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BOGUSŁAW ŚLIWERSKI

University of Lodz, Poland

The psychological and philosophical typology of personality by René Le Senne as the foundation of personal and existential pedagogy by Janusz Tarnowski

ABSTRACT: Bogusław Śliwerski, *The psychological and philosophical typology of personality by René Le Senne as the foundation of personal and existential pedagogy by Janusz Tarnowski*. Interdisciplinary Contexts of Special Pedagogy, no. 31, Poznań 2020. Pp. 7–29. Adam Mickiewicz University Press. ISSN 2300-391X. e-ISSN 2658-283X. DOI: https://doi.org/10.14746/ikps.2020.31.01

The analysis included the reception of René Le Senne's theory of personality by psychology and pedagogy of the second half of the 20th century. The work reveals the extraordinary topicality of the typology in modern times, with still the observed lack of cooperation between psychologists and educators dealing with pedagogical axiology, the theory of upbringing and education. The typology survived thanks to the treatises of an outstanding scientist – Professor Janusz Tarnowski, whose dissertations in the field of personal-existential pedagogy of dialogue are reconstructed in this work and supplemented with philosophical interpretation by Tadeusz Gadacz in order to understand why the Le Senne's typology is absent from social sciences and humanities as the basis for modern upbringing and self-education.

KEY WORDS: personality psychology, character, personality typology, upbringing, socialization, self-education, theories of value

Introduction

The appearance in the mid-1980s of the monograph by Janusz Tarnowski entitled The secrets of our "self"[1] on the application of the theory of personality by French philosopher and psychologist René Le Senne in psycho-pedagogical diagnostics and educational practice has been completely ignored in today's educational sciences and this motivated me to seek the reasons for this state of affairs. My admiration for the excellently documented study of human characters made me apply this diagnostic tool in the 1970s in training scout instructors.[2] Over the years, however, I have noticed the astonishing absence of the theory from practical and scientific pedagogy, with minor exceptions, smuggled by some scholars. I wondered if this is not a more general question, i.e. treating psychological theories of personality as too hermetic to become the basis for pedagogical activities? Or maybe psychologists deny educators the right to use this theory, and treating pedagogy as a scientistically inferior area, and educators as unauthorized to apply psychological knowledge in their practice?

In order to study the relationship between psychological theories, typology of personality and pedagogy, it is worth recalling the unique – for totalitarian times – dissertation by Hanna Swida of 1970.[3] Although the author did not know, or at least did not cite the works of the French psychologist and philosopher, her study is of great importance to resolve my dilemmas. As a sociologist, the author approached the problem from the point of view of the methodological determinants of pedagogical research and their importance for practical pedagogy. The author asked a question: what should

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[1] J. Tarnowski, The secrets of our "self". Typology of personality according to R. Le Senne, Poznan: The Saint Adalbert's bookstore, 1987.

[2] W. Sliwerski (1979), Personality and character. You-Others-In the Team, "Proposals-Motives" No. 35, 2nd September 1979, pp. 1–8.

[3] H. Swida, Personality as a problem of pedagogy, Wroclaw–Warsaw–Krakow: The Ossolinski National Institute, Publishing House of the Polish Academy of Sciences, 1970.

educators take into account in their research and educational practice: should they deal with human from a psychological perspective focused on the functioning of the psyche, or be guided by philosophical anthropology, which inclines to axiological reflection on the character and the meaning of human existence.

It seems that in order to establish the categories of description, we must combine these two points of view. At the same time, this combination should not be based on complete integration (which is probably impossible), but on the use of both of them to create a third dimension, methodological.[4]

Despite the attempts to establish cooperation between scientistically equivalent disciplines, such as psychology and pedagogy, according to Swida, pedagogy must formulate an educational ideal, with philosophical concepts of human determining values, superior to personality, and thus indicating a direction of development. Interestingly, as an example of classic philosophical anthropology, the author refers to the concept of a person in the philosophy of the Catholic neotomist Jacques Maritain who believes that human is created in the image of God as a spiritual and bodily unity, and thus as a part of the universe.

On the one hand, each human is free in the moral choice of God's laws, on the other, he is determined by nature and history. Each human being is a pawn of various dependences and influences. Human is therefore dual, on the one hand, with down-to-earth nature, unique individual experiences, weaknesses and vices – and this constitutes an individual. On the other hand, each human is aware of the universal divine good that can be pursued by gradually achieving perfection and becoming a "person". However, in order to become a person, first individuality must be conquered by means of strict discipline, or even asceticism, and innate tendencies and inclinations ought to be mastered.[5]

Here, Jacques Maritain's philosophical position approaches philosophical anthropology of Janusz Tarnowski, revealing the sense of the pedagogue reaching for the René Le Senne's typology of per-

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[4] H. Swida, Personality as a problem of pedagogy…, p. 5.

[5] H. Swida, Personality as a problem of pedagogy…, p. 12.

sonality. Psycho-personal duality of an individual is based on an ideal that obliges human beings to develop themselves, a system of coherent values, which we should aim at when working on our personality. This leads to the necessary confrontation between this ideal, as an educational model, and subjective personality of the pupil.

This is also addressed by H. Swida who writes: (…) *each ideal offered by the external world is subject to an individual perception by the pupil, experienced and interpreted in a characteristic way. Each ideal is thus "internalized" in some way, as a part of the pupil's life, but the question remains, what is the nature of this "internalization"*.[6] The author is aware that the educational ideal imposed from the outside does not have to be accepted by every pupil, and even if it is internalized, not in its pure form. If the ideal of upbringing established by educators is contrary to the personal content of pupils, then (…) *the ideal is thoroughly deformed, changed into the motivational system completely different from pedagogical intentions*.[7]

On the Absence of Rene Le Senne's Psychology of Personality from Contemporary Psychology

The excellent study by J. Tarnowski entitled The secrets of our "self" did not appear in Polish pedagogy despite a very large – for the reality of the Polish People's Republic – edition of copies (10.000). Perhaps, the book reached the circles of Catholic priests, theologians and pastoral psychologists, but it was completely absent from Polish pedagogy and psychology. In order to understand the reasons for this, I have analyzed the Polish psychological literature, including the history of psychology and psychology of personality. In the period of the Polish People's Republic, there is no mention or even reference to the Le Senne's theory of personality.[8]

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[6] H. Swida, Personality as a problem of pedagogy…, p. 21.

[7] H. Swida, Personality as a problem of pedagogy…, p. 41.

[8] J. Pieter, The history of psychology, PWN, Warsaw 1974; T. Tomaszewski (ed.), Psychology, PWN, Warsaw 1976; M.G. Jaroszewski, The history of psychological

It is also absent from contemporary treatises dealing with the theory of personality, both Polish monographs and the works translated from foreign languages. It was a surprise for me that a psychologist of the period of socialism, Olga Kolaříková from the Institute for Research on Social Awareness and Scientific Atheism of the Czechoslovak Academy of Sciences, mentioned the theory.[9] However, the book does not indicate the author's interest in this theory. Kolaříková merely mentions one monograph by a French psychologist from 1945, referring to eight types of personality, and not, as it is assumed in this science, four types: melancholic, choleric, phlegmatic and sanguine. However, if it was not this dissertation of the psychologist from Prague, research on the character and personality by R. La Senne would be completely absent from the circles of psychologists. The fact that the Czech psychologist worked in this Institute could suggest that the reference to this theory of personality was inspired by the political need to cut off this discipline from the French author, who was a psychologist, but above all a professor of humanities dealing with pedagogical psychology, and later the philosophy of spirit and spiritualism at the *Sorbonne University*.

The absence of the theory from psychology must have resulted in its absence from the Polish pedagogical thought, the more so as from the second half of the 20th century, the typology of personality or works on the character development created in the interwar period were reduced or even superseded in order to be replaced with the category of attitudes.[10] The real causes of this silence, however, have their source in Le Senne's philosophical anthropology, and this was particularly visible already in the 21st century.

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thought, PWN, Warsaw 1987; S.L. Rubinsztejn, Fundamentals of general psychology, Book and Knowledge Publishing House, Warsaw 1964; Z. Rosinska, C. Matusewicz, Directions of contemporary psychology, their genesis and development, PWN, Warsaw 1982; J. Strelau, Temperament, personality, action, PWN, Warsaw 1985.

[9] O. Kolaříková, Perspektivy teorie a výzkumu osobnostních vlastností, Prague: ACADEMIA, 1986.

[10] H. Muszynski, The ideal and goals of upbringing. Warsaw, WSiP, 1974.

Philosophical roots of Le Senne's typology of personality

It is not a coincidence that the existential-personalist philosopher reached for this typology, since the concept of „typology" was adopted by psychologists from the philosophy of Plato, for whom "type" (in Greek – typos) meant an imprint, a model for an individual and general being, transcendent, extrasensory and eternal. Aristotle gave this concept a realistic meaning, by indicating the qualities of individuals of a certain species. According to experimental psychologist Wilhelm Wundt, the term "type" meant various human personalities. The contemporary philosophical dissertation by Tadeusz Gadacz reveals to contemporaries the neglected anthropological dimension of this concept.[11] The reconstruction of philosophical sources of R. Le Senne's personality typology was possible thanks to the study of all the works dealing with philosophy of the spirit created by the French philosopher.

The researcher cites essential premises of Le Senne's philosophical anthropology: In order to answer the question*: who is a human being? we have to start with the matrix. According to Le Senne, the Spirit is a matrix, in which everyone is born to experience existence. Before we are human spirits, we are the Spirit itself. The spirit has two dimensions: objective and subjective. The objective spirit "is a relation, indefinitely differentiated, of any experience, past or possible, necessary and predictable or unexpected. Along with experience, the spirit oscillates between a definite situation, in which everything will be given to an individual, and another, where everything will be created by an individual"* [cited: Gadacz, p. 39]. *Le Senne's axiology is closely related to his concept of human and God. Each human being is, on the one hand, defined by character and situations, on the other hand, everyone ultimately strives to be themselves (soi). Soi is the result of our relation with values. Soi is also called by Le Senne a personality. It is shaped by values. It is the value of an individual human being, its axiological dimension. Personality is originality and nobleness of individuality.*

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[11] T. Gadacz, René Le Senne's axiology and Jozef Tischner's axiology, Christian Philosophy, 2011, vol. 8, pp. 37–45.

To the question: who is human? Le Senne replied: "each human being is a self, who in a situation defined by inborn character (…), *and becomes individuality that is manifested in the personal fate* (T. Gadacz 2011, p. 38).

I believe that the transcendent nature of the philosophical and psychological concept of human made that the censorship of the period of the Polish People's Republic prevented J. Tarnowski from introducing the reader of his books into the secrets of spiritual philosophy and spiritual psychology of personality of the French humanist. This is my hypothesis, because the political control body of the Polish People's Republic could consent to the publication of the book on condition that the anthropological justifications of the translation and the adaptation of the Le Senne's typology were removed. Thanks to T. Gadacz, we can recognize the essence of the relationship between the world of spiritual values, human personality and individuality, which was unacceptable to the Marxist regime. This relationship became the foundation for the Le Senne's theory. *Le Senne distinguishes individuality (moi) from personality (soi). If a being (who I am) is expressed in an already defined individuality (moi), personality still contains an open obligation (soi). The undefined self (je) mediates between the defined self (moi) and soi. The "undefined self" is the mediating center between defined self (moi) and obligation (soi). A discrepancy between defined self and obligation means that "self" is still not "myself"*.[12]

Gadacz describes this philosophy of human as *ambivert*; Lech Witkowski probably would call it the dual theory[13], pointing to the ambivalent, mutually contradictory factors conditioning a person, such as the natural determinism of human life over which human has no full control and influence. On the one hand, a person has no power over himself, but on the other, he can control himself through free will, as a result of working on own character. In his work, J. Tarnowski strengthens this perception and appreciation of human potential power in the world in which oneself is not deter-

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[12] T. Gadacz, René Le Senne's axiology…, p. 38.

[13] L. Witkowski, A breakthrough in duality in Polish pedagogy. History, theory, criticism, Krakow: „Impuls" Publishing House, 2013.

mined only by nature, drives and senses, but also by the spirit. The personal "self" must be related to the extra- and intratranscendence that is outside and at the same time inside the person, in the bosom of our spirit.[14]

The deepest human "self" cannot be contained in any psychological formula, because it is a reflection of God, a mystery which deserves the deepest respect. Therefore, the aim of typological procedures is not to "decode" oneself or another person, but to move towards the evangelical ideal, which, according to Le Senne, is mutual understanding leading to love. In the author's opinion, these efforts would be worthless, if they could not help to perfect human deeds.[15]

René Le Senne's pedagogical axiology as a link between psychology and pedagogy

Let us return to the sociological reconstruction of the relationship between pedagogy and personality of human, a pupil, mentioned in the introduction. Hanna Swida believed that the concepts of personality should be placed equally with the concepts of philosophical anthropology. *This observation, which is already a cliché compared to, for example, Freud or Fromm, applies to any general concept of personality. Each of them – although used to describe the functioning of psyche – defines the essence of humanity, thus becoming less philosophical than the concepts that are clearly defined as such.*[16] The sociologist analyzed the function of the concept of personality in pedagogy at the time when J. Tarnowski was adapting Le Senne's typology to pedagogy.

A need to integrate the concept of personality and the educational ideal is important because pedagogy is to deal with shaping

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[14] J. Tarnowski, The secrets of our "self". Typology of personality according to R. Le Senne, Poznan: The Saint Adalbert's bookstore, 1987.

[15] J. Tarnowski, The secrets of our "self"…, p. 7.

[16] H. Swida, Personality as a problem of pedagogy, Wroclaw–Warsaw–Krakow: The Ossolinski National Institute, Publishing House of the Polish Academy of Sciences, 1970, p. 8.

and influencing children, adolescents and even adults, taking into account these factors. *The process of incorporating and realizing the ideal includes the so-called "stratification" of internal life onto mental life (i.e. spontaneous tendencies, emotions, perceptions, moods, aspirations) and personal life, the essence of which is to realize the ideal, and which subordinates or even combats the tendencies and needs of mental life.*[17]

While for Swida the psychological point of view was important to construct the goals of education located in the structures of human personality, and thus free pedagogy from philosophical considerations about human nature abstracting from objective empirical research, J. Tarnowski showed that the inclusion is possible. If we reach for a particular typology of personality, which has been verified diagnostically though experimental methods and in the work of psychologists and philosophers – moralists, we will be able to help people acquire spiritual personality. In my opinion, a scientific value of Le Senne's typology (…) *is primarily based on outlining types that are really close to reality. Openness and flexibility are the advantages of this system – which contains the richness of other classifications and theories (e.g. Corman's morphopsychology) without being torn apart, but improved. It is also valuable that, starting from the analysis of individual dispositions, it synthetically presents the tendencies of individual types, and this serves as a bridge to understanding a human being examined "idiologically", in its unique distinctiveness and exclusivity.*[18]

In his very detailed analysis of René Le Senne's personality typology based on psychobiographical examples, J. Tarnowski has a similar approach to upbringing and self-education. Even though this concept is of high diagnostic value in social sciences, it is not used in the way the author did it in his pastoral and educative mission. *The eight main types, with various subtypes, can be found in our today's home, school, university and workplace.*[19] Tarnowski noticed the pedagogical potential of this tool, which required understanding

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[17] H. Swida, Personality as a problem of pedagogy…, p. 11.

