to cope with failures and life's adversities, is an effect of self-education (Przetacznik-Gierowska, 1993).

The elements of the world in the youth with conduct disorders are less often connected with positive links. The limited network of emotional bonds in the world of the youth, on the basis of broad studies conducted in England, is regarded as one of the factors of social environment that determines antisocial conduct (Radochoński, Perenc, 2000).

The world representation in the youth under the custody of the Emergency Fostering is characterized by lesser maturity, which was particularly shown in the number of isolated objects, not related to the other elements of the subjective world. Incoherence in the subjective picture of the world seems to follow from the conflict character of the relations between the individual and his/her closest social environment. Polarized families present contradictory attitudes towards important issues and events and normative patterns, which causes lack of sense of security and hinders the formation of a coherent picture of the world in children (Satir, 2002).

However, in the youth with conduct disorders negative and conflict relations between the “Self” and family members appeared, even if negative emotions towards them were not shown. So, concentration on oneself may be a defense reaction serv-

ing the reduction of negative emotions connected with traumatic experiences from interpersonal relations with the members of one's own family, it may also reduce the ability to anticipate future goals and plans aimed at the future – however, if they appear, they are very specific and do not have many details (job, family).

The youth under the custody of the Emergency Fostering feels the possibility of exerting influence on particular elements of one's own individual world in a much weaker way than the control group, which may result from a weaker expectation of one's own efficacy (Bandura, 1977, Domańska-Najder, 1984, as in Poznaniak 1998). Actions taken by the wards of the institution are more often situation-conditioned in its subjective interpretation than dependent on one's own competencies, the evaluation of which may also be lowered.

The experience of lesser personal influence on the elements of one's own world suggests that the "Self" does not fulfill controlling or central function in decision-making mechanisms. Losing control over the world (the life, action) leads to acquired helplessness, which may be treated as a fixed defense mechanism reducing the risk of failure, and also reducing negative emotions, or as a manifestation of a low sense of one's own efficacy or coherence that play a vital role in the process of coping with life adversities (Antonovski, 1995).

In comparison with the control group, the world representation in the youth with conduct disorders is more saturated with elements of the real world and material objects. Institutions fulfilling care and educational functions also appear more often. From Gurycka's (1998) studies it follows that school is a frequent element of the youth's picture of the world, however, owing to the fact that the autonomy of the youth staying at the center is obviously limited, institutions that define the frames of the living space dominate in their world representation. However, school does not have much meaning for the youth from both groups and negative emotions are shown towards it. School remains in conflict with other objects as it limits interests' development, hence, is not conducive to harmonize with the world of the youth. Although the youth under the custody of the Emergency Fostering have limited possibilities of influencing their own individual real world, still, they do not show so many negative emotions towards formal institutions as the control group. The observed difference between the studied groups can be analyzed on two levels: the individual – allowing for the individual's needs and the institutional one – following from the diversity of institutions and their functions. The youth from the control group experience many negative emotions towards school, which in relation with the educational system reform became an institution that only fulfills the curriculum, and social life and pursuing one's own interests moved outside school boundaries. On the other hand though, formal education is a crucial element of the plan for the future, so anxiety connected with the fear of failure and time pressure appears. For the youth from the Emergency Fostering, institutions, which are objects of the real world, fulfill complex

functions: rehabilitative, training and educational. They create a present environment in which the youth develop and may meet their personal needs under controlled conditions. Personal traits of counselors and teachers in relation to institutions may have a significant meaning to the wards, among which emphatic sensitivity and the ability to understand the ward's situation are particularly important as for this group they substitute a parent, they are not only specialists implementing the curriculum (Morgan, 1984, Kliś, Kossewska, 2000).

5 World representation in the youth with hearing impairment

Hearing impairment is the factor influencing individual experience and development. However, as it influences the identity development, it might also impact the world representation understood as a system of knowledge comprising an individual's information and beliefs developing as the individual gains experience.

In the study of deaf adolescents done by Kossewska (2012) subjects aged 15–17 were tested individually with the applied method called “Map of My World” by Gurycka (1994). It was shown that there is a great similarity of the world representation developmental pathway between the deaf and the hearing in the scope of the presence of future temporal orientation. The deaf adolescents present significantly fewer time categories on their world representation than the hearing ones do. They are usually related to present real objects, such as school, peer and family relationships, dating. The world of hearing adolescents includes more future time perspective which is related to vocational, as well as social and personal goals.

Polish deaf adolescents attend segregated school and usually live in a dormitory outside their family. Social life and realization of interests have moved out of the family. For deaf and low-hearing youths, institutions of the real world perform complex functions: socialization, education and upbringing. Institutions create a controlled environment where young people may develop and satisfy their needs. They give them a chance to realize the need of influence which is very important in the development of a mature, responsible personality. Present time perspective may limit the range of deaf adolescents' judgments, decisions and actions. Only few deaf youths pointed out the prolong education and profession as important values within the future context, while according to Zimbardo and Boyd (1999), a more future-based time perspective could help students study and progress to higher education. Deaf and hearing adolescents develop in relatively less secure environments, thus according to Evolutionary Life Theory, it may be followed by present oriented behavioral strategies, which reflect an orientation towards immediate outcomes and little concern for future consequences.