[18] J. Tarnowski, The secrets of our "self". Typology of personality according to R. Le Senne, Poznan: The Saint Adalbert's bookstore, 1987, p. 42.

[19] J. Tarnowski, The secrets of our "self"…, p. 6.

various aspects of the pupils' lives, and supporting their development in discovering own humanity.

It is likely that the R. Le Senne's theory was adopted by J. Tarnowski as a leading theory of his scientific research and catechetical activity, because it proved successful in lectures given by the professor at the Academy of Catholic Theology in Warsaw. The theory was very enthusiastically received by students. This is how J. Tarnowski emphasis its importance: *I have obtained several dozen detailed psychographies, or descriptions of individual personalities, illustrated with facts. The texts prove a high diagnostic value of Le Senne's typology.*[20]

The beginnings of psycho-pedagogical typology of spiritual personality

In this context, the absence of the psychology of spirit from the Polish conditions of dominant behaviourism, i.e. Marxist orthodoxy seems obvious. Today, it is partially hidden behind an allegedly scientific approach to research, scientism or neo-positivism. There is no doubt that doctrinal reasons are partially responsible for the absence of psychology of personality from psychology and pedagogy.[21] The then authorities did not allow any references to religion, transcendence, or spirituality in psychology and pedagogy, because this approach was not considered scientific in the light of orthodox Marxism.

The peculiar absence of the Le Senne's typology from pedagogy stems from referring only to those psychological theories of personality which were consistent with the behavioural approach serving the Marxist-Leninist indoctrination that was the only acceptable in the science of that time. The latter is exemplified at the turn of the 1960s and 1970s by Heliodor Muszynski, who referring to the psy-

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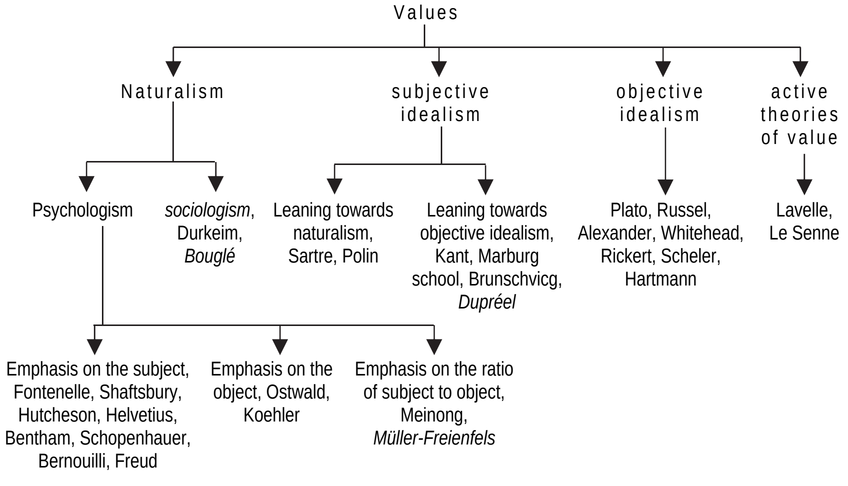
[20] J. Tarnowski, The secrets of our "self"..., pp. 5–6.

[21] B. Sliwerski, Pedagogy on the verge of other social sciences, or a need to return to hybrid scientific disciplines, [in:] Transgressions in education, ed. Wiktor Zlobicki, vol. I, Kraków: „Impuls" Publishing House, 2014.

chological concept of human by William Stern[22], proposed his own typology of attitudes as directional goals of socialist education.[23] The author completely ignored the fact that in 1968 educational philosopher of Lodz, Karol Kotlowski, paid considerable attention to various theories of value, including the theory created by R. Le Senne.[24] Analyzing crystallization of the concept of "value" in non-Marxist philosophy, he was able to smuggle into general pedagogy and education theory of the time the need to include other, non-Marxist philosophies of values, in education. Though impossible to apply at that time, a part of the pedagogical community did not succumb to the indoctrination of communist authorities, and initiated actions of broadly understood contestation, or opposition.



Scheme 1. Non-Marxist theories of value

Source: K. Kotlowski 1968, p. 41.

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[22] H. Muszynski, Introduction to the methodology of pedagogy, Warsaw, PWN, 1970.

[23] H. Muszynski, The ideal and goals of upbringing. Warsaw, WSiP, 1974.

[24] K. Kotlowski, The philosophy of values and the tasks of pedagogy, Wroclaw–Warsaw–Krakow: The Ossolinski National Institute, 1968.

The educator from the University of Lodz was not interested in characterizing the value systems of the authors presented in the diagram. He simply used their works as a source of a definition of values and classification depending on the axiological perspective. In his opinion, most of the typologies of values have roots in the sociology of Wilhelm Dilthey who adopted the trichotomous division of values: good (good of science), truth (ethical good) and beauty (good of art). As ideal beings, they can be understood by abstract thinking, experiencing values, understanding them, as well as through emotions and intuition.

According to Kotlowski, the first group of the theories of value is sociological or psychological naturalism, which (…) *denies all values an independent existence, locating them in the psyche of the subject as pleasures or unpleasantness, caused by various stimuli-objects.*[25] The second group of the philosophy of value consists of subjective theories; the third group are objective theories of value. The first, subjective approach is based on the existence of a perceiving mind, while the second trend points to the embedding of values in things as one of their essential elements, as they are a physical fact.

The Le Senne's philosophy is placed by K. Kotlowski among active theories of value, because they are the result of active formation in the human activity, which is subordinated to microcosmic phenomena aiming at the state of equilibrium. As he writes: (…) *the value can be determined only though living creatures, their needs and wishes, and yet it goes beyond the phenomena of life. Truth, beauty, justice, power and love are by no means ordinary products of organic life. Although spiritual vocation is born only in living people, it would be an absurd to reduce it to the organic development.*[26]

Regardless of theories, the statement of K. Kotlowski is of key importance in the philosophy of value, both in philosophy, psychology, sociology, political science and pedagogy. It may reveal the need to use the pedagogical psychology of the French scientist

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[25] K. Kotlowski, The philosophy of values and the tasks of pedagogy…, p. 34.

[26] K. Kotlowski, The philosophy of values and the tasks of pedagogy…, p. 39.

in educational practice. As Kotlowski wrote: *in fact, an educator does not care much about the more or less subtle differences between various shades of naturalism or idealism, but to what extent a given theory or set of theories of value supports his/her pedagogical postulates. It seems obvious that an idealist educator will try to use the achievements of idealistic thought in the field of axiology, avoiding the materialistic approach, and vice versa.*[27]

René Le Senne's typology of characters

Let us briefly consider the typology of characters by Le Senne (1882–1954) adapted by J. Tarnowski for Polish diagnostics and pedagogical practice. Character *is a part* (…) *of the human psyche which does not change despite all external and internal circumstances.* (…) *it is a set of innate dispositions that create the mental structure of a person.*[28] Character is constant and unchanging, under constant influences it resists any attempt to be changed. Particular types constitute three basic mental dispositions (qualities) – emotionality, activity, primary and secondary function (responsiveness to stimuli), whose degree of mental energy (the lack or intensity) results in differentiation of human personality.

J. Tarnowski points out that the types of character do not exist in reality, but constitute a kind of scaffolding to partially reach the human personality and its secrets, which can be recognized also by referring to (…) *other sciences dealing with the human mental life, such as psychoanalysis, sociopsychology, reflexiology, etc.*[29] Characterizing eight types of personality is therefore the first step to recognize the secrets of our "self", because it starts from understanding individual dispositions, synthetically presenting the tendencies of each of them. The types result from character dominants and make it possi-

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[27] K. Kotlowski, The philosophy of values and the tasks of pedagogy…, p. 43.

[28] J. Tarnowski, The secrets of our "self". Typology of personality according to R. Le Senne, Poznan: The Saint Adalbert's bookstore, 1987, p. 15.

[29] J. Tarnowski, The secrets of our "self"…, p. 43.

ble to understand the direction in which the expression of each *person's individual life* can be shaped.

Nervous – emotional (E), inactive (nA), primary (P) type;
Sentimental – emotional, inactive, secondary (S) type;
Choleric – emotional, active (A), secondary type;
Passionate – emotional, active, secondary type;
Sanguine – unemotional (nE), active, primary type;
Phlegmatic – unemotional, active, secondary type;
Amorphous – unemotional, inactive, primary type;
Apathetic – unemotional, inactive, secondary type [J. Tarnowski 1987, p. 30].

Basic personality dispositions are supplemented with the following qualities:

- polarity (Mars – the tendency to fight or Venus – the tendency to win people over, seduce),
- greed (to be – acquiring, absorbing or having – possessing, collecting),
- sensual experiences (autotelic-tasting, experiencing or hedonistic-seeking pleasure, impressions),
- tenderness (affection or the tendency to get excited)
- sociability (Jupiter – openness, talkativeness or Saturn – isolating from others, becoming withdrawn).

Pedagogical orientation, which J. Tarnowski included in the Le Senne's typology, is the most important and valuable for pedagogy. This includes:

a) *Moral perspectives, i.e. a list of advantages and disadvantages for which a given type is particularly predisposed.*
b) *Educational guidelines that can also be applied in self-education. They help to develop the possibilities contained in the psychological content of a given type, so that individual vocation of each human being is realized.*
c) *Advice on choosing a profession in order to avoid mistakes, with the consequent disappointment, or even a breakdown.*[30]

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[30] J. Tarnowski, The secrets of our "self"…, p. 46.

However, we should not demonize this theory, because there are many other factors that influence the formation of individuality, such as: biogenetic, social and personal influences of the environment of primary socialization, occurring in early childhood, institutional influences of kindergarten, schools and out-of-school impacts, as well as broadly understood social factors, such as nationality, social group and class, profession, material and cultural situation, education, etc.

However, according to the Professor, the atmosphere of childhood is crucial; it can be (…) *friendly, cool or brutal, religious, indifferent or anti-religious, cultural, semi-intellectual or crude*[31] surrounding that leave a mark on child's individuality. Therefore, the author draws attention to the development of not only character as pre-personality, but also individual (subjective) personality, which consists of innate character dispositions and acquired features (individuality), which direct actions towards recognized and internalized values. Finally, the ontological development also includes spiritual personality, which was excluded by behavioural psychology and is nowadays debased by cognitive psychology. Meanwhile, just like subjective personality, it is (…) *not only a fact, but something more, a value. Every person has subjective personality, but only those who devote themselves to the beloved Value and allow themselves to be shaped by this value gain spiritual personality.*[32]

Valuable education involves ethical actions of a person, and not the mere knowledge of values, because it is the values that activate an action. Gadacz quotes the axiological decahedron from one of Le Senne's treatises:

1. *We act for the purpose;*
2. *Every goal reflects the relationship between a value which makes it worthy and the situation which defines it;*
3. *All values exist for our good;*
4. *Each value has two faces: one is seen by the Absolute who made it a value, the other, which is turned towards human, is defined;*

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[31] J. Tarnowski, The secrets of our "self"…, p. 16.

[32] J. Tarnowski, The secrets of our "self"…, p. 18.

Table 1. Characteristics of selected personality types and pedagogical indications

Type of character	Nervous	Phlegmatic	Sanguine	Sentimental
Traits of character	E nA P	nE A S	nE A P	E nA S
Emotionality	Mobility, vivacity, changing moods, hunger for feelings, affectation, reactive impulsivity, disorderly sexual activity	Coldness, composed, patience, sense of humour, unbiased	Absorbs emotions of others, self-control, internal vacuum, takes life as it is, becomes withdrawn, clear-headed, even-tempered	Fear of being ridiculed, misunderstood, strong psychological trauma after being criticized, easily hurt, explosive impulsiveness, hypersensitivity, with hang-ups, strong tendency to introversion and introspection
Activity	Neglects work, often postpones, pretend activity, works in spurts, easily discouraged, impulsiveness, living in the moment, volatility, sociability	Apparent laziness, works solidly, regularly, quietly, secretly, slow pace, dutiful	Practical, likes experiments, chemistry, physics, skilful, sportsman type, likes to make a speech, ready to serve others, works reliably	Inability to compete, careless, indecisiveness, low ambition, tendency to asceticism
Moral perspectives	Magnanimity, joy of life, kindness, honesty, optimism, generosity	Persistent at work, reflectiveness, orderliness, principled, honesty, truthfulness, self-control, justice, prudence, courage, thrifty	Diplomatic skills, sceptical, relativist, affectionate, well-behaved, kind, optimistic, polite, resourceful, even-tempered, agreeable	Delicacy, faithful, reflectiveness, seriousness, dignity, ability to self-analysis, natural distancing from others, nobleness, righteousness, truthfulness, inability to get out of oppression, isolating oneself from others, dislike of new experiences, adaptation, brooding over the past
Possible faults	Weak will, laziness, excessive curiosity, vanity, lying, a flash in the pan, willingness to impress others, disregard for authorities	Passive resistance, becomes withdrawn, avoiding collective activities, excessive criticism of others	Laziness, dislike of metaphysics, unreflecting, craving for money, cunning, tendency to manipulate others, easily loses self-confidence, opportunism, conformism,	Low ambition, excessive self-concern, using lies, arrogance caused by fear of being underestimated, lack of self-confidence, easily gives up, tendency to brooding over the same memories and experiences, fear of novelties

			egoism, calculating, cynicism, malicious, comfort-seeking	
Educational indications	Motivating to fight against faults, care, encourage consistency and perseverance	Do not rush, activate, stimulating self-development, explaining the sense of actions	Improving morality, stimulating activity, providing a valuable peer company, Requires firm leadership, paying attention to self-esteem and self-development	Be careful not to make pedagogical errors, satisfying the need for friendship, awakening hope, stimulating activity, introduce into community, being supportive
Historical figures	Andersen, Chopin, Dostoyevsky, Mozart, Sartre	Bergson, Darwin, Hume, Leibniz, Montaigne, Shaw, Washington	Euripides, Bacon, Einstein, Horace, Machiavelli, Montesquieu, Voltaire	Buddha, Lucretius, Mann, Rousseau, Schopenhauer, Slowacki

Source: own study based on: J. Tarnowski 1987.

Table 2. Characteristics of selected personality types and pedagogical indications

Type of character	Passionate	Amorphous	Apathetic	Choleric
Traits of character	E A S	nE nA P	nE nA S	E A P
Emotionality	Passion is predominant, realization ambition, idealist, impulsiveness, tenderness, courage, lush sex life, disciplined energy	Very introverted, calm, composed	Low level of emotions, energy, vitality, poor inner life, cool sentimentally, gloomy	Enthusiast, boldness, madness, joy, optimism, intense feelings
Activity	Treats school and work seriously, does not like to waste time, asceticism, works for the long-term goals, natural eagerness to self-education, serving others	Inactivity, self-control in danger, likes to eat and drink, sleep, laziness, short-term efforts, artistic talent, likes team games	Reticence, lifelessness, works because of the sense of duty, plays because of the sense of duty, fleeting interests	Tireless, never bored, realist, puts ideals into practice, spontaneous, expansive, enormously diligent
Moral perspectives	A passion for family life, ambition, determination, willingness to sacrifice, self-control, patriotism, religiosity, authoritativeness, pride, always right, honest, truthful, punctual, thrifty, persistent, tough, kind-hearted	Carelessness, sluggishness, static courage, lives in the moment, connoisseur, conformist, sociable, optimist, disorderly life, obedience, objective	Calm, stable, serious, frugal, restrained, discretion, likes loneliness, faithful, honest, regular lifestyle, diligent, likes cleanliness, polite, quiet, adheres to the rules	Trusting, silent, not griping, passion for life, strength, vitality, regular lifestyle, openness, generosity, reformer, rebel, disregard for imposed rules, spontaneity, determination, enthusiasm, trust
Possible faults	Hot-headedness, keeping a distance, despising others, pride, criticism of superiors, reluctance to team work, striving for independence, severity, using unethical means to achieve goals	Egoism, succumbing to whims, laziness, carelessness, softness, extravagance, unpunctual, indifferent to ideals, hedonist	Apathy, inertia of mind and will, meanness, automatism, pedantry, stubbornness, pessimism, gloom, coldness, cruelty, aversion to novelty, selfishness	Impatience, hot-headedness, superficiality, overconfidence, willingness to gain honours, a tendency to order others, a desire for popularity, chaotic, a tendency to exaggerate

Educational indications	Dislike of interference in personal matters of others, an educator must be an authority, destructive to others and himself/herself; be careful not to develop hatred, help in sublimation of activities, calm down, prevent overworking, help in fighting prejudices, avoid competition, take advantage of natural pride and ambition	Strengthen ambition and aspirations, encourage spiritual development in order to reduce hedonism, do not pamper, prevent sexual abuse, introduce environmental changes, interact through a group, publicly	Kindle feelings, stimulate energy, ensure kindness, encourage friendship with living creatures, avoid formalism, develop courage, encourage effort	Inclusion in serving others, help to find vocation, sensitize to negative influences, encourage fair rivalry
Historical figures	St. Augustine, Beethoven, Napoleon Bonaparte, Saint John Bosco, Churchill, Dante, De Gaule, Goethe, Descartes, Newton, Nietzsche, Paderewski, Pasteur, Pilsudski	Lafontaine, King of England George IV	King of France Louis XIV	Danton, Balzac, Casanova, Diderot, Dickens, Mussolini, Muhammad

Source: own study based on: J. Tarnowski 1987.

5. *Defining a value, understood as negation [any expression is negation], if we conform to it, transforms our attachment to values into fanaticism (an artist ridicules a moralist, a sage ignores love, etc.);*
6. *If we want to defend ourselves against fanaticism, recognizing the solidarity of values, we have to go beyond defined, humanized values, towards an indivisible and infinite value, an absolute value;*
7. *The supreme value is transcendent to our human experience;*
8. *Apart from adherence to certain values, human should deepen and enlarge unity with the Absolute Value;*
9. *Metaphysical life is mediated by metaphysical doctrines;*
10. *Therefore, beyond doctrinal metaphysics, there is a place for existential metaphysics aimed at giving human a dialectic in order to direct us towards the Absolute.*[33]

There is no worthless education, therefore J. Tarnowski took into account the specificity of the psychological structure of individual "self" in order to support the pursuit of our (…) *"spiritual centre", that is God's dwelling, both in oneself and in another human.*[34] The author presents in the tabular form the main points of support, greatest danger, main direction and specific tasks for candidates for priests. A similar set can be prepared for work with students in school or with scouts in a scout team. Both upbringing and self-education should promote a fuller development of possibilities contained in the character, but without stigmatizing, because there are no pure personality types. The test result (…) *is not the finishing line, but merely the beginning of the cognitive work, in which putting labels like "choleric", "phlegmatic" etc. should be avoided.*[35]

Understanding the secrets of "self" becomes the starting point for better self-understanding, high self-esteem and self-realization. It has been described in the tables below.

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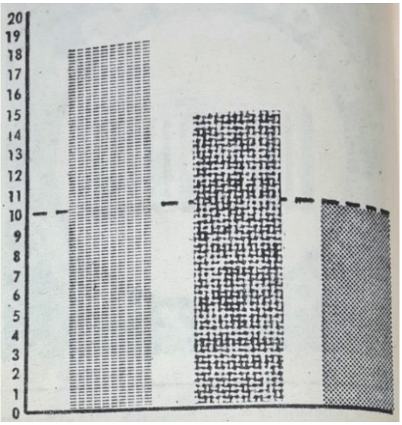
[33] T. Gadacz, René Le Senne's axiology and Jozef Tischner's axiology, Christian Philosophy, 2011, vol. 8, p. 40.

[34] J. Tarnowski, The secrets of our "self". Typology of personality according to R. Le Senne, Poznan: The Saint Adalbert's bookstore, 1987, p. 361.

[35] J. Tarnowski, The secrets of our "self"…, p. 319.

Conclusions

The reconstruction of the sources of René Le Senne's theory of personality, presenting its unique application in pedagogy published by Janusz Tarnowski [see J. Tarnowski 1984] and still unsatisfactory reception of the topic may be subject to secondary analysis, empirical verification, and, importantly, further psychobiographical research in the quantitative and qualitative research paradigm. I used the theory in my work with the Polish Scouting and Guiding Association instructors at the turn of the 1970s and 1980s. I remember the sense of adequacy they felt between the diagnosis of the result, self-awareness and self-esteem.



Scheme 2. An example of my psychogram – Passionate (E, A, S)

Source: W. Śliwerski 1979, p. 2.

I hope this typology will flourish and be practically applied in society, because over the last decades we have rather focused on partial understanding of human life determinants and developed through the prism of various types of intelligence and competences. Unfortunately, these actions were detached from the spiritual sphere, the world of values and prevented from internalisation of these aspects in the process of upbringing and educating young generations. As J. Tarnowski writes: *the most important issue in the first contact with a pupil or a group is to enter their world with full, not pretended, but genuine interest and kindness. It is about showing empathy, so that they feel our respect and understanding, and making a good first impression.*[36]

Janusz Tarnowski's study postulates getting rid of our false ideas about ourselves. *Building a positive image of ourselves is not only about increasing self-esteem, learning optimism and self-confidence, but also about learning how to change fixed convictions about ourselves, self-defining and overcoming fears of real or imaginary difficulties.*[37] In the course of ontogenesis, each person enters a relationship with values and creates individual personality. Pedagogy with its professional staff and social support should reach the inner depth, the core of a person, the bosom of the existence of pupils, students, etc. and help them in opening to the "depth of the essence" of humanity; in the case of believers, Christians, help them voluntarily submit to God's "guidance". *According to Le Senne, freedom is given to us for our good, but good can be achieved only through freedom.*[38]

Nobody will learn to educate others if they do not respect freedom and spirituality. This process requires freedom as well as mutual openness of educators and pupils, not only to their own personality, but also to values and unpredictable situations created by unique personalities. *The "walker"-educator cannot move forward without a clear purpose. If not guided by particular values – a guiding star, he/she is in danger of wandering around the laps of life along with his/her students.*[39] Values oblige, encourage, inspire, guide a person along the paths of development. They guide us in our thinking and ac-

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[36] J. Tarnowski, How to educate? Cross-examination, Zabki: Publishing House of the *Pallottinum* Apostolicum, 2003, p. 175.

[37] S. Siek, The formation of personality, Warsaw: Academy of Catholic Theology, 1986, p. 327.

[38] T. Gadacz, René Le Senne's axiology and Jozef Tischner's axiology, Christian Philosophy, 2011, vol. 8, p. 44.

[39] J. Tarnowski, How to educate? Warsaw: Publishing House of the Academy of Catholic Theology, 1993, p. 58.

tions on a daily basis, at the same time, they have a dialogical character allowing to create relations with ourselves, the world, others and God who is an absolute, transcendent and immanent value.

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MARCIN WLAZŁO
University of Szczecin, Poland

Women's Disability Studies – Sources and Chosen Aspects of Discourse

ABSTRACT: Marcin Wlazło, *Women's Disability Studies – Sources and Chosen Aspects of Discourse*. Interdisciplinary Contexts of Special Pedagogy, no. 31, Poznań 2020. Pp. 31–44. Adam Mickiewicz University Press. ISSN 2300-391X. e-ISSN 2658-283X. DOI: https://doi.org/10.14746/ikps.2020.31.02

The article presents the genesis of women's disability studies as an academic and social activity of women with disabilities who pointed out that their experiences were ignored both in general disability studies and in the feminist discourse. The contemporary aspects of women's disability studies are presented on the example of discourses on the body, violence against women with disabilities and their economic situation. The aim of the article is to present women's disability studies in a context that goes beyond the analyses focused on Europe or the United States of America and broadens the area of interest to include the experiences of women with disabilities in the countries of the Global South.

KEY WORDS: femininity, feminism, disability, women's studies, disability studies

Sources of women's disability studies[1]

The emergence of a discourse on the situation and experiences of women with disabilities in the field of disability studies was a natural consequence of perceiving the limitations of analyses characterised by a male perspective on the one hand and those aspects of feminism which in their essence were contrary to the experience of disability, on the other hand. The initial assumption of the theory and research on women with disabilities was the ascertainment of "double discrimination" – by gender and level of able-bodiedness.[2] The specificity of the disadvantageous position of women with disabilities is therefore revealed both in comparison with men with disabilities and women without disabilities. In Colin Barnes and Geof Mercer's[3] short presentation on gender and disability intersection, the sources of this intersection have been clearly identified, i.e. in addition to the general consequences of disability, also those factors which relate femininity not only to socially and economically dominant masculinity, but also to a feminist vision of

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[1] The article is devoted, among other things, to recalling the relationship between the feminist movement and the separate discourse within disability studies (scientific, journalistic, artistic), which was and is communicated primarily by women with disabilities. For this reason, the adjective "feminine/women's" rather than "feminist" disability studies was intentionally used to express the more general dimension of this specific discourse, which has contributed (as before, in the case of racial studies) to the intersectional transformation of feminism. Therefore I also propose the notion "disability studies" rather than "studies about disability" which corresponds to the English term *disability studies* and is devoid of the subtext of dominance not only over the phenomenon, but also over people whose experiences and identities are closely linked to the phenomenon (more extensive justification can be found in: N. Pamuła, M. Szarota, M. Usienkiewicz, "*Nic o nas bez nas*", "Studia de Cultura" 2018, no 10(1), pp. 4–12; J. Rzeźnicka-Krupa, *Społeczne ontologie niepełnosprawności. Ciało. Tożsamość. Performatywność,* "Impuls", Kraków 2019, pp. 12–13.

[2] Cf. M. Fine, A. Asch (Eds.), *Women with disabilities: Essays in psychology, culture, and politics,* Temple University Press, Philadelphia 1988.

[3] C. Barnes, G. Mercer, *Niepełnosprawność,* transl. by P. Morawski. Wyd. Sic! Warszawa 2008, pp. 73–74.

femininity based on cause, independence and overcoming the rigidity of gender-related social roles.

Meanwhile, the spheres of life in which women with disabilities encounter additional difficulties were already defined at the turn of the 1970s and 1980s in the work of Jo Campling[4], an attorney and a person without disabilities, one of the first people to become an active and professional ally and advocate of people with disabilities.[5] In the first of these publications, Campling presented key aspects of the daily lives of women with disabilities, pointing out the difficulties, limitations and obstacles that also result from the social perception of female disability. According to Campling, the areas of life which significantly shape the experience of women with disabilities are: interpersonal relationships, sexuality and self-image, menstruation and menopause, contraception, pregnancy and motherhood, the economic situation, clothes, home life, education and employment. In the context of the ambiguous relations between women's studies on disability and feminism, it is worth noting that this publication, which was initiatory for this trend, was published by the Virago Publishing House, which has been continuously promoting "women's texts for all" since 1973, and in Jo Campling's "Better Lives for Disabled Women" from 1979 it included the following note: "It is only when women start to organize in large numbers that we , become a political force, and begin to move to-

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[4] J. Campling, *Better Lives for Disabled Women*, Virago, London 1979; J. Campling, *Images of Ourselves: Women with Disabilities Talking*, Routledge and Kegan Paul, London 1981.

[5] The dedication included in this publication results from Campling's personal, albeit indirect, experience of disability as a daughter whose mother was a person with a disability from the age of three. The child-parent relationship and vice versa are important contexts for the development of advocacy attitudes towards the rights and issues of people with disabilities, often accompanied by extensive scientific reflection and an original concept of disability. This trend includes the works of e.g. Lennard J. Davis, a child of deaf parents, a key representative of cultural studies on disability, or the publications of Elżbieta Zakrzewska-Manerys, the mother of a person with Down syndrome and a precursor of Polish qualitative, sociological studies on disability.

wards the possibility of a truly democratic society in which every human being can be brave, responsible, thinking and diligent in the struggle to live at once freely and unselfishly".[6] The readers of this publication are introduced to the context of detailed analyses of the situation of women with disabilities by a statement by Mary Greaves, a disabled British economist, activist for comprehensive social security of people with disabilities and their presence on the labour market, author of a work published in 1969, entitled "Work and Disability"[7]: "I was just an ordinary little girl with fair curly hair wearing pretty dresses made by my mother until suddenly, one day in November, when I was three-and-a-half years old I ceased being a little girl and became a 'polio'. Just a few hours and I was 'neutered' –a sexless little creature".[8] The above mentioned statement outlines two important aspects of the then-created women's disability studies – the first one is an unambiguous entry into the process of awareness and socio-political changes, which linked the postulate "nothing about us without us" with the participatory model of everyday life and social activity of people with disabilities[9], the second one – the importance of the age aspect (the situation of little girls and girls with disabilities) as an important intersection in women's disability studies.

Giving a voice to women with disabilities, who talk about their experiences, is a basic methodological direction adopted by disability studies from the very beginning, expressed by Jo Campling in her second publication, under a clearly "narrative" title: "Images of Ourselves: Women with Disabilities Talking". The book contains transcriptions of the statements of 24 women of different ages and with different types of disabilities, constituting a collection of texts

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[6] J. Campling, *Better Lives for Disabled Women*, Virago, London 1979, p. 4.

[7] M. Greaves, *Work and disability: some aspects of the employment of disabled persons in Great Britain,* British Council for Rehabilitation of the Disabled, London 1969.

[8] J. Campling, *Better Lives for Disabled Women*, Virago, London 1979, p. 5.