This finding may result from the fact that 90% of deaf children are born to hearing parents, and these children may not have received any usable language input during critical language acquisition periods of brain development. Lacking language input during a child's earliest years and the underdevelopment of a formal language system can result in an adult without fluency or competence in any language, including sign language (Sacks, 1989). Hearing family usually creates the low-stimulating developmental environment. Possession of a language system is necessary to facilitate abstract thinking, mature personality development and future goal orientation. Without such a system, some deaf persons may lack the ability to think abstractly or to generalize concepts. The development of future time orientation might be also limited by the low level of verbal communication skills, as to a result of the issue, an average deaf adult reads English at a fourth grade level (Haskins, 2000).

6 Conclusions

1. The world representation presenting the inner picture of the real world that emerged in the minds of the youth in connection with their socializing experiences fulfills a vital regulative function.
2. The representation of the world possessed by the youth with conductive disorders in comparison with the youth from the control group has specific features: the centric type of the world picture – containing the general “I” category; more saturation with real and material objects; lesser expressed sense of influence; fewer positive links between objects; lesser maturity.
3. The peculiarity of the representation of the world in the youth with conduct disorders results from diverse socializing experiences involved in interpersonal relations in the family.
4. The analysis of the material world representation may present an important element of personality structure development process and the basis for creating individual therapy program and the rehabilitative process of the youth with conduct disorders, a ward of the Emergency Fostering involved in infringing the law.
5. Building narration around the cognitive world representation revealed by the youth with conduct disorders may be a crucial element of family therapy, conducted both from the perspective of the theory of systems, as well as from the cognitive-behavioral one, and also of prevention and preventive measures and supporting the areas within which development is not disturbed.
6. The deaf and hard-hearing Polish adolescents present significantly fewer time categories on their world representation than the hearing ones do. They are usually related to present real objects as school, peer and family relationships, dating. The world of hearing adolescents includes more future time perspective which is related to vocational, as well as social and personal goals.

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A classical philosophical/theoretical basis for reversing negative or maladaptive trends in disabled humor and for fostering person-accepting reactions towards individuals with disabilities

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Abstract: *This essay is orientated towards educators. It addresses the need to respond more with person-accepting reactions rather than with humor-disguised, disability-focused reactions to persons with disabilities. This essay draws attention to the use of disability humor, especially by persons with disabilities, to promote inclusiveness and person-accepting reactions toward persons with disabilities.*

This essay puts forward the philosophical perspectives of Plato and Descartes concerning the nature of the human person to provide a viable theoretical basis for person-accepting reactions to persons with disabilities. Plato and Descartes are selected because they not only provide us with their theories of human nature, but they also specifically, though briefly, address laughter and humor in the context of misfortune, including disabilities.

The final part of the essay addresses some suggestions for classroom applications as to how educators might try to shape the use of humor to promote inclusiveness and person-accepting reactions toward persons with disabilities in the classroom.

Key words: *disability, humor, philosophical perspectives, inclusion, classroom implications*

1 Introduction: The issue

According to Cassell (1985), “disabled humor” is “humor in which the butt or object of the humor is a disabling condition or a person with a disability” (p.59). For example,

Q. Why was Helen Keller's leg wet?

A. Her dog was blind too.

(<http://www.jokes4us.com/celebrityjokes/helenkellerjokes.html>)

Q. Why did the moron throw the butter out the window?

A. Because he wanted to see a butterfly.

(http://www.anvari.org/shortjoke/Miscellaneous_Jokes/28094_q-why-did-the-moron-throw-the-butter-out-the-window.html)

Disabled humor includes sick jokes such as the Helen Keller and little moron jokes noted above, as well as any kind of humor used in our everyday interactions that provoke humor-disguised or disability-focused responses. Cassell (1985), in discussing disabled humor in his article titled, "Disabled Humor: Origin and Impact," concludes with the urgent plea that individuals in responding to disabilities in others need to respond more with person-accepting reactions rather than with humor-disguised, disability-focused reactions. Cassell acknowledges that "[a]t times, disabled humor appears to serve coping functions..." (p. 59). But, he continues, disabled humor "is almost always a disparaging form of communication since humor responses disguise the real message" (p. 59).

Apparently person-accepting reactions that facilitate coping with disabilities are not nearly as evident or common as disability-focused reactions that disparage. Baum (1998) argues, "From a historical perspective, people with disabilities have been a source of amusement to able-bodied people. This has ranged from individuals who were used as court jesters, exhibits of curiosity in carnivals and side-shows, to cartoon characters who have various disabilities" (p. 2). Bogdan (1998), who studied the cultural phenomenon of freak shows in America, provides a list of human oddities considered to be popular entertainment in the past century, including, but not limited to, dwarfs, rare monsters, giants, Siamese twins and bearded ladies. In freak shows, the physical appearance of these individuals was enhanced through nonverbal means, such as gestures, costumes and accessories, with the intent that these factors would help to pique an audience's voyeuristic interest in and laughter at those who were "less-able." Fry (1963) notes that cartoons have been popular for many years, and they almost always motivate humor-disguised and disability-focused reactions that ridicule those with disabilities. Equally, Weinberg and Santana (1978) speak of comic books as "champions of the disabled stereotype" (p. 327). Shakespeare (1999) too affirms that "...within performances on stage or film, there is a particular relish of the disabled figure of fun, a shared enjoyment of the peculiar pleasure of laughing

at the abnormal...Much of the repertoire of traditional comedy focuses on flawed performance or deformed physique, from Quasimodo jokes onwards" (p. 3).

Unfortunately, these disability-focused reactions that disparage and invite amusement at the expense of persons with disability continue in more contemporary times and the present day. Connor and Bejoian (2006) have recently argued that our culture continues to maintain a pervasive stereotype; "Disability can never be a good thing. Within contemporary society, disability—unlike race, gender, sexual orientation, or age—is still somewhat of a free-for-all; a repository of bad associations and images; and a concept that people routinely look down on, devalue, and ridicule" (p. 52). Accordingly, Reid, Stoughton, and Smith (2007) who examined 'stand-up' comedians in the United States note that the majority of them still perpetuate negative and disparaging attitudes towards individuals with disabilities in their comedy routines, contributing to the gap between those with and without disabilities. They state, "... jokes and comedy routines, nearly always performed by the able-bodied, turned on negative images of the disabled...Mainstream comedians' demeaning jokes enable them to separate from difficult feelings by perpetuating an Us-Them mindset" (p. 630). Connor and Bejoian (2006) ask, "With the overwhelming negative connotations of disability, how can people ever see disability as a natural part of human diversity, merely another bodily attribute, and one that we can frame in positive terms?" (p. 52). In other words, how can we foster and "socially ingrain" person-accepting reactions to disabilities and persons with disabilities including through the use of humor?

2 Help from persons with disabilities

Perhaps there are any number of ways to foster and "socially ingrain" person-accepting reactions to disabilities and persons with disabilities. But these "any number of ways" are beyond the scope of this essay. One of these "any number of ways" might be a philosophical/theoretical basis for reversing negative or maladaptive trends in disabled humor and for fostering person-accepting reactions. A philosophical/theoretical basis would involve "socially ingraining" and fostering the perception of persons with disabilities as belonging to the same group (e.g., to the same community, to the same kind) as everyone else and not as persons relegated to some sub-group or to some other kind to which derisive and disparaging reactions are the norm. Both persons with disabilities and philosophers can promote such a basis.

It is not uncommon for persons with disabilities to acknowledge that their conditions have humorous, at least laughable, qualities. People with disabilities find something hilarious even with severe disabilities and many do so without becoming self-deprecating. For instance,

...a quadruple amputee, shared the story of how each year he must reapply for his handicapped parking placard. He related how he goes to the motor vehicle office and, after showing them he hasn't 'grown any arms or legs,' asks 'Could you...give me 18 months, maybe two years? I don't feel any growth coming on yet' (Kemp, 1999 cited in Hall, 2002 p. 146).

The anonymous owner of the website, "Multiple Sclerosis Sucks," despite or perhaps because of the serious nature of his condition, calls for the use of humor in the lives of those with MS and those around them. He states, "An alarmingly large fraction of the MS literature that I've read has been serious, sensible, and sanctimonious, and therefore runs the risk of being turgid, tedious, and trite. This website is one man's attempt to change that. I think it is important that MS sufferers and their caregivers maintain a sense of humor" (<http://multiplesclerosissucks.com>). Similarly, Robert Slayton (2011) in his blog, *Having a Sense of Humor About Disability*, remarks "believe it or not, the disabled do have a sense of humor. We can enjoy a joke, even one aimed at ourselves" (http://www.huffingtonpost.com/robert-slayton/disability-humor_b_845059.html). These persons with disabilities are insisting that humor can be a fitting, effective, and laudable response to excessive seriousness and ill humor which tend toward ridicule, insult, and name calling. The kind of humor persons with disabilities champion is viewed as fitting, effective, and laudable perhaps because it does not necessarily cause or produce psychological/emotional pain or harm.

For many persons with disabilities, disability humor has come to be considered part and parcel of what some regard or recognize as a disability culture (Sutton-Spence & Napoli, 2012). Persons with disabilities regularly make humorous comments and jokes, not only in private but in public, about their disabilities. "If you tell me that I shouldn't make disability jokes in public, you're telling me that it's not ok for me to be who and what I am as a person with a disability. You are trying to stuff me back in the closet that we (people with disabilities) fought so hard to get out of" (<http://accessibility.net.nz/blog/disability-humour-is-part-of-disability-culture/> June 1st, 2011)

Morreall (1983) is sympathetic to this view of humor. In speaking about persons with disabilities, he observes,

When the person with a sense of humor laughs in the face of his own failure, he is showing that his perspective transcends the particular situation he's in, and that he does not have an egocentric, overly precious view of his own endeavors. ... It is because he feels good about himself at a fundamental level that this or that setback is not threatening to him (p. 106).

“... by focusing on the humorous aspects of the disability, the person [with a disability or disabilities] is stating that ‘I accept it as no more serious than your own personal frailties, so accept me as being like you’” (Cassell, 1985, p. 62), that is, as belonging to or as being of the same kind. In this case, the same group or the same kind to which the person with disability belongs is the group or the kind to which everyone else belongs, namely, the group or the kind of those with personal frailties. Making use of Haller’s and Ralph’s (2003) analogy to cartoon characters, humor generated by the person with a disability embodies the characteristics of a humor of equality, in which the character with a disability is equal in status and humor to all the other characters. Moran (2003) argues for such an inclusive view of humor, “Having a disability does not mean humor must always function differently.” While Shakespeare (1999) suggests that individuals with disability by laughing at themselves become a member of the social mainstream; “Rather than being the ‘Other’, about whom jokes are made, the disabled person establishes themselves as part of the group, and their impairment enters that stock of topics which are permissible for humorous interaction between friends” (p. 6).