[9] Zob. J.I. Charlton, *Nothing About Us Without Us. Disability Oppression and Empowerment*, University of California Press, Oakland 2000; N. Pamuła, M. Szarota, M. Usienkiewicz, *"Nic o nas bez nas"*, "Studia de Cultura" 2018, no 10(1), pp. 4–12.

that are more like reportage rather than scientific texts, but which thus fulfil the basic postulate of direct reference in disability studies to the experiences expressed in autobiographical narratives. In any of the life stories of women with disabilities presented in the Campling study, we find key issues both from 40 years ago, when the stories were written, and today, when issues such as sexuality and motherhood, personal freedom and decision-making autonomy, medical care and social support are the spheres that still reduce a woman with a disability to a person who has incomplete rights, who is limited rather by ablistic principles and social formations than her state of health and physical fitness. It is therefore worthwhile, for example, to compare data from the Polish report of 2019 entitled "When a woman comes to the doctor. Accessibility of gynaecological services for women with disabilities – report from the study"[10] with one of many similar statements made by Campling in 1981:

> "How could you do it?' was a question which had many nuances and was put to me by many people, during and after my pregnancy. The GP wondered how I could have had intercourse in my 'predicament' (as a good friend invariably describes my situation). The gynaecologist wondered how it was socially possible for me to bring up a child, and social services merely stood on the side-lines, not offering any practical help but making me feel they were wondering how I would maintain myself and my child in the community, waiting for the first opportunity to take my child away from me. I went so far as to ban the social worker from the house after my baby was born because they had been so unhelpful to me during my pregnancy and I did not wish to support their professional voyeurism. You see, not only was it immoral to be an unmarried mother but it was doubly immoral to be an unmarried

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[10] *Przychodzi baba do lekarza. Dostępność usług ginekologicznych dla kobiet z niepełnosprawnościami – raport z badania* [When a woman comes to the doctor. Availability of gynaecological services for women with disabilities – research report], Kulawa Warszawa Foundation, available at: file:///C:/Users/konfe/Downloads/Fundacja_Kulawa_Warszawa_dost%C4%99pno%C5%9B%C4%87_gabinet%C3%B3w_gineko logicznych.pdf [27.08.2020].

> mother AND a severely disabled person daring to produce a child – a normal, healthy, beautiful child”.[11]

The “Report” of the “Kulawa Warszawa” Foundation, prepared in accordance with the assumptions of intersectional feminism, presents data from 18 interviews with women with different types of disabilities. As a result, a complex, fairly cross-sectional picture of experiences was obtained, authorising the authors of the study to draw conclusions and formulate recommendations. The first conclusion is actually an expression of the permanence of the sources of women’s disability studies, as it states that “in medical care, there are problems specific to the group of women with disabilities that are not encountered by men and women without disabilities”.[12] The inaccessibility of medical services for women with disabilities is linked both to the physical inadequacy of space, transport difficulties and the spectrum of social barriers – from communication difficulties, through limited access to information, to overt reluctance, objectification and influencing personal choices and decisions.

> I asked him [the doctor] about the possibility of getting pregnant, what it would be like, asked him to assess the real chances and so on. He said that I was crazy and in general, that in my case it is absurd that I should want to be pregnant, have a baby, because I am in a wheelchair, and you have to do ultrasound tests all the time and he basically yelled at me. He behaved a bit non-humanely and did not act like a doctor worthy of a woman’s visit. After this visit, I immediately looked for another gynaecologist.[13]

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[11] J. Campling, *Images of Ourselves: Women with Disabilities Talking*, Routledge and Kegan Paul, London 1981, pp. 62–63.

[12] *Przychodzi baba do lekarza. Dostępność usług ginekologicznych dla kobiet z niepełnosprawnościami – raport z badania* [When a woman comes to the doctor. Availability of gynaecological services for women with disabilities – research report], Kulawa Warszawa Foundation, available at: file:///C:/Users/konfe/Downloads/Fundacja_Kulawa_Warszawa_dost%C4%99pno%C5%9B%C4%87_gabinet%C3%B3w_ginekologicznych.pdf [27.08.2020], p. 46.

[13] *Przychodzi baba do lekarza. Dostępność usług ginekologicznych dla kobiet z niepełnosprawnościami – raport z badania* [When a woman comes to the doctor. Availability

The aim of studies presenting the experiences of women with disabilities has not changed over the decades between the first works of this type and contemporary reports – it is to combine the identification of sources and mechanisms of oppression (on the basis of gender, able-bodiedness or age) with a critical analysis of reality and the formulation of demands to the relevant entities, having real references to the needs of women with disabilities. The aforementioned report enabled, among other things, an in-depth analysis of the concept of "accessible gynaecological service", which – according to the recommendation – should be defined taking into account the mechanisms of prevention of barriers revealed in the study, i.e. architectural barriers, in terms of accessibility to information, communication, resulting from a lack of support and application of real improvements, awareness and resulting from a lack of knowledge.[14]

The body, violence and economics – permanent aspects of women's disability studies

Within the framework of women's disability studies, there has been a specific strengthening of the category of corporeality, which, according to the initial assumption of this discourse, was formulated differently both by men with disabilities and women without disabilities. The radical separation of biological bodily impairment and disability, understood as the effect of social barriers, has un-

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of gynaecological services for women with disabilities – research report], Kulawa Warszawa Foundation, available at: file:///C:/Users/konfe/Downloads/Fundacja_Kulawa_Warszawa_dost%C4%99pno%C5%9B%C4%87_gabinet%C3%B3w_ginekologicznych.pdf [27.08.2020], p. 33.

[14] *Przychodzi baba do lekarza. Dostępność usług ginekologicznych dla kobiet z niepełnosprawnościami – raport z badania* [When a woman comes to the doctor. Availability of gynaecological services for women with disabilities – research report], Kulawa Warszawa Foundation, available at: file:///C:/Users/konfe/Downloads/Fundacja_Kulawa_Warszawa_dost%C4%99pno%C5%9B%C4%87_gabinet%C3%B3w_ginekologicznych.pdf [27.08.2020], pp. 50–52.

doubtedly contributed to the (initially fully justified) importance and popularity of the social model of disability, but it was women with disabilities that most fully expressed their reservations about the "Cartesian division", which gave a reductionist character especially to the early social model.[15] Bodily impairment is to be considered as a real state of corporeality, which means, in more recent versions of the 'sociology of impairment' that it is as important and complex as disability, hence "impairment is not simply a personal, apolitical experience; it is shaped by inequalities and is therefore always deeply entangled in politics".[16] This thesis finds its credibility in the statements of women with disabilities who, like Liz Crow, a British artist and activist, declare that "most of us cannot simply pretend that the impairment is irrelevant because it affects every aspect of our lives".[17] The same author also writes about the experience of corporeality in connection with impairment, which was not discussed in the reduced version of the social model: "The experience of impairment is not always irrelevant, neutral or positive. How can it be when it is the very reason used to justify the oppression we are battling against? How can it be when pain, fatigue, depression and chronic illness are constant facts of life for many of us?"[18]

The approach to corporeality in women's disability studies bears the hallmarks of eclecticism, which "combines the subjective experience or phenomenology of carnality with the power of social discourse in constructing the body".[19] This discourse therefore forms part of the post-constructive transformation of the social model of disability, the main dimension of which is to move away

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[15] Cf. B. Hughes, K. Paterson, *The social model of disability and disappearing body: towards sociology of impairment*, "Disability and Society" 1997, no. 12(3), pp. 325–340.

[16] M. Sherry, *A sociology of impairment*, "Disability and Society" 2016, DOI: 10.1080/09687599.2016.1203290, p. 1.

[17] L. Crow, *Renewing the social model of disability*, [in:] J. Morris (ed.), *Encounters with strangers: Feminism and disability*, Rutledge, London 1996, p. 7.

[18] L. Crow, *Renewing the social model of disability*, [in:] J. Morris (ed.), *Encounters with strangers: Feminism and disability*, Rutledge, London 1996, p. 4.

[19] C. Barnes, G. Mercer, *Niepełnosprawność*, transl. by P. Morawski. Wyd. Sic! Warszawa 2008, p. 104.

from a generalisation of the categories of experience of corporeality and impairment towards a more differentiated treatment of the effects of lack of mobility or reduced mobility. This approach also makes it possible to effectively incorporate new threads into analyses of the situation and experiences of women with disabilities. Violence against women with disabilities or their economic situation, which will be outlined for further consideration, are not, of course, new phenomena in a chronological sense, but are examples of further social issues marginalised both in general disability studies and in feminist studies. It is also important to stress that the appropriate empowerment of these issues is correlated with a significant change in general studies on disability, which has been associated with a move away from analyses focused solely on the experiences of people with disabilities from the countries of the rich North (Europe and the United States) and the recognition of the completely different specificity of the problems of this group of people in the countries of the global South.[20]

The texts of researchers and activists with disabilities, such as Anita Ghai, representing Indian or, more broadly, South Asian disability studies, should therefore be analyzed in a completely new light. Once again, the discourse on the situation of women with disabilities has been placed at the intersection of their exclusion from both feminist discourse and male-dominated disability studies. Ghai is fully aware that the rich and liberal countries of the West and the North have already reached the stage of "recognising the problem" and are struggling with different types of disadvantages, than the part of the world which, culturally and economically, shapes the experience of women with disabilities completely differently. Patriarchalism, castration and classism of the Indian society affect not only the everyday situation of women with disabilities, but also characterise the movement of people with disabilities in India, which further excludes women with disabilities from more active forms of fighting for their rights. Anita Ghai illustrates

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[20] Cf. D. Goodley, *Dis/ability studies. Theorising ablism and disablism*, Routledge, London 2014.

the repeated stigmatization of women with disabilities in India by the meaning of the Hindi literal translation of the English phrase *woman with disability*, which is best reflected by the phrase: "not only a woman, but also a disabled person".[21]

The situation of women in India is an international phenomenon, which is also reflected in the Polish media[22], although the cause of media interest are most often brutal rapes, triggering waves of protest not only against specific cases of violence, but also against the constantly worsening position of women in a society that combines progressiveness and modernity with ultra-conservative attitudes. For this reason, feminist activity in India repeats the pattern of the particular activity of educated and economically independent women, who are also victims of violence, but who are able to oppose negative phenomena and develop campaigns in defence of their rights. Ghai refers to this pattern, highlighting the extremely bad position of women with disabilities, who are the "worst caste" in the social structure of India, also overlooked in feminist discourse – "in a culture where being a daughter is a curse, being a disabled daughter is worse than death".[23]

In the report for the Latin American and Caribbean area of 2019 on violence against women and girls with disabilities[24], the quantification of specific types of violence (sexual, physical, psychological, economic) is accompanied by the identification of equally specific lack in services and services related to the prevention of violence against women and girls. The institutions providing assistance to women experiencing violence in the countries surveyed are inacces-

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[21] A. Ghai, *Disabled Women: An Excluded Agenda of Indian Feminism*, "Hypatia" 2002, vol. 17, no. 3, p. 53.

[22] Cf. P. Wilk, *Ofiary selekcji*, „Polityka" 2018, no 10 (3151), pp. 45–46.

[23] A. Ghai, *Disabled Women: An Excluded Agenda of Indian Feminism*, "Hypatia" 2002, vol. 17, no. 3, p. 53.

[24] L. Marques et al., *Violence against Women and Girls with Disabilities: Latin America and the Caribbean*. Gender and Diversity Division, Social Sector, Inter-American Development Bank 2019, available at: file:///C:/Users/konfe/OneDrive/Pulpit/Kobieco%C5%9B%C4%87/Violence_against_Women_and_Girls_with_Disabilities_Latin_America_and_the_Caribbean_en_en.pdf [3.09.2020].

sible to women with disabilities due to architectural barriers, lack of information in Braille language or a sign language interpreter. The staff of these institutions usually do not have any competence to respond to the specifics of people with disabilities (especially intellectual disabilities). In the case of institutional care, there are no clear procedures for preventing and reporting violence, and according to numerous studies, the perpetrator is most often an immediate family member or an employee of the care institution.[25] This situation, in turn, translates into a lack of adequate response from the police and the justice system, as cases of violence against women are not reported at all or the information is subject to a family or institutional filter. The list of negligence and omissions concludes the point on the lack of adequate care and support for the sexual and reproductive health of women and girls with disabilities.[26] Selected issues from the report concerning e.g. countries such as Uruguay, Costa Rica, Mexico and Argentina, should be compared with the aforementioned Polish report of the "Kulawa Warszawa" Foundation, in order to better understand that the lack of accessibility to specific services due to disability may be treated as a violent experience.

The economic aspect of women's disability studies reflects the diversity of problems of developed and underdeveloped countries. The general assumption of disability studies is that "in rich countries, people with disabilities are economically threatened by the expansion of the free market, population growth, the scale and professionalisation of social and educational services, and the growing need for intellectual and physical capacity to work".[27] Shedding

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[25] Cf. M. Sherry, *Disability Hate Crimes: Does Anyone Really Hate Disabled People?*, Ashgate, Surrey 2010.

[26] L. Marques et al., *Violence against Women and Girls with Disabilities: Latin America and the Caribbean*. Gender and Diversity Division, Social Sector, Inter-American Development Bank 2019, available at: file:///C:/Users/konfe/OneDrive/Pulpit/Kobieco%C5%9B%C4%87/Violence_against_Women_and_Girls_with_Disabilities_Latin_America_and_the_Caribbean_en_en.pdf [3.09.2020].

[27] D. Goodley, *Disability Studies: An Interdisciplinary Introduction*, Sage Publications Ltd., London 2011, p. 2.

light on the real experiences of women with disabilities in the Indian culture corresponds, in Anita Ghai's texts, to economic themes which are part of the broader context of reflection on the situation of people with disabilities in third world countries. Ghai sees poverty as "the most dangerous and common threat to people with disabilities"[28], and it is precisely the prevalence of this phenomenon that makes it disappear, becoming a permanent feature of the description of disability.

Economic figures leave no doubt that the situation of women varies according to where they live. The World Economic Forum 2020 report on the global approach to gender gaps ("Global Gender Gap"),[29] states that in the economic area, the gap between men and women, known as the wage gap, will be eliminated in 257 years' time. Iceland, Norway and Finland are at the top of the ranking of countries with the smallest inequalities in this area (with issues of political participation, access to education and health care added to the economic area), while the countries of the East Asia-Pacific region have the worst situation, and it will take at least 163 years for them to equalise the position of women in society.[30]

A commentary to the information presented, as well as a summary of the problems outlined in this text, is a statement by Rosemarie Garland-Thomson, who, in defining her own aspects of feminist disability studies, i.e. representation, body, identity and activism, wrote in the context of the former: "Many parallels exist between the social meanings attributed to female bodies and those assigned to disabled bodies. Both are cast as deviant and inferior; both are excluded from full participation in public as well as economic life; both are defined in opposition to a norm that is assumed to possess natural physical superiority".[31] The inevitable conse-

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[28] A. Ghai, *Marginalization and Disability: Experiences from the Third World*, [in:] M. Priestley (ed.), *Disability and the life course*, Cambridge University Press, Cambridge 2001, pp. 26–37.

[29] *Global Gender Gap. Report 2020*, World Economic Forum, Geneva 2020.