Why might we find it quite proper to accept humor or laughter that focuses on one’s own disability or disabilities or frailties? As previously noted, perhaps it is because some persons with disability or disabilities manifest the ability not to take themselves seriously and not to see themselves as well as others as less than ideal; such ability is typically regarded as a source of virtuous modesty and even compassion. While Aristotle (1941), in the *Nicomachean Ethics*, views jokes as “a kind of abuse” (4.8), he does not give a comprehensive condemnation of humor; jokes should ideally be told without producing pain (*Poetics*, 1941, 449a). Aristotle seems to have anticipated the point Cassell (1985) makes, “... humor is not just humorous. There is almost always some underlying message being carried in the humor response” (p. 62). Since humor can be a vehicle of ridicule, contempt, malevolence, and cruel exploitation, it must be used prudently. Jacobson (1997) echoes this claim writing,

In hostility and aggression is our beginning. Comedy cannot hope to change that. But by making a play of our incorrigible combativeness, it propitiates it, harmonizes us with it. And more than that, reminds us of our inexhaustible capacity to evade the burden of sympathy and the compulsion to suffer (p. 137).

“Making a play of our incorrigible combativeness” relieves us from an excessive seriousness that inclines us to hastily use humor contemptuously, malevolently, cruelly, as well as to ridicule.

3 Help from Plato and Descartes

Above we noted persons with disabilities using humor to establish themselves as belonging to the same group as everyone else. Philosophers too can make a contribution to such an effort by providing a philosophical/theoretical basis for “socially ingraining” and fostering the perception of persons with disabilities as belonging to the same group (e.g., to the same community, to the same kind) as everyone else. Two philosophers, namely, Plato and Rene Descartes, one from the ancient period and the other from the early modern period, will suffice to provide such a basis. We select Plato and Descartes because they not only speak of disabilities, but also humor in the context of disabilities. While contemporary philosophers discuss social, political and ethical issues related to disabilities or theories concerning the nature of humor, omitted are discussions of humor related to disabilities (Baird, Rosenbaum, & Toombs, 2009).

In an excellent article about Plato and the psychology of humor, Shelley (2003) makes the following observation about Plato’s take on comedy and humor: the malicious, aggressive, scornful, and derisive aspects of humor “...can be insalubrious not only for the person being laughed at ... but also for the person doing the laughing, since he or she may come to prefer ridicule over reflection even when dealing with matters of utmost significance” (p. 352). It is no secret that Plato gives a negative evaluation of comedy and is very critical of the malicious, aggressive, scornful, and derisive aspects of humor (e.g., feeling amused about a person who is being derided or a person who is being publicly ridiculed). “...a person’s sense of humor conditions the health of his soul, and vice versa” (Shelley, 2003, p. 364). However, Shelley argues that for Plato humor is acceptable, even virtuous, when it is opposed to excess, namely, an excess of seriousness (Shelley, 2003, pp. 353, 363) as well as uncontrolled and debilitating laughter, i.e., laughter indulged in for its own sake (Shelley, 2003, pp. 354–355). Humor is salutary in moderation and when exercised moderately such reflective use of humor stands against hasty misuse of humor.

If the moderate exercise of humor requires reflection, we can find in Plato (trans. 1982, 11b–c) a philosophical basis for “socially ingraining” person-accepting reactions to disabilities and to persons with disabilities by noting his claim in the *Philebus* that thought, intelligence, memory, right opinion, and true reasoning are better and more valuable than pleasure for all beings that can participate in them. Nothing in the world is more valuable than to participate in thought, intelligence, memory, right opinion, and true reasoning. For Plato (trans. 1982, 19c–d), the faculty of reason as well as knowledge, understanding, skill, and everything that is of the same kind to these are the best possessions of humankind; these are *defining* of the human.

However, do these defining features apply to persons with disabilities? If they do, then persons with disabilities belong to the same kind as everyone else (i.e., persons

without disabilities) possessing these features. Persons whose disabilities are not cognitive related (e.g., deafness, blindness, missing a limb), would be of the same kind of animate being, namely, human, by virtue of their cognitive faculties and capacities to exercise those faculties. But, what about those who cannot participate in thought, intelligence, memory, right opinion, and true reasoning because their cognitive faculties are disabled? Here we should not casually overlook the following distinction: i) the possession of a certain kind of nature and ii) the inability, due to disability, to exercise the faculties belonging to that nature including one's cognitive faculties. For example, Plato (trans. 1982, 36e) at times makes reference to the "insane" and the "deranged" (The use of the terms "insane" and "deranged" merely reflect the language of Plato and his cultural milieu). Those with cognitive disabilities may find it challenging and difficult to engage in thought, memory, right opinion, or true reasoning in the same way(s) as those without cognitive disabilities engage in these. Yet, they possess a certain kind of nature with various faculties, including the cognitive faculty that, according to Plato, makes humans what we are and distinct from other realities, including other animals. Yet, those with cognitive disabilities are unable to exercise their cognitive faculties in the same way(s) those without cognitive disabilities are enabled to exercise their cognitive faculties.

The distinction between possessing a certain kind of nature with cognitive faculties and the inability to exercise cognitive faculties enables us to perceive those with such disabilities as bearers of that certain kind of nature with those faculties though certain cognitive disabilities impair the full exercise of those faculties. As bearers of a certain kind of nature with these faculties, though these faculties may be disabled, persons with cognitive disabilities belong to the animate beings with such a nature and its faculties; they are the same kind as everyone else.

Like Plato, for Descartes (trans. 2010–2015, 5, 23) humans, unlike animals, are endowed with minds, that is, rational souls. Therefore, unlike animals, humans can use language and feel sensations like hunger, thirst, and pain. This mind, that is, this rational soul is the *defining* feature of humans. A person with disabilities, cognitive or non-cognitive, by virtue of his or her endowment with a mind belongs to the same kind as everyone else of that kind, namely, those with minds at least potentially capable of language usage as well as capable of feeling of sensation.

Even if one were to argue that Descartes does not really succeed in distinguishing humans from animals since animals are capable of feeling sensations (though Descartes thought otherwise) and some animals may even be capable of rudimentary language usage, nevertheless, Descartes could point to other activities of the human mind (e.g., true reasoning about mathematics, right opinion formation about moral conduct) not as readily attributable to animals. But even if one were to take an approach according to which humans are not of a different kind from other animals, as implied by some Darwinian approaches (Darwin, 2007; Velasquez, 2011, pp. 60–66),

Descartes' perspective concerning persons can still provide a philosophical basis for "socially ingraining" person-accepting reactions to disabilities and to persons with disabilities.

Descartes (trans. 1985) observes that we find ourselves laughing when we unexpectedly perceive "some small evil in a person whom we consider to deserve it..." (article 178). In *The Passions of the Soul*, Descartes understands evil as that which is harmful to one (article 56); a misfortune. This laughter of ridicule or derision is a mixture of joy and hatred: hatred for the misfortune, but joy at seeing the misfortune in one whom we perceive as deserving of the misfortune.

For Descartes, though, this misfortune must be insignificant (i. e., a small or inconsequential, trivial misfortune) for we cannot believe that anyone is deserving of a great misfortune unless one is malicious or one harbors a great deal of hatred toward the person afflicted with the misfortune. Here, Descartes makes a distinction between debasing and degrading laughter directed at insignificant (i. e., inconsequential, trivial) misfortune and debasing and degrading laughter directed at a great misfortune. For Descartes, while debasing and degrading forms of laughter directed at more significant misfortune (e. g., severe disabilities) is condemnable, debasing and degrading forms of laughter directed at insignificant misfortunes (e. g., minor disabilities) do not seem subject to condemnation.

It seems that for Descartes (trans. 1985) we cannot help but (i. e., we are destined to) ridicule or deride those in whom we perceive some small misfortune and whom we consider to be deserving of the misfortune. This ridicule or derision is just a *result* of a certain kind of perception we have (article 178). In fact, Descartes acknowledges that "we may even find it hard not to laugh" (article 181) when another person mocks vice (i. e., bad behaviors), presumably that person's own vice(s) or someone else's vice(s), in order to make the vice(s) appear ridiculous. Since vices (i. e., bad behaviors), like the evils (i. e., misfortunes) Descartes speaks of, are harmful (both to the one engaged in bad behavior as well as those to whom the bad behavior is directed (article 184), it does not seem unjustifiable to bring Article 181 of *The Passions of the Soul* into this discussion. Descartes even claims that such laughter is proper, at least not improper (i. e., not bad mannered). Why? Is it because we find it hard not to laugh at such mockery? Perhaps! But, that could be just a manifestation of a disposition to ridicule or deride persons with the harmful condition. On the other hand, such laughter, for Descartes, may not be improper particularly in circumstances in which: i) the laughter is in response to someone else making a bad behavior (i. e., a vice) appear ridiculous (article 181), ii) the laughter is not directed at the bad behavior (article 180), and iii) the one laughing harbors no hatred for persons engaged in the bad behavior (article 180). Descartes' claim about the propriety of laughing in certain circumstances in which a harmful condition (e. g. a misfortune or bad behavior) is

present is consistent with those persons with disabilities who acknowledge that their conditions have humorous aspects.

As we have sought to illustrate, persons with disabilities and some philosophical perspectives, like those of Plato and Descartes, can assist both persons with disabilities and those without disabilities in understanding and perceiving what is definitive of persons with disabilities. From a philosophical perspective, Plato and Descartes can enable both those with disabilities and those without disabilities to understand that the limits and boundaries that are the product of disabilities do not define persons with disability (Smith & Sapon-Shevin, 2008–2009). The negative or maladaptive perspectives toward disabilities and persons with disabilities emerge from a failure to recognize that which makes persons with disabilities members of the same kind to which all persons belong, namely, animate beings who are defined by their rational faculties and capacities. Hence, persons with disabilities are equal in status and humor to all others.

Given such a person-accepting basis like we find in Plato and Descartes for perceiving persons with disabilities, humor directed at conditions of disability need not be considered inconsistent with persons who find that their disabling conditions have humorous aspects. This is possible because the humor is not directed at the person with disability, but rather at the humorous qualities of the disabling condition, a condition which is not definitive of who the person with disability is.