[30] *Global Gender Gap. Report 2020*, World Economic Forum, Geneva 2020, p. 6.

[31] R. Garland-Thomson, *Re-shaping, Re-thinking, Re-defining: Feminist Disability Studies*, Center for Women Policy Studies, Washington, DC 2001, p. 7.

quence of such a definition and positioning of the female body and/or the body with disabilities has been to confront women's disability studies with economic neoliberalism[32] as a doctrine that strengthens the objectification and marketability of bodies, accompanied by interdependent processes of aestheticisation and cyborgisation of disability. These issues are undoubtedly an important part of contemporary studies on human corporeality, in which women's disability studies play a significant part.

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[32] Cf. A. Lipski, *Problem osób niepełnosprawnych w warunkach dyskursu ekonomii neoliberalnej*, "Problemy Edukacji, Rehabilitacji i Socjalizacji Osób Niepełnosprawnych" 2018, Vol. 27, no 2, pp. 29–59.

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ANNA GUTOWSKA

University of Lodz, Poland

Masculinity from the perspective of men with intellectual disability

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Current scientific publications present different paradigms of masculinity, but research in this area is a relatively new perspective. However, the specific nature of the everyday experience of people with intellectual disability is still neglected and unrecognised. The aim of this article is to show the concept of masculinity from the perspective of men with intellectual disability. The research is placed in the stream of qualitative research using a case study as a method. The subject of the research covers the statements of men with intellectual disability concerning masculinity. The analysis of the research material obtained from 12 interviews allowed for the identification of four types of masculinity.

KEY WORDS: masculinity, intellectual disability, types of masculinity

Introduction

Sex is one of the most important aspects of self-image. It allows for the identification, classification and categorisation of people into women and men. It is necessary to build knowledge about oneself, ideas, but also to design the future. Therefore, it is worth investigating how men with intellectual disability perceive sex as a concept and their characteristic, because this issue seems not only important, but also neglected in the source literature. It is worth noting that in considerations about people with intellectual disability, the impersonal form is most often used, and after all the sex of these people does not disappear after the diagnosis and is undoubtedly one of the main elements of building their identity. Therefore, it is necessary to thoroughly explore the specific nature of everyday experience of people with intellectual disability and include it in the discourse of special andragogy. The aim of this article is to show the concept of masculinity from the perspective of men with intellectual disability.

Gender as a complex psychosocial construct

The problem of sex can be considered from various perspectives, but mainly from two main ones: one provides essentialism that derives masculinity and femininity from "natural", biological features, and then sex relates to the physiological and anatomical features of sexuality, and the other one is base on social constructivism, which assumes that differences are the result of significantly different social and cultural influences on men and women. In each of these perspectives, the fundamental issue includes the differences that exist between the sexes. Because of the ambiguity of the concept of "sex differences", and due to the fact that it implies their biological basis, the concept of sex was replaced by another term, that is gender. It is assumed that the term describes the features and behaviours considered appropriate in a given culture for men or women. As such, it constitutes a social label that encompasses both characteristics assigned to a given sex by a society and those that people perceive in themselves. This is well expressed in the definition of "gender" by C. Sheriff, according to which it is "a schema for the social categorisation of individuals.[1] It should be noted that

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[1] L. Brannon, Psychologia rodzaju. Kobiety i mężczyźni: podobni czy różni, Gdańsk, 2002, p. 34.

"gender" as a psychological and cultural category may be completely independent of biological sex, and may even be contrary to it.

In modern science at least four types of gender are distinguished: biological, psychological, social and cultural one.[2] The term of biological gender primarily refers to the anatomical differences that result from sexual dimorphism. These differences, mainly related to body structure, include anatomical, hormonal and reproductive functions and are independent of social factors. Psychological gender is shaped by a combination of biological and social factors. The results of numerous scientific studies carried out in the last two decades[3] have resulted in significant changes in the perception of psychological gender. The postulate about the dichotomy of social roles, according to which femininity and masculinity constituted the bipolar dimen-

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[2] The following criteria are used to determine human sex:

1) chromosomal (genotypic) sex – males have a karyotype of 46, XY, and females have a karyotype of 46, XX (karyotypes with abnormal sex chromosome configuration also occur)
2) gonadal sex – presence of gonads (testes in males, ovaries in females)
3) Internal sex (gonadophoric) – the presence of primary gonadal ducts (in males the Wolff ducts produce the vas deferens, in females the Müller ducts produce the fallopian tubes, the uterus and the distal part of the vagina)
4) external sex – external genital organs, penis in males and vulva in females
5) Phenotypic sex (somatotypic, biotypic) – secondary and tertiary sex characteristics present in an adult individual
6) The relationship between the relative amounts of secreted sex hormones (androgens predominate in males and estrogens in females)
7) metabolic sex – enzymatic apparatus characteristic of certain metabolic systems
8) social sex (metric, legal) – to determine the performance of male or female role, determined by the external reproductive organs at birth
9) cerebral sex – differentiation of the brain in terms of endocrine function of the hypothalamus and pituitary gland
10) psychological sex – identification with male or female sex, a sense of belonging to a particular sex.

[3] K. Donnelly, J.M. Twenge, Masculine and feminine traits on the bem sex-role inventory, 1993–2012: A cross-temporal meta-analysis, "Sex Roles" 2016, pp. 1–10; E. Mandal, Kobiecość i męskość, Warszawa, 2003.

sion of one continuum was rejected. Sandra Lipsitz-Bem, who rejected the division into male and female attributes, significantly verified the concept of psychological gender. The author assumed that femininity and masculinity constitute two separate personality dimensions and are not in opposition to each other.[4] The definitions of femininity and masculinity include a gender-specific compilation of features that relate to both the anatomical structure and the personality attributes assigned by a given society to a specific sex.

On the other hand, social gender is a set of roles, expectations, stereotypes, defined as masculine or feminine, somehow built around biological features. The World Health Organization (WHO) defines social gender as the socially created roles, behaviour, activities and attributes that a given society deems appropriate for men and women. Social gender, unlike biological gender, is contextual and shaped differently in individual societies. The second feature of gender, or socially shaped sex, is its changeability over time. There are numerous examples – from the prohibition of higher education or voting rights for women in force at the end of the 19th century to the recently changed regulation about dependency leave which could not be taken by men in Poland. Gender, as a social category, imposes belonging to a specific social group consistent with the gender. It affects the ways of interaction, communication, personality shaping and the functioning of an individual in society. The adoption of gender schemas largely depends on socialisation, and therefore on the extent to which gender differences were emphasised in the upbringing process and the extent to which the child learned to be a woman or a man.

Cultural gender, on the other hand, is a set of norms regarding everything that in a given culture or society is considered appropriate for a woman/girl or a man/boy. And broadly understood social roles, which are often clearly assigned to one gender, may be considered appropriate. They constitute a set of dos and don'ts, expecta-

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[4] S. Bem-Lipsitz, Androgynia psychiczna a tożsamość płciowa, [in:] P. Zimbardo (Ed), Psychologia i życie, Warszawa 1997, pp. 435–438; S. Bem-Lipsitz, Męskość, kobiecość. O różnicach wynikających z płci, Gdańsk, 2000.

tions of society directed towards women and men about what should be a “real woman” and what should be a “real man”.

Gender plays an important role in shaping this image, to which specific behaviour, features and social roles are assigned. As Cross and Markus write, “the gender schema is described as an interpretative framework that gives meaning and ensures consistency to own experience and the experience of others”.[5] Each person has a developed gender schema that is expressed by traits typical of men and women, or combines traits of both (as in the case of androgynous people) or has none of them.[6] Gender is a multidimensional construct consisting of: stereotypes associated with sex, activity and preference for interests understood as feminine and masculine, personality attributions (e.g. character traits) and types of social relationships.[7]

According to the gender schema theory, knowledge about gender stereotypes is accumulated in the form of representations in the form of cognitive schemas.[8] These representations may include the image of a social group, as well as the image of an individual, in terms of “feminine” – “masculine” categories. These categories are developed around the age of three years and are largely resistant to changes.[9] In earlier studies, masculinity and femininity were treated

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[5] S.E. Cros, H.R. Marcus, Płeć w myśleniu, przekonaniach i działaniu: podejście poznawcze. In: Wojciszke B. (Ed.), Kobiety i mężczyźni: odmienne spojrzenie na różnice, Gdańsk, 2004, pp. 48–80.

[6] S.E. Cros, H.R. Marcus, Płeć w myśleniu, przekonaniach i działaniu: podejście poznawcze. In: Wojciszke B. (Ed.), Kobiety i mężczyźni: odmienne spojrzenie na różnice, Gdańsk, 2004, pp. 48–80.

[7] A.C. Huston, The development of sex typing: themes from recent research, Developmental Reviev, 5, 1985, pp. 1–17.

[8] S.L. Bem, Gender schema theory: A cognitive account of sex typing, „Psychological Review” 1981, 88, 4, pp. 354–364

[9] N. Chodorow, Osobowość płci a reprodukcja macierzyństwa, [in:] A. Jasińska-Kania, L.M. Nijakowski, J. Szacki, M. Ziółkowski (Ed.), Współczesne teorie socjologiczne, No. 2, Warszawa, 2006, pp. 1206–1209; Strykowska, M., Regulacyjna funkcja tożsamości płciowej kobiet a ich praca zawodowa, „Kolokwia Psychologiczne”, 1, 1992, pp. 121–136.

as two ends of the same dimension.[10] In the modern gender paradigm, specialisation in the field of femininity and masculinity, or the division of social roles by gender, is replaced by the concept of complementarity and androgyny.[11] This means that the perception of biological gender as conditioning social roles is abandoned, and it is recognised that femininity and masculinity are two independent dimensions of personality, and individuals may simultaneously manifest both of these components. It is only a form of social stigma and symbolization which of these traits are perceived as masculine and feminine.[12] The phenomenon of relativisation of gender characteristics also causes that the categories of "real" femininity and masculinity are becoming nowadays increasingly blurred.[13] The configuration of the traits belonging to these dimensions possessed by individuals, allows for the "classification" of a person in terms of the type of gender schema, or their psychological gender:

- androgynous type – has numerous traits from both dimensions,
- agender type – few features of both dimensions,
- schematic feminine type – numerous traits included in the "femininity" dimension and few traits from the "masculinity" dimension,
- schematic masculine type – numerous traits included in the "masculinity" dimension and few traits from the "femininity" dimension,

People defined as schematic (masculine men and feminine women) are more ready to activate gender stereotypes in the course

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[10] Gough, 1957, [in:] B. Wojciszke, Sprawczość i wspólnotowość. Podstawowe wymiary spostrzegania społecznego, Gdańsk, 2010.

[11] K. Arcimowicz, Obraz mężczyzny w polskich mediach. Prawda Fałsz Stereotyp, GWP, Gdańsk, 2003.

[12] S. Bem-Lipsitz, Męskość, kobiecość. O różnicach wynikających z płci, Gdańsk, 2000; A. Kwiatkowska, Siła tradycji i pokusa zmiany, czyli o stereotypach, [in:] J. Miluska, P. Boski (Ed.), Męskość i kobiecość w perspektywie indywidualnej i kulturowej, Warszawa, 1999, pp. 143–172.

[13] Z. Melosik, Kryzys męskości w kulturze współczesnej, Poznań, 2002; S. Biddulph, *Męskość*, Poznań, 2004.

of processing information about the environment and engage in behaviour consistent with the stereotype of their own gender than androgynous and agender people.[14] Therefore, the category of "gender" possible to stereotype, is an integral part of the core of the self, influencing the self-categorisation process in schematic people.

Adopting the perspective of representatives of the interactionist and ethnomethodological trend in sociology, it is therefore possible to state that gender is shaped in interactions and is a social status that must be achieved; that the gender difference is produced by social institutions by e.g. restroom segregation or sports segregation; that although it is cultural and needs to be learned, once assigned to a given category, it is very difficult to change, that gender is a certain type of work, something that is formed.[15]

Regulatory function of gender

Among numerous social and cultural factors, gender has the greatest influence on our behaviour, thoughts, and feelings. During development, a typification process takes place, as a result of which an individual develops a specific type of gender identity, manifested by its identification with a specific gender. This identification consists of a set of variants of a given person's behaviour, resulting from the performance of a specific gender role and the mental sense of belonging to a given gender. This is expressed in the way of per-

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[14] S.L. Bem, Gender schema theory: A cognitive account of sex typing, „Psychological Review" 1981, 88, 4, pp. 354–364; A. Kuczyńska, Płeć psychologiczna. Podstawy teoretyczne, dane empiryczne oraz narzędzia pomiaru, „Przegląd Psychologiczny" 1992, 2, pp. 237–247; M. Strykowska, Regulacyjna funkcja tożsamości płciowej kobiet a ich praca zawodowa, „Kolokwia Psychologiczne", 1, 1992, pp. 121–136.

[15] H. Garfinkel, Studia z etnometodologii, Warszawa, 2007; E. Goffman, The Arrangement between the Sexes, Theory and Society 4: 301, 1977; Kessler, S. J., Mckenna, W., Gender: An ethnomethodological approach, New York, 1987, NY: John Wiley & Sons; C. West, D. Zimmerman, Doing gender, „Gender & Society", 1(2), 1978, pp. 125–151.

sonal, individual living, feeling and experiencing the gender role that is performed on a daily basis.

Gender, as the most visible, distinctive and universal trait, is a particularly good basis for creating stereotypes. Stereotypes are sets of beliefs about the traits possessed by representatives of a given category – in this case: the category of a woman or a man. They strengthen the ordering function of social roles that determine the behaviour of group members and become the binding standard for their regulation. The influence of roles associated with gender on behaviour is explained by the concepts of normative influence, the concepts of self-fulfilling prophecy and the different variants of the role.[16]

The content of the stereotype results from the structure of a given society. The prevalence of gender role stereotypes and their regulatory power is determined by the type of social organisation. The psychological mechanism explaining the gender identity of an individual is the formation and appropriate location of the gender schema in their "self" structure. Gender schemas provide patterns of expectations about behaviour, interests, traits, skills, and people generally behave in ways that are consistent with them. The "self" structure, regardless of age-related changes and environmental differences, is a relatively constant personality trait, and the gender schema is its most stable element. Depending on biological conditions and cultural patterns, the gender schema may occupy a more or less central position in the "self" structure. It can be assumed that in typical women (with a schema of femininity) and typical men (with a schema of masculinity), it will occupy a central position in their "self" structure. As a result, these individuals strictly adapt to the prevailing gender stereotypes. On the other hand, the more peripheral the position of the schema (the less significant it is), the more the individual is able to demonstrate flexibility in behaviour depending on the situation, which is characteristic of androgynous people.[17] This can be briefly expressed as the statement that gender

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[16] J. Miluska, Tożsamość kobiet i mężczyzn w cyklu życia, Poznań, 1996.