4 Person-accepting humor

Even when humor is directed at a condition of disability, particularly by persons with disabilities, humor can be utilized to acknowledge that conditions of disability can have at least laughable qualities, to transcend the disabling condition, to cope with the disability, to enhance cohesion, as well as to promote a sense of identity with a group (i. e., a kind). This is person-accepting humor that stands in contrast to humor that disparages or ridicules thereby alienating a disabling condition or a person with a disability. Martin (2007) argues, “Although humor can be used to reinforce status differences between people, it can also be a way of enhancing cohesion and a sense of group identity” (p. 122). Humor can be used to highlight defining features (e. g., cognitive faculties and functions), though such features may be impaired due to disabilities, that enable us to recognize those with disabilities as belonging to the same kind rather than using humor to highlight disabilities (i. e., differences). Witkin (1999) postulates, “Humor reinforces group identity and fosters a sense of cohesion. These qualities are illustrated in humor by people with disabilities” (p. 103). Smith and Sapon-Shevin (2008–2009) concur that humor concerning disability can be “a valuable resource to help people rethink assumptions and to create community”

(p. 11). Most recent research arrives at the same conclusion. “Humor can be inclusive and create cohesion between group members or it can be used coercively to divide people” (Dunbar, Banas, Rodrigues, Liu, & Abra, 2012, p. 472).

5 Educational implications

In the U.S.A. the recent report of The National Center for Education Statistics (*The Conditions of Education*, 2010) concludes that there has been an increase from 32 percent to 57 percent in the number of classrooms including students with diverse disabilities in 2007–08 compared to 1989–90. As school communities welcome a greater number of students with disabilities into their classrooms efforts to prepare both teachers and students for inclusiveness in all its forms takes on a new priority. This trend is reflected across the world. According to the *World Report on Disability* (2011), it is estimated that there are between 93 million and 150 million children worldwide who are impacted by disabilities. The report emphasizes that “Ensuring that children with disabilities receive good quality education in an inclusive environment should be a priority of all countries” (*World Report on Disability*, 2011, p. 205).

A philosophical/theoretical basis involving “socially ingraining” and fostering the perception of persons with disabilities as belonging to the same group (e. g., to the same community, to the same kind) as everyone else, and not as persons relegated to some sub-group or to some other kind to which derisive and disparaging reactions are the norm, can be particularly supportive of inclusive classroom learning communities. Such learning communities are characterized by a “sense of belonging, of collective concern for each individual” (Noddings, 1996, pp. 266–267), as well as “positive interpersonal relationships, preparation for integration, participation in shared routines, school wide community spirit, and the highest levels of acceptance and expectations for all students” (Berry, 2006, p. 491). Humor can serve an important function in promoting inclusive classroom learning communities. Educators can play a critical role in modeling inclusive or exclusive humor through a variety of classroom activities. In the next section of the paper we discuss examples of such classroom activities.

6 Specific classroom applications

One way to socially ingrain a different view of humor use in the context of disability is to invite into the classroom stand-up comedians who have disabilities. Following a classroom performance of their comedy routines a focused and direct discussion would ensue as to how comedians with disabilities address their disabilities in their comedy routines. Local comedy clubs may provide teachers with a list of talented

comedians with disability who are available to be invited into the classrooms in the students' local communities. Alternatively, teachers may find the following website, <http://www.damonbrooks.com/speakers>, a rich resource for disability stand-up comedians and motivational speakers. Just one example of such comedians is Josh Blue who has Cerebral Palsy. As his website informs us, "Josh continues to break down stereotypes of people with disabilities one laugh at a time" (<http://www.damonbrooks.com/speakers/josh-Blue.html>).

However, before inviting stand-up comedians who have disabilities into the classroom, it is imperative that teachers prepare their students for such interactions and conversations. This preparation is crucial since students may not have enough social background experiences and/or knowledge about engaging in dialogue on sensitive issues and topics such as disability, stereotyping, prejudice, and disability humor. Derman-Sparks's and Olsen Edwards's (2010) publication titled *Anti-Bias Education for Young Children and Ourselves* will serve as an excellent guide for teachers to begin actively engaging their students in thinking about disability as well as how to identify a stereotype, prejudice, offensive humor and bias about people who are different from themselves. This publication can also teach them how to actively speak up for what is right and how to resist stereotyping and negative humor.

Another way to socially ingrain a different view concerning humor use in the context of disability is to engage students in viewing episodes from TV comedy shows such as *South Park* (SouthParkStudios.com) that feature characters with disabilities. Such shows can be critiqued for how they portray disability, stereotyping of persons with disabilities, and disability humor. *South Park* is an anti-politically correct Comedy Central show that includes two characters with disabilities: Timmy, who uses a wheelchair and has mental retardation, and Jimmy, who is a stand-up comedian and uses crutches. The strength of the show is that its humor is directed at all characters in the show and not only characters with disabilities. Haller and Ralph (2003) consider such application of humor as both "normalizing" because the characters with disabilities are represented like all the characters and as "equalizing" because the disabled characters are "equal in status and humor to all the other characters." As a result, such an approach to humor represents a more integrative approach rather than a disability-focused approach to disability. Haller (2010) explains,

When comedies have disabled characters of equal status with all other characters in the show, it sends a message to viewers that having a disability does not mean someone cannot have a full, interesting and exciting life. The disabled characters are fully participating members of their communities. Disabled people in TV comedies can illustrate disability humor at its best-everyone can laugh at our shared experiences, and having a disability is depicted as just another feature about human beings." (p. 171)

Almost every episode of *South Park* is available to watch for free on the show's official website, SouthParkStudios.com.

Similarly, films may provide teachers with opportunities for a systematic and critical examination of the portrayals of disability and humor, and would be important additions to school libraries and classroom media collections. Connor and Bejoian (2006) recommend a modern classic film, *Finding Nemo* (2003), which depicts an adventurous young clownfish, Nemo, with a "gimpy" fin (p. 55). This film can serve as a valuable resource for teachers enabling them to open their students' minds to a more balanced and authentic representation of disability in the media and mass culture. "The film includes many allusions to Nemo's fin; it does not portray this fin as either a tragedy or a disability, but rather something that just *is*" (p. 55). In addition, the film can serve as a powerful spring board for discussions about the humorous side of disability, the role of humor in the characterization of Nemo and humor's overall function in the film.

Maples, Arndt, and White (2010) encourage teachers to give a critical reading of the film, *The Mighty* (1998). In this movie, a disability is the main, if not the only, focus of characterization of the main character. As a result it can be utilized in the classroom to help students critique and challenge the stereotypical representation of disability in the media. "Interrogating this film may allow students to deeply explore the representations of disability in the film" (Maples, Arndt, & White, 2010, p. 81). Inherent in this characterization is the issue of teasing and making fun of a person with a disability as undesirable or the issue of forcing the character into the roles of the "comic misadventurer" and "sweet innocent," that is, the one who "cannot possibly expect to get a girlfriend, so he will be the class clown" (p. 80).

For young adults, teachers may incorporate disability-themed videos, in which the performance artists use comedy as a tool to socially critique, entertain, and to educate the audience about their experiences with disability. One example of such a disability performing artist is Terry Galloway (Gilbert, 2006). "Galloway performs her marginality, constructing and contesting the differences that mark her as a deaf woman with a history of mental illness. And by performing this material humorously, she empowers herself and her audience, aptly illustrating humor's dual function as both entertainment and cultural critique" (Gilbert, 2006, p. 1). More specifically, in her comic vignettes, *Just the Funny Bits* (1995), Galloway narrates a dynamic autobiographical portrayal of her life full of fears, social isolation (especially during her adolescence years), and discloses the unbearable weight of living with the physical limitations imposed by the nature of her disabilities. But at the same time, she delivers a critique of the patronizing attitudes, medically oriented rather than person centered health care practices, and the social mainstream stereotyping of disability and political correctness.

Following a positive psychology approach, Groden, Kantor, Woodard, and Lipsitt (2011) advocate teaching and cultivating humor skills among individuals with autism and their peers in the classroom. They argue, “An inability to understand humor among individuals with autism can increase frustration and stress, and may even lead them to become victimized by humor that is beyond their capacity to comprehend” (p. 40). Within this context, teachers can play a crucial role in fostering and modeling positive and appropriate humor that can be beneficial for persons with autism and at the same time shared by their peers without disabilities. Such humor can encourage the development of positive social interactions among students with developmental disabilities and their age appropriate peers and may help them to deal with adversity. In chapters such as “Nurturing Humor in Individuals with Autism,” “Application of Humor in the Home and Classroom,” and “Activities That Promote Humor” the authors provide teachers with specific and evidence-based strategies as well as humorous classroom activities for cultivating humor that promote positive attitudes towards individuals with disabilities and foster perceptions of persons with disabilities as belonging to the same group. Each of these strategies and classroom activities has been “field tested at the Groden Center over the years with hundreds of children and adults with ASD [Autism Spectrum Disorder]” (p. 13). Given the fact that there are more children being diagnosed with autism spectrum disorder today than ever before (1 out of every 88 children have some form of ASD based on the most recent report of the Centers for Diseases Control and Prevention, 2012) and that mismatching an autistic child’s humor style with her/his cognitive, emotional, and developmental humor level may result in the autistic child being an easy target for offensive humor. Teaching about positive humor may be first steps in promoting person-accepting reactions rather than humor-disguised, disability-focused reactions to persons with disabilities.

Regardless of what films or other media teachers will choose to use in the classroom to actively and collectively examine disability as well as humor representations and their impact on shaping attitudes towards persons with disabilities, they may find useful Safran’s (2000) guide for *Evaluating Film Representation of Disability* and Smith’s and Sapon-Shevin’s (2008–2009) tool for *Questioning Disability Humor*. Either of these tools may be used for previewing a film for its content appropriateness and/or providing frameworks for students for viewing and critiquing representations of disability and humor in both traditional and digital text.

In summary, we trust that as a result of engaging students in different ways of exploring disability and humor representations in the classroom, teachers will foster perceptions of persons with disabilities as belonging to the same group (e. g., to the same community, to the same kind) as everyone else, and not as persons relegated to some sub-group or to some other kind to which derisive and disparaging reactions are the norm, as well as reverse negative or maladaptive trends in disabled humor

and replace those with inclusive humor applications that accept and celebrate those with disabilities in the classroom. Embracing a philosophical/theoretical basis as discussed in this essay can assist in fostering person-accepting reactions rather than humor-disguised, disability-focused reactions to persons with disabilities.