[17] M. Strykowska, Regulacyjna funkcja tożsamości płciowej kobiet a ich praca zawodowa, „Kolokwia Psychologiczne", 1, 1992, pp. 121–136.

influences the self-image in two areas: in the content of the image (filling it with gender-related traits, behaviour and inclinations) and within the structure and functioning of the "self" system (conditioning the ways of undertaking social interaction).

Research on masculinity and femininity

The beginnings of interest in gender are dated at as late as the end of the 19th century[18] and are associated with research on intelligence. Subsequently, gender was understood in terms of femininity and masculinity understood as "global personality traits", and this period was closed in 1983 by S.L. Bem, who introduced the concept of androgyny as two independent dimensions of masculinity and femininity. In the 1980s, the concept of gender as a social category was also initiated, and in the 1990s a number of theories describing gender at the interpersonal level, or at the level of behaviour perceived as appropriate for a given sex, were developed.[19] Previous studies focused mainly on the functional and adaptive aspects of gender identity, less often on whether and what socialisation- and personality-related factors may influence the formation of such a set of characteristics in individuals that determines belonging to a specific type of psychological gender. In the history of views on the differences between what is masculine and what is feminine, two

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[18] Ashmore, In: E. Mandal, Podmiotowe i interpersonalne konsekwencje stereotypów związanych z płcią, Katowice 2000.

[19] The 1960s and 1970s brought, mainly in Western Europe, the United States, and Australia) the development of men's studies. They grew out of the continuation of feminist movment, and research conducted from this perspective, sought to deepen the analysis of masculinity and the male experience as socially, culturally, and historically conditioned issues. In the years that followed, "as a result of many kinds of critique – primarily feminist, but also from representatives of the scholarly gay and lesbian perspective, and as a response by men themselves, especially pro-feminist men, to feminism and debates about gender relations" (Hearn, 2006, pp. 49–50), critical studies on men developed. The 1980s brought a critique of the traditional male role and its associated stereotypes.

positions – minimalist and maximalist, which differ in their assessment of the scope and role of gender in the functioning of the individual, can be distinguished.[20] The maximalist approach recognises that gender plays a very important role in human life. Fundamental differences between the genders are assumed here. Supporters of the minimalist approach perceive little significant difference between the genders (they concern some cognitive abilities and emotional characteristics) and suggest that it is society that contributes to their formation. However, meta-analyses conducted in recent years have shown the validity of the recognition of gender as a predictor of differences in, for example, the abilities of men and women.

Masculinity – traditional and modern approach

Masculinity is a concept that has evolved over the centuries, both in terms of its perception and implementation. With the transformation of societies, the models of both masculinity and femininity changed, but they have always been connected with the performance of specific roles. In the Dictionary of Polish Language, masculinity is defined as "the totality of features typical of a man, characteristic of a man.[21] However, this concept requires elaboration mainly based on life roles.

K. Arcimowicz believes that in modern Poland we are dealing with two paradigms of masculinity: "According to the traditional paradigm, masculinity is associated with dominance and specialisation in specific areas. It is based on the dualism of gender roles, the asymmetry of male and female characteristics. It requires a man to dominate other men, women and children. It means the necessity to suppress feelings and emotions. The new paradigm of masculinity emphasises equality and partnership between men and women, rec-

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[20] E. Mandal, Kobiecość i męskość, Warszawa 2003; L. Brannon, Psychologia rodzaju. Kobiety i mężczyźni: podobni czy różni, GWP, Gdańsk, 2002.

[21] S. Auderska, H. Łempicka, Z. Skorupka (Ed.), Mały słownik języka polskiego, Warszawa, 1996.

ognising these values as fundamental in creating a new social order. It contains the concepts of androgyny and self-development understood as striving for full humanity. This paradigm allows a man to display both masculine and feminine characteristics. Their life motto is collaboration, not domination, they are partners for women and children. The new version of masculinity – in contrast to the traditional paradigm – does not impair non-heterosexual sexual identities".[22] Thus, in the traditional model of masculinity, dominance and specialisation are assumed to be the key characteristics of a man. The man is the head of the household, the breadwinner of the family. Male domination is understood here as supremacy in the physical, mental and social spheres, including the economic one. The traditional male type is physically strong, decision-making and has the highest position in the family space. He includes no elements of femininity, and his image is built in a way to be its opposite. He is a human being with strong emotional control, rational and not showing weakness. He negates in themselves everything that is perceived as feminine in culture, building his image of a strong, self-confident, competent and dominant person. Generally speaking, it can be said that the image of a man has been created over the years in opposition to the image of a woman. The traits attributed to men are those that women lack.

In contrast, the modern paradigm emphasises the complementarity of genders, emphasising the equality and partnership of women and men. Modern masculinity diverges more and more from the stereotypical image that has never before associated it with the ethos of beauty. Physical beauty of a man begins to be a feature of their masculinity, which contradicts the stereotypical vision of masculinity. As K. Siewicz[23] writes, the pressure of idealism that is characteristic of modern times makes a man begin to search for his identity closer to the identity of women. The gender blurring confronts men with the problem of determining their own masculinity.

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[22] K. Arcimowicz, Obraz mężczyzny w polskich mediach. Prawda, fałsz, stereotyp, Gdańsk, 2003.

[23] K. Siewicz, Wpływ przekazu medialnego na współczesny wzorzec męskości a implikacje dla edukacji, „Kultura-media-teologia" No 15, 2013, pp. 8–21.

And so the modern image of a man can be presented by distinguishing several types:

- a metrosexual man – has some characteristic traits – he is a young resident of the city, he is heterosexual, bisexual or homosexual, and sexual orientation does not matter much here, because the main object of adoration is himself. He is a regular visitor of clubs, discos and beauty salons. He cares a lot about his physical appearance, often decides to do make-up, dye his hair, wear jewellery. He dresses fashionably, sometimes even eccentrically. He is self-confident and expresses his emotions openly;
- a lumbersexual man (from English word lumberjack) – he is hypermasculine, has facial hair, is not afraid of technical and technological challenges, is resourceful. He has all the traits stereotypically attributed to men. "A masculine man" with the element of femininity, which is manifested in taking care of himself and expressing emotions;
- a retrosexual man – a gallant gentleman in a suit, self-confident and tough, a combination of an intellectual, romantic and macho. He does not focus all his attention on physical appearance, he does not lament over his own fate;
- a princesexual man – elegant, stylised as a prince from a fairy tale.[24]

In turn, Zbyszko Melosik distinguished five models of dominant masculinity:

- a successful man – he is characterised by a high social status and power resulting from his financial position. His duty is to earn and support financially his family;
- a body-builder – masculinity is manifested in his physical appearance, primarily in the developed musculature;
- a Rambo man – personifies masculinity as violence, aggression, associating masculinity with a machine;

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[24] In: Wojciechowska, Kobiece i męskie wzory (re)konstrukcji biografii w perspektywie zmiany zawodowej, Wydawnictwo UW, Warszawa, 2018.

- a Macho man – he is associated with the sexual plane: he is a symbol of sexual potential; combining domination with phallocentrism and at the same time with aggression, risk and fear;
- a Playboy man – focused on consumption and treating women in this way.[25]

So the modern category of masculinity is dynamic and constantly subjected to discourse. It should also be emphasised that in the modern era, mass media are an important tool of cultural influence, so a significant part of knowledge about contemporary men is shaped by what can be watched on the Internet and on television. Since the end of the seventies of the last century, a modern stereotype of a "softman" has been present, which is a composition of feminine delicacy, caring and sensitivity, with still highly valued mental strength and professional activity.[26] The advantages of the emotional openness of men began to be emphasised, along with the promotion of the partnership model of the family, in which men more and more often take over functions considered in the traditional paradigm as typically feminine. According to Polish research, the following appear among the new models of masculinity[27]:

- in family life, a partner and guardian for a child (next to the traditional role of breadwinner and head of the household),
- a partner or a single in a relationship with a woman (next to the traditional macho and playboy model),
- in a homosexual relationship with a man (next to the traditional rival or friend model),
- in the professional sphere, a model (based on the traditional concept of typically masculine characteristics and attributes) of a businessman, politician and athlete).[28]

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[25] Z. Melosik, Kryzys męskości w kulturze współczesnej, Wydawnictwo Wolumin, Poznań, 2002.

[26] E. Badinter, XY Tożsamość mężczyzny, Wydawnictwo W.A.B., Warszawa, 1993.

[27] K. Arcimowicz, Obraz mężczyzny w polskich mediach. Prawda Fałsz Stereotyp, GWP, Gdańsk, 2003.

[28] K. Arcimowicz, Obraz mężczyzny w polskich mediach. Prawda Fałsz Stereotyp, GWP, Gdańsk, 2003.

When discussing the issue of masculinity, it is impossible to ignore the influence of the works of Raewyn Connell. She first presented her concept of hegemonic masculinity in the article entitled *The Concept of Role And What To Do With It*, published in 1979. The author believes that there is no one type of masculinity with fixed determinants or parameters – masculinity has many constructs, varied depending on e.g. the social (social group), cultural, but also historical or geographical context. According to Connell[29], also within one culture or society, or even within one institution, a "multiplicity of masculinity" can be observed. Moreover, the author drew attention to the hierarchy of masculinity and distinguished its three levels. The first is the cultural ideal of masculinity that the vast majority of men in a given society strive for. It is rarely achieved, and it is defined by the traits of physical appearance (muscular, strong figure), heterosexuality, as well as high social and economic position, authority and power (hegemonic masculinity). This is the type of man who brings others under his control. In the pyramid of the hierarchy, directly behind the concept of hegemonic masculinity, there are men who strive to achieve this "ideal" (hegemonic) masculinity but are unable to meet its requirements. Raewyn Connell calls this type "complicit masculinity". Representatives of this model are supporters of patriarchalism and the dominant model of masculinity, but for various reasons, e.g. because of their family or other dependencies, they are forced to make certain compromises. Men representing the type of complicit masculinity are husbands, fathers, local activists. They somehow "enjoy" the privileges and benefits associated with the functioning of the hegemonic model, but relations with other masculinity models are here constantly negotiated and ambiguous. The last model is "subordinate masculinity", which includes all other men, that is, those who cannot, do not want or are unable to follow the ideal of hegemonic and complicit masculinity. Therefore, subordinate masculinity covers the range of traits and behaviours that do not fit in with the ideal associated with the attitude of a man domi-

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[29] R. W. Connel, J. Messerschmidt, Hegemonic masculinity. Rethinking the concept, "Gender & Society", Vol. 19, No. 6, 2005, pp. 829–859.

nating the rest of gender categories. According to Connell, non-heterosexual men occupy the very bottom of the hierarchy of masculinity, or they constitute masculinity that is subordinate and most excluded as a result of symbolic connection.

The works of Connell, as a precursor of the theory of masculinity, were also followed by numerous critical studies. Years later she verified, supplemented and developed some of them. One of the theorists who significantly argued with selected Connell's theories is Eric Anderson, author of the inclusive masculinity theory. He distinguished two types of masculinity: the first – traditional one, called orthodox masculinity, is characterised by homophobia and misogyny. This type enhances heterosexism and supports patriarchy. The second type is inclusive masculinity.

Inclusive masculinity, according to this theory, does not compete for hegemony. It includes men who are able to demonstrate both emotional and physical intimacy. Eric Anderson brought to masculinity research the importance of recognizing the equality of masculine types.

A relatively new theory is the "hybrid masculinities" theory. According to this approach, men – although more and more often undertake tasks that were considered non-masculine – still maintain their privileged position. Research on hybrid masculinities suggests that hybrid masculinity distances itself from traditional masculine norms while recreating and enhancing hegemonic masculinity.

Another type of masculinity described in the literature includes caring masculinities, the definition of which is primarily attributed to Karin Elliott. The main characteristics of caring masculinities are: rejection of domination, adoption of care-related values, understanding of the interdependence of individuals and their relationships. There are various ways of practising such masculinity, e.g. involvement of men in childcare. As Suwada writes[30]: "In the model of caring masculinity it is assumed that through practice men

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[30] K. Suwada, Męskości opiekuńcze. Zaangażowanie w ojcostwo a rekonstrukcja modeli męskości, "Miscellanea Anthropologica et Sociologica" 2017, 18(2), pp. 77–90.

change the ways of constructing their male identity". Protective masculinity is an alternative to hegemonic masculinity. According to Karla Elliott, caring masculinity rejects the pursuit of domination, assigning high value to positive emotions. Providing care allows men to feel responsible, competent and happy.

Research on the masculinity of people with intellectual disability

Issues related to the gender of people with disability have gained the interest of scientists only recently. Disability, especially intellectual disability, is often identified with weakness, helplessness and dependence[31], and masculinity with strength, autonomy and domination, thus remaining "in opposition" to each other. As written by Wilson et al.[32], the "gender powerlessness" described in the literature arises both due to the loss of cognitive abilities and limited possibilities of independent decision making.

Research that is conducted in the area of intellectual disability and sexuality most often focuses on the sexuality of people with intellectual disability (mainly in the context of their needs) and on parenthood (more often motherhood than fatherhood). Their results often show that intellectual disability does not have to exclude the possibility of fulfilling the role of a partner and father, and often even reveal the ability to fulfil them in an atmosphere of love and support. It should be emphasised that in recent years there has been an increase in interest in these issues. This is the right approach, also given the deeply entrenched social stereotypes and prejudices. Certain changes in views, attitudes and behaviour, and a shift away from focusing on differences between people within the intellectual

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[31] A. Ostrowska, Niepełnosprawni w społeczeństwie 1993–2013, Warszawa, 2015.

[32] N.J. Wilson, T.R. Parmenter, R.J. Stancliffe, R.P. Shuttleworth, From diminished men to conditionally masculine: sexuality and Australian men and adolescent boys with intellectual disability, "Culture, Health & Sexuality", 15(6), 2011, pp. 738–751.

norm and beyond, to the benefit of emphasising common features can also be observed. As M. Kościelska writes, "We grow up as a society to perceive the similarity of mental needs of people with intellectual disability, including sexual and erotic needs – to the general population".[33] Research on sexuality and intimate relationships of people with intellectual disability in various aspects and in various age cohorts was carried out by, among others, D. Mejnartowicz[34], R. Pichalski[35], B. Antoszewska, K. Ćwirynkało[36], R. Kijak[37], and among foreign researchers by, among others, L. Conod L. Servais[38], N.J. Wilson et al.[39], E. Rushbrooke C. Murray S. Townsend[40],

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[33] M. Kościelska, Czy i jak wspomagać rozwój poczucia tożsamości seksualnej u osób z niepełnosprawnością intelektualną? In: M. Kościelska, B. Aouil (Ed.), *Człowiek niepełnosprawny. Rodzina i praca,* Bydgoszcz, 2004, p. 104.

[34] D. Mejnartowicz, Seksualność osób z zespołem Downa. In: Wieczne dzieci czy dorośli, J. Graban (Ed.), Problem seksualności osób z niepełnosprawnością intelektualną, Stowarzyszenie Rodzin i Opiekunów Osób z Zespołem Downa Bardziej kochani, Warszawa, 2002.