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Mental disability in pedagogical, psychological and social-legally context

VALENTA, M., MICHALÍK, J., LEČBYCH, M. a kol. *Mentální postižení v pedagogickém, psychologickém a sociálně-právním kontextu*. Praha: Grada Publishing, 2012. ISBN 978-80-247-3829-1.

Reviewed by Lenka Czereová

This year there was published a very interesting publication with the title *Mental disability in pedagogical, psychological and social-legally context*. This publication was produced by a team of authors. The main work was managed by Milan Valenta, Jan Michalík and Martin Lečbych. These three experts have been interested in the issues of mental disability for a long time, but each of them has his own look on this branch. Milan Valenta is an expert in the area of special education for people with mental disability, Jan Michalík focuses on legislation of healthy disabled people's position and their discrimination and Martin Lečbych deals with psychological diagnostics, clinical counseling and psychotherapy, especially family therapy. Thanks for their specializations, there come into existence the complete publication. There were other authors, who contributed to this publication: Pavla Baslerová, Božena Doleželová, Jitka Jarmarová, Olga Kulíšková, Oldřich Müller, Magda Navrátilová, Petr Petráš, Jana Petrášová, Alena Petrová, Miroslav Procházka, Eva Stupňáková and Pavel Svoboda.

The book is logically classified from general to specific information. The introduction specializes in conception of mental disability according to commonly used classification systems in the areas of health care, social services and special education and counseling in the Czech Republic.

The publication is divided into two parts. The first part contains four big chapters:

1. *The term of intelligence*
2. *The concept of mental disability and terminology*
3. *The legislation of healthy disabled people's position*
4. *The education, social services and intervention strategy for people with mental disability*

The second part is called *Domains of personal structure of people with mental disability, their diagnostics and rate of special-educational support assessment*. This part

includes a lot of chapters, which are focused on partial sectors which are concerned with mentally disabled people issues. The chapters pursue sensual perception, motor activity, orientation function – time, place and person orientation, intellectual cognitive function, concentration, memory, emotions, adaptability and sociability, aspiration, self operation, family environment, educational scheme – skills, knowledge, habits, hobbies and methodical chapter to consider rate of special-educational support assessment. Each chapter has the same structure – at the beginning there are general information about the domain, its disorders, specifics of people with mental disability, diagnostic and rate of special-educational support assessment. Only the last chapter is little different. It gives the attention to the complete methodology how to define the rate of special-educational support.

In the evaluation of this publication I must mention that I have never met so comprehensive publication through my whole study. This book informs about mental disability from the look of special education, psychology and legacy. It shows the possibilities to readers to make up their own mind on the mental disability issues in its wholeness. But there is also a little disadvantage in several graphs and charts. They are difficult to understand and the reader needs much information that describes them.

I certainly recommend this publication to everybody who is interested in issues of mental disability – expert or layman – everybody can enrich with something new.

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Information For Authors



Basic information about the JEP

Journal of Exceptional People (JEP), should be based on 2 times a year publishing period in both electronic and traditional – printed form. To guarantee professional standards of the Journal we have applied to the front of special needs teachers, psychologists, therapists and other professionals in the U.S., Finland, Spain, Slovakia, Hungary, China, Russia, Poland and other countries. Above mentioned scientific journal aspires to be registered into the international database of impacted periodicals (Journal Citation Reports).

Journal of Exceptional People (JEP) will provide research studies and articles on special education of exceptional people. This area covers individuals with disabilities and, on the other hand, gifted persons. The *Journal* will focus on publishing studies and articles in the field of education, social science (sociology) and psychology, special thematic issues and critical commentaries. The publishing language of the *Journal of Exceptional People* is to be English exclusively.

The periodical is going to be published since the year 2012 by the **Institute of Special – pedagogical Studies at Palacky University in Olomouc**.

Instructions for authors

Scope of the article is strictly given – mustn't be more than **10 pages** formatted according template (including list of references, images, tables and appendices). The body of the text shall be written in letters of Times New Roman size 11 b. Different styles are undesirable, use the normal template and also please avoid numbering of pages. The final version of the articles ought to be formatted to the paragraphs. The Editorial Board reserves the right to refuse contributions.

The file should be saved under the same name with the surname of first author and sent in a format with the extension doc or docx (MS Word 2007 and upper versions). Before sending a file with the paper it is required to scan for possible infections or viruses. Authors are responsible for content and linguistic aspects of the contributions. Please, do not number pages. Images, graphs and tables should be numbered according to the example (**Figure 1: Preparatory exercise** [Times New Roman 11 b, italics]).

It is highly recommended to spend the necessary time correcting the paper – every mistake will be multiplied. Posted papers unsuitable for printing will not be published! Ensure appropriate division and balance between the various parts of the contribution and aesthetic placement of pictures and diagrams as well as their quality. Terminological correctness and formality are required.

Please note that publication of papers in the Journal will be free of charge.

Section headings should be numbered and written, as described in following manual: standard signs, symbols and abbreviations are to be used only. Monosyllabic preposition are ought not to figure at the end of the line, but at the beginning of the next line – they can be shifted using the “hard returns” CTRL + SHIFT + SPACE.

The list of literature and references to resources ought to follow these norms and directives: ČSN ISO 690 and ČSN ISO 690-2 or Publication Manual of the American Psychological Association APA.

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