[35] R. Pichalski, Potrzeby seksualne młodzieży szkolnej z lekkim upośledzeniem umysłowym (w porównaniu z młodzieżą w normie intelektualnej, J. Głodkowska, A. Giryński (Ed.), Seksualność osób z niepełnosprawnością intelektualną – uwalnianie od schematów i uprzedzeń, Warszawa, 2005.

[36] B. Antoszewska, K. Ćwirynkało, Wiedza na temat płci i identyfikacja płciowa młodzieży z lekką niepełnosprawnością intelektualną, Kwartalnik „Szkice Humanistyczne", Vol. XII, No 1 (vol. 27) 2012, pp. 115–130.

[37] R. Kijak, Seks i niepełnosprawność – doświadczenia seksualne osób z niepełnosprawnością intelektualna, Kraków, 2010; R. Kijak, Seksualność człowieka z niepełnosprawnością intelektualną a rodzina, Warszawa, 2014; R. Kijak, Dorośli z niepełnosprawnością intelektualną jako partnerzy małżonkowie i rodzice, Kraków, 2016.

[38] L. Conod, L. Servais, Sexual life in subjects with intellectual disability. Salud pública Méx, 2008; 50: suppl. 2.

[39] N.J. Wilson, T.R. Parmenter, R.J. Stancliffe, R.P. Shuttleworth, Conditionally Sexual: Men and Teenage Boys with Moderate to Profound Intellectual Disability. "Sexuality and Disability", 29, 2011, pp. 275–289; N.J. Wilson, T.R. Parmenter, R.J. Stancliffe, R.P. Shuttleworth, From diminished men to conditionally masculine: sexuality and Australian men and adolescent boys with intellectual disability. Culture, Health & Sexuality, 15(6), 2013, pp. 738–751.

[40] E. Rushbrooke, C. Murray, S. Townsend, The Experiences of Intimate Relationships by People with Intellectual Disabilities, "A Qualitative Study. Journal of Applied Research in Intellectual Disabilities", 27(6), 2014, pp. 531–541.

N. Banks[41], C. Friedman et al.[42] On the other hand, the fatherhood of intellectually disabled, which an issue less frequently described, was the subject of scientific interests, of, among others, the following authors: G. Llewellyn, D. Traustadóttir, McConnell, H.B. Sigurjóndsdóttir[43], R. Mayes H.B. Sigurjónsdóttir[44], R. Kijak.[45] The review of theoretical concepts and research in the field of masculinity and intellectual disability in an international dimension was also performed by three Polish researchers: K. Ćwirynkało, B. Borowska-Beszta and U. Bartnikowska in the publication entitled: "Masculinity and Intellectual Disability: A Review of Theoretical Concepts and Research". However, there is still little research that explores the masculinity of people with intellectual disability from their own perspective.

Methodology of own research

The research discussed in this article is placed in the stream of qualitative research using a case study as a method. The subject of the research covers the statements of men with intellectual disability concerning masculinity. The aim of the study was to describe and

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[41] N. Banks, Sexually harmful behaviour in adolescents in a context of gender and intellectual disability: Implications for child psychologists, "Educational & Child Psychology", 31(3), 2014, pp. 9–21.

[42] C. Friedman, C. Arnold, A. Owen, L. Sandman (2014), "Remember Our Voices are Our Tools": Sexual Self-advocacy as Defined by People with Intellectual and Developmental Disabilities. Sexuality and Disability, 32(4), pp. 515–532.

[43] G. Llewellyn, R. Traustadóttir, D. Mcconnell, H.B. Sigurjóndsdóttir, Introduction, [in:] G. Llewellyn, R. Traustadóttir, D. McConnell, H.B. Sigurjónsdóttir (red.), Parents with Intellectual Disabilities. Past, Present and Futures. Oxford 2010, JohnWiley & Sons Ltd., pp. 1–14.

[44] R. Mayes, H.B. Sigurjónsdóttir, Becoming a Mother – Becoming a Father, [in:] G. Llewellyn, R. Traustadóttir, D. McConnell, H.B. Sigurjónsdóttir (Eds.), Parents with Intellectual Disabilities. Past, Present and Futures Oxford 2010, JohnWiley & Sons Ltd. pp. 17–31.

[45] R. Kijak, Macierzyństwo i ojcostwo osób niepełnosprawnych intelektualnie, „Niepełnosprawność i Rehabilitacja", 2013, No 3, pp. 136–145.

understand the concept of masculinity of adult men with intellectual disability. The goal is inspirational[46] and is related to the knowledge gap in the field of masculinity research. A research problem focused around the question: "How do men with intellectual disability perceive their masculinity?"

The rationale for the choice of the research method, which is multiple case study, is its understanding adopted after Robert K. Yinem[47], who defines it as an empirical study that explores a contemporary phenomenon ("case") in the context of reality, especially when the boundaries between the context and the phenomenon are not completely obvious. Yin distinguishes three types of case studies – explanatory, descriptive, and exploratory one. A starting point for the present study was the last type aimed at identifying and describing the phenomenon under study. The applied technique is the free-form, partially guided interview[48], while the tool includes the instructions for the interview.

The analysis covered 12 interviews with men with intellectual disability, aged from 20 to 57, diagnosed with moderate intellectual disability. They all had preserved verbal communication. The interviews lasted from one to three hours and were of different dynamics and course. The respondents stayed in the following social environments:

- nursing home (5 interviews)
- communal home of mutual aid (5 interviews)
- family home (2 interviews).

All respondents live in the Łódź Voivodeship.

Results of the study

The analysis of the research material allowed for the identification of 4 types of masculinity.

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[46] P. Apanowicz, Metodologia ogólna, Gdynia, 2002, p. 71.

[47] K.R. Yin, Studium przypadku w badaniach naukowych. Projektowanie i metody, Kraków, 2015.

[48] J. Rubacha, Metodologia badań nad edukacją, Warszawa, 2008.

- **“Crippled” masculinity (3 people)** – issues related to health and/or disability are the most important. Somatic disorders and ailments occupy a central place in the self-image. The respondents perceive themselves from the angle of their disability, through the dysfunctions of their body. Functioning is simplified here to the disease and the treatment process. They are the main area of interest, and other aspects seem to be treated as unimportant and often neglected. A person (man) is reduced here to the biological limitations and possibilities of the body, and disability is always identified with a disease. This type of man differs from the dominant male model. Men of this type cannot fulfil the male role as they imagine (e.g. they do not provide for their family). The sense of dissatisfaction with life, and the inability to fulfil plans and dreams are visible. Among this type of men, the effects of long-term helplessness training are visible, which resulted in a lack of life initiative. The striking element in the statements is the feeling of considerable dependence on others (parents ordered, the girl wanted, the doctor decided). Agency is replaced here with a feeling of helplessness and inability to accept their fate. Pain and suffering are its visible manifestation. The man feels disadvantaged and sometimes worse than others.
- **“Neutralised” masculinity (3 people)** – the dominant image in the statements is the respondents’ sense of dependence on other people and the inability to decide about themselves and their lives. This sense of dependence covers many spheres, including intellectual one. The respondents rarely perceive their contribution to the possibility of changing the situation, e.g. obtaining a profession, starting a job, getting married, and they believe that they cannot function as they would like, work, start a family, move freely. The respondents show knowledge about real restrictions and prohibitions. The sense of prohibitions and orders restricting them violates their visible needs for fulfilling social roles, including those related, in the opinion of the respondents, to gender. Usually, they are aware of their own limitations in fulfilling the role of an adult male, but they have no clearly

defined image of their abilities. There is a lack of evaluation of one's own agency-related possibilities, a sense of autonomy and clearly defined boundaries. The sense of agency is located somewhat outside the respondents, or outside, and this results in a sense of inability, helplessness and the need to accept the fate. However, this attitude is not without emancipatory elements. The respondents often feel competent and able to act as a parent or partner. The impossibility of fulfilling masculinity does not mean its loss, however it has been "neutralised".

- **"Essential" masculinity (4 people)** – the experience of being a man is most often associated with a sense of specific competence, mainly related to strength, but also to interpersonal relationships or the lack of them. A characteristic feature is checking oneself, one's abilities and relationships between the respondent and other people. Being a man is not a moot point here. Masculinity appears here as a psychophysical unity, or it is important for the respondents both in the physical aspect and in the sense of a personal trait, and is an emanation of strength, which is the basic element in constructing their masculinity. It is also part of certain skills, e.g. controlling emotions (I am strong, I do not cry for any reason), the ability to control others (…) the ability to control the situation (then, I pushed him away and shouted that he should go and leave her alone, I defended her). It also refers to the position system in various social relations, positions defined as "masculine", e.g. the superior position in relation to others (women are a bit less… you know, rather a bit less wise than men), the dominant position in relation to others men (…), the position related to power (everyone obeys me here, I am the captain and manager, because if not I can show who is stronger). The nature of this type of masculinity is the superior position of a man, which is manifested in controlling the situation, controlling others, but also self-control (controlling emotions and the forms of their expression). The respondents sometimes very precisely define in what situations and in relation to which people they can show "real emotions". As the respondents believe that emotions are synonymous with weakness, the ability to control them (which is a fight against one's own weaknesses) turns out to be a certificate confirming true masculinity. Masculinity turns out to be the driving force here. The superior position means not showing signs of weakness.

- **"Fluctuating" masculinity (2 people)** – the statements of the respondents show limited possibilities of unambiguous synthesis. The assessment of one's own type of gender is to a certain extent variable and labile. This variability most often results from the context of the situation to which the respondent relates (Sometimes I am the man, well, if it is needed to bring something, or to do other things, for example). In the research material, it is also possible to find examples of the identification of the respondents with their own gender and, at the same time, questioning it (I wear trousers and I have a suit, I guess I am a man, but girls also do, so do not know). It can be assumed that this is the result of disharmony between the role of the dependent person and the conscious components of identity. In this type, the aversion to the masculine role is sometimes visible, which may result from humiliation that the respondent suffered earlier in life, which was caused by men. Bitterness, traumatic experience and failures have shaped the way of perceiving oneself and one's place in the world as a man. Experience particularly important for the formation of masculinity of the respondents included: the feeling of disability, dependence, being weaker, inferior, lack of love, and occurred already in childhood. Strategies for dealing with this experience are usually related to the subordination to the environment, obedience, and accepting the views of others.

Summary

Masculinity constitutes an important identification category for the respondents. All respondents used a rather consistent conceptual system to describe themselves and their own gender. High accuracy of the selected cultural symbolism of sexuality can also be observed. The study revealed important threads related to the biography of the respondents. In the statements, most often a dominant sense of the obviousness of one's own gender and the life of the respondents related to it can be found. The main components for defining masculinity were physical appearance, physical attractiveness (or its lack), interpersonal relationships, and social roles. Intellectual disability appears here primarily as a limitation of the life opportunities of the respondents. It is an obstacle in having one's own family, one's own home, and usually a job. The sense of being inferior activates the mechanisms of cognitive distortion, including the area of reduced agency. The socially functioning model of masculinity and the role of the passive recipient make it difficult or even impossible to perceive the intellectually disabled in terms of culturally understood masculinity. The problem of gender identification is even more complicated here than in the case of people with other types of disability. It is mainly influenced by the social environment in which the person was brought up. The intellectually disabled are largely deprived of the possibility of making important life decisions. Their sexuality is denied, compared to children, depriving them of self-determination. Due to the infantilisation of the relationship, the inability to fulfil the role of husband and father, the very process of identification with the gender role is disturbed. All the requirements constituting the social construct of masculinity are extremely difficult to meet by men defined as intellectually disabled.

The aim of this article was to draw attention to the fact that the experience and problems of men with intellectual disability vary. The specific nature of the needs of this social group and the problems related to the masculine gender should be recognised. The presented research is to be not so much an answer as a question about the identity of a man with intellectual disability, and an attempt to provoke reflection on the perception of masculinity in the face of this disability. As in the case of other social groups, it is not a homogeneous group. A man with intellectual disability is not without gender, even though society often tries to deprive him of his sex. Research also allows for the agreement with the postulate proposed by Simone de Beauvoir in "The Second Sex", and developed, among others, by representatives of feminist "positioning theory", that gender remains an eternal mystery and a sealed book, no matter how carefully it is studied and how much it is discussed.

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

Everyday life of pedagogy students suffering from depression in the academic space

ABSTRACT: Bernadeta Szczupał, Jolanta Izabela Wiśniewska, *Everyday life of pedagogy students suffering from depression in the academic space*. Interdisciplinary Contexts of Special Pedagogy, no. 31, Poznań 2020. Pp. 73–94. Adam Mickiewicz University Press. ISSN 2300-391X. e-ISSN 2658-283X. DOI: https://doi.org/10.14746/ikps.2020.31.04

Contemporary civilization and cultural changes mean that students experience many psychological, social and physical challenges that may contribute to mental difficulties and disorders. The article presents the results of qualitative research on the opinions of female pedagogy students suffering from depression on the social determinants of their illness, their difficulties studying and the availability of support. Studies have shown that students suffering from depression have a strong need to obtain specialist psychological support at the university.

KEY WORDS: depression, students, pedagogy, studies, academic space, support

Introduction

Depression is a civilizational disease that affects an increasingly large population. It is becoming widespread across all age groups and communities. The growing depression incidence has been recognized by the World Health Organization, which forecasted in the early 2000s that it would have been one of the most frequently diagnosed diseases by 2020, second only to blood circulation insufficiency, and the world's greatest challenge of our times.[1]

Intense civilizational and cultural transformations make young people face many psychological, social and physical challenges. The sense of uncertainty about finding a job, rising requirements, and the social pressure related to the excess expectations all contribute to mental disorders. R. Franczak[2] has observed that the time of university education may come with the heightened risk of various mental problems, including some early episodes of mental disorders.

In this light, the problem of students 'depression appears to be a very serious social issue that calls for scientific investigation. The literature presents research observations on the scale and nature of this phenomenon among students of medicine[3], the Physiotherapy Faculty of the Academy of Physical Education[4], the Jagiellonian University[5], a representative sample of Polish students[6], the students of the Lublin University of Technology and the Maria Skłodowska-Curie Institute of Education Studies.[7]

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[1] WHO, *Prevention and Promotion in Mental Health,* Mental Health: Evidence and Research Department of Mental Health and Substance Dependence, World Health Organization, Geneva 2001, p. 7.

[2] R. Franczak, *Psychoterapia wśród studentów. Stan aktualny i potrzeby*, Annales Universitatis Mariae Curie-Skłodowska, Lublin–Polonia, 2016, Vol. XXIX, 1, pp. 251–262.

[3] J. Suwalska, A. Suwalska, M. Szczygieł, D. Łojko, *Studenci medycyny a stygmatyzacja z powodu depresji*, Psychiatria Polska 2017, 51(3), pp. 503–513.

[4] L. Jaworska, N. Morawska, P. Morga, J. Szczepańska-Gierach, *Analiza częstości występowania objawów depresyjnych wśród studentów Wydziału Fizjoterapii Akademii Wychowania Fizycznego we Wrocławiu w kontekście planów zawodowych*, Fizjoterapia 2014, 22, 3, pp. 10–22.

[5] D. Nowak-Adamczyk, *Studenci z zaburzeniami psychicznymi w przestrzeni akademickiej – system wsparcia edukacyjnego na Uniwersytecie Jagiellońskim w Krakowie*, Niepełnosprawność-zagadnienia, problemy, rozwiązania, 2014, 4(13), pp. 73–94.

[6] E. Karmolińska-Jagodzik, *Zaburzenia depresyjne wśród studentek i studentów w Polsce*, Studia Edukacyjne No. 55, 2019, Poznań 2019, pp. 139–162.

[7] A. Wilczewska, *Samoocena i poziom depresji studentów kierunków pedagogicznych i niepedagogicznych*, Rozprawy Społeczne, No. 1 (VII), 2013, pp. 109–116.

What points to the need for investigating the group of students of educational studies are the results of research projects by M. Zagdańska and A. Kiejna[8], who have demonstrated that students of educational studies are part of the individuals with heightened susceptibility to depression.

Depression incidence depends on the adopted diagnostic criteria, research tools used and the age of respondents, specifically the year of university education under investigation. M.C. Rosal and associates[9] established that the incidence of depression among first-year students is similar to that in the general population of young people. However, the rate of those with depression among students rises as they advance in their university programmes much more than within the comparative group. Many factors influence the occurrence of depression in students. The main ones are stress, anxiety and mood disorders associated with frequent lack of sleep, poor eating habits, irregular physical activity, high self and social expectations and insufficient support systems. Students are at a point in their lives where they need to make choices, make binding life decisions. The period of early adulthood and associated developmental changes, such as the search for and need to define one's own identity, choosing a career path, establishing one's role in a peer group, being away from the family, friends and acquaintances, adapting to a new environment, new ways of studying, taking responsibility for one's own studying process, managing time and finances, as well as establishing stable emotional relationships all give rise to great emotional pressure, which increases vulnerability to other stress factors. Students are aware that their decisions have an effect on their future lives and the quality of life, yet at the same time they do not know what future development trends will be like in the macrosocial per-

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[8] M. Zagdańska, A. Kiejna, *Rozpowszechnienie i czynniki ryzyka epizodów depresji wśród wrocławskiej młodzieży akademickiej – wyniki badania epidemiologicznego*, Psychiatria Polska 2016, 50(3), pp. 631–641.

[9] M.C. Rosal, I.S. Ockene, J.K. Ockene, S.V. Barrett, Y. Ma, I.R. Hebert, *A longitudinal study of students' depression at one medical school,* Academic Medicine, 1997, 72, pp. 542–546.

spective.[10] The lack of self-confidence, stability, excessive workload and, at the same time, the lack of support from close friends and relatives can lead to despondency, sadness and depressive behaviour.[11] According to D. Jakubiec and others, the inability to cope with the severe stress that affects students, as well as numerous anti-health habits, may be manifested by psychological disorders.[12]

In the light of the above issues, we can see that the academic community could function as one of the first places where students ′ alarming behaviour, that is a sudden manifestation of emotional difficulties or a gradual change in behaviour, may be noticed. It is therefore so important to develop various forms of support for students with depression. Individual academic communities recognize the nature of the problem and have been introducing various projects related to mental health and emotional support on their own. Some universities have Bureaus for the Disabled, which also seek to support people with mental disorders. The designed support should be profiled for students ′needs – regarding both their mental health and the nature of their fields of study.

Justification of the research position, research methodology and specification of respondents

The results of the qualitative research presented in the article were delivered in 2018–2019. The aim was to learn students′ opinions about the social background of their depression and the difficulties they have experienced during their studies as well as the

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[10] E. Mojs, K. Warchol-Biederman, W. Samborski, *Prevalence of Depression and Suicidal Thoughts amongst University Students in Poznan, Poland, Preliminary Report*. Psychology 2012, 3(2), pp. 132–135.

[11] E. Karmolińska-Jagodzik, *Zaburzenia depresyjne wśród studentek i studentów w Polsce,* Studia Edukacyjne, 2019, No. 55, pp. 139–162.

[12] D. Jakubiec, D. Kornafel, A. Cygan, L. Górska-Kłęk & K. Chromik, *Lifestyle of Students from Different Universities in Wroclaw, Poland*. Roczniki Państwowego Zakładu Higieny, 2015, 66(4), pp. 337–344.

availability of psychological support at the university. Four interviews have been conducted with students of educational studies as part of this project. The interviews were conducted on the university premises. These were extensive statements that revealed personal, subjective experiences of the respondents. Attempts to explore subjective experiences require the researcher and the respondent to explore the phenomena thoroughly and study them in all their complexity.[13]

The main selection criteria was respondents ′having been diagnosed with depression, their age (22–23 years old), their psychosomatic functioning and being full-time students of educational studies. Each of the interviews had the same structure, based on the assumptions of the narrative interview methodology.[14] The narrative interview may come in either of two formats: expert interview and autobiographical-narrative interview.[15] As this project was to shed some light on everyday situations and changes in the respondents ′lives and locate these situations in time, the autobiographical-narrative interview was employed. With this kind of research project, the respondent has an opportunity to trace some of their memories; this lets him or her reflect on how they assign value to certain phenomena and how they interpret reality.[16] Any narrative about one′s life is a subjective interpretation of individual experiences.[17] Before the narrative data was analyzed, a transcription had been delivered. The texts for individual narratives have been divided into

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[13] T. Pilch, T. Bauman, *Zasady badań pedagogicznych. Strategie ilościowe i jakościowe*, Wydawnictwo Akademickie „Żak", Warsaw 2010, pp. 327–330.

[14] E. Kos, *Przykład interpretacji narracji z wykorzystaniem metody F. Schützego („…ja nie bałam się robić w życiu tego, czego chcę, i nie bałam się chcieć…")*. In: D. Urbaniak-Zając, E. Kos: *Badania jakościowe w pedagogice*. PWN, Warsaw 2013, pp. 117–119. PWN, Warszawa 2013, pp. 117–119.

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

[16] T. Pilch, T. Bauman, *Zasady badań pedagogicznych. Strategie ilościowe i jakościowe*, Wydawnictwo Akademickie „Żak", Warsaw 2010, pp. 327–330.

[17] D. Demetrio, *Autobiografia. Terapeutyczny wymiar pisania o sobie*. Oficyna Wydawnicza "Impuls", Kraków 2000, pp. 11.

thematic sections, and their structural description was delivered to determine the processes implied by the narratives, including the situation of a narrator. Then milestones in individual biographies, turning points or critical events were identified, and categories common to most of the narratives were determined.[18] Such categories included the way the students perceived the causes of their illness, the process of studying and the forms of support received. The interviews showed the complexity, diversity and ambiguity of these categories.[19]

Purposive sampling was used. The research group consisted of four students suffering from depression. Each of them received a positive clinical diagnosis of the depressive disorder. Three students were using professional support – psychotherapy, and one additionally used pharmacotherapy. All of them are students of educational studies.

Kinga has been suffering from depression for two years. She is 23 years old and is going to graduate this year. She also works as a teacher at one of Warsaw kindergartens. She started to think she might have depression when her symptoms grew more intense early in the second year of her university education. Her friends urged her to use psychological counselling. For a year and a half now, she has attended weekly therapy sessions. She believes that she has already experienced the worst point in her depression.

The other respondent is 23-year-old Agata. She currently studies education and has previously studied sociology. She says she has experienced three depressive episodes. She used a therapist's support during the first of them. During the second one, she did not seek such assistance, mainly for financial reasons. During the interview, she was managing a crisis related to the third episode.

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[18] K. Kaźmierska, *Wywiad narracyjny – technika i pojęcia analityczne*, [in:] R. Dopierała, K. Waniek (ed.): *Biografia i wojna. Metoda biograficzna w badaniu procesów społecznych. Wybór tekstów*. Wydawnictwo Uniwersytetu Łódzkiego, Łódź 2016, pp. 69–70.

[19] This article presents original statements made by respondents. The names of the students have been altered.

The third respondent was Marta (23 years old) – a third-year student of educational studies. Anxiety disorders are her main issue. She seeks to combat them primarily with pharmacology. In the past half a year, her anxiety disorders came to be accompanied by depressive symptoms. She has recently started using psychotherapy.

Karolina (22 years) was the fourth student participating in this research project. She is about to complete the second year of her university education. She has been suffering from depression for the last four years and has used counselling for three.

Social background of depression

All of the students taking part in this project are aware of their disorders and do not use the repression mechanism when discussing it. However, none of them unequivocally refers to their disorder as depression. They use both scientific and colloquial terms to discuss their depressive episodes. These include: *an episode, a phase, sadness, an emotional trap, the strong desire to do something yet not being able to, a metaphor of a jar about to crack*.

Discussing the circumstances behind their depression, the students did not refer to biological causes; instead, they pointed to various factors that they found out either themselves or during therapy. Each of the respondents has been exposed to one or more strong stressors. These included factors related to studying as well as those unrelated to studying nor academic life. However, they have mostly touched upon studying-related matters and pointed to the following circumstances: moving to a new place, loneliness, social pressure, changes in the study arrangements, comparing oneself to peers, disheartening comments from professors, and the fear related to studying.

Kinga and Agata list many more studying-related stressors than Marta and Karoline do. The critical moment for Kinga was her move to a new place and a new community. She says that everything was new to her – including her first tram ride, and she found it hard to handle. Agata speaks in a similar vein: *I think some people are driven by change and new people and new situations. Others are quite the opposite, and I am one of the latter, I guess* (Agata, aged 23).

Moving to a new place came with loneliness. Both Kinga and Agata refer to this experience as one of the least pleasant experiences early in their studies. Kinga also says that her loneliness was due to the fact that all her friends and acquaintances decided to study in another city. She compares her situation to the film *Home Alone,* since at first she had to focus solely on survival. Loneliness made them feel a growing sense of hopelessness. They came to view their situations as difficult as they had nobody to talk to about what they were going through or share problems with and look for solutions together. Agata speaks about her situation as follows: *Nobody supported me so that I continue studying sociology; now that I think of it, I believe this is what I needed the most then – someone saying: "Agata, you will make it, I believe in you, you will succeed"* (Agata, aged 23).

With the loneliness, Kinga stayed with her own thoughts on her own for so long for the first time ever. This made her gain some insight into the events in her life that significantly contributed to her disease.

Karolina, Kinga and Agata are all pointing to the high educational pressure from their families. Karolina talks about her situation as follows: *My parents have always said that you needed to study, that studying is the most important thing. If you do not study, life will be hard for you… and so on…* (Karolina, aged 22). Kinga believed that her family expects her to be a successful student. Her parents thought of her decision to go to university as a decision for life. As a student, she could not err, since studying has a bearing on her entire future. She recalls it as follows: *Once I started studying, my family would keep saying things like: "The real life is going to start now" or "You have just made a decision about your future". This is what I would have at the back of my mind: "You have to, your future depends on it, get your act together, study, work, why are doing so little, grow up!* (Kinga, aged 23).

Agata's parents, in turn, urged her to give up her studies, as they believed her studies would not give her good career prospects. The student says: *As I look at it in retrospect, I wish they had not tried to convince me to give up studying even before. They would say things like "some fields of study are good to study, the others will give you a good life* (Agata, aged 23).

The family pressure also concerned her prospective career. In the student world, there is the widespread belief that it is virtually impossible to find a job. *I could not handle that; from the very beginning, I would be so scared I would never find a job and be unemployed* (Agata, aged 23). The sense of hopelessness may have been exacerbated in them by the additional aspect mentioned by Kinga. She said that she had no longer wanted to be a financial burden on her family and therefore could not afford wrong study decisions. The risk of failure therefore made her feel long-term tension. *This is what I would have at the back of my mind: "You have to, your future depends on it, get your act together, study, work, why are doing so little, grow up!* (Kinga, aged 23).

Early on in their studies, both respondents experienced stressful external situations resulting from their study arrangements. The factor that directly triggered Agata's first depressive episode was her decision to resign from her first programme: *at that time, they made that reform… If you wanted to pursue two degrees at the same time, you had to pay for the other one, thousands of zloties…* (Agata, aged 23). Agata was therefore in a very difficult situation. Even though she admits that she was interested in the field of study she pursued, she was discouraged by her parents from pursuing it because of the bleak career prospects. She also knew that she had to make a prompt decision, as she could not afford to pay tuition for the other study programme. Now, Kinga points to German language classes as a factor that has strongly influenced her functioning. She adds that she had never studied that language before and had not realized she would not be able to continue learning Spanish. That seemed an extremely difficult challenge to her, too. She wished the university had put up the information about available language classes sooner: *I thought I would drop out of the university even before I started studying. I learned Spanish in high school. And then came the German language, suddenly* (Kinga, aged 23).

Both Kinga and Agata were surprised by the changes in the educational system. Their sense of threat might have been aggravated by the belief that they had no influence on their situations and that they had to cope under the new circumstances. Early on in their university education, the sense of control the two respondents had over their study programmes fell dramatically. They also felt some uncertainty about whether the following day might bring even more difficulties or not. Kinga recalls that: *It was not easy to start up, and then I would face surprises every half a year* (Kinga, aged 23).

Another study-related aspect covered by Agata is the fact she would compare herself with her peers. She recalls that few of the fellow students valued their studies highly. Most of them had other aspirations – that programme was merely an interim stage leading to other university programmes or an opportunity to prepare for retaking their A-levels. In contrast, Agata was satisfied with her studies and thus felt she was inferior to her peers. Her peers' ambition also affected her self-esteem. This kind of thinking about herself and her studies was also fueled by professors' comments: *it is not nice that they have been telling you from the first year on you would not find a job, and such things. They would also say that it was hard to find a job and that competition is high* (Agata, aged 23).

Marta talks much less about her studies in the context of her depression. She discusses the aspects of studying from the perspective of her fear of taking tests and exams. Marta is also paralyzed with anxiety related to her graduation project and the conversation with her graduation project supervisor. This makes her feel like she is in a vicious circle – on the one hand, she is afraid that she will not be able to graduate on time, and, on the other, she cannot make the effort to work faster. *I am above all stressed because I am an undergraduate student and it is March, so I should finish my graduation project in two months' time. The defense of the BA thesis is very stressful, and I am scared of my supervisor* (Marta, aged 23).

Agata is the only respondent who claims her studies have directly caused her disorder. In the case of Kinga and Karolina, the study-related stress in a way paved the way to their disorders. Marta's studies seem to be of secondary nature in the history of her depression. Another group of factors behind the respondents' depression were those unrelated to studying. Such factors were mentioned during the interviews by Kinga and Marta.

This is by far the most difficult part of the conversation for Kinga. Since she mentioned a situation unrelated to her studies, she has made long pauses, has not finished her sentences. She has kept indirectly discussing her background without ever coming to the crux of the matter. Then she agrees to have a short break. Following the break, we deliberately change the topic – we start talking about the symptoms of her disease rather than the causes. Soon, the student cuts her sentence short and says: *OK, I will tell you this* (Kinga, aged 23). After a while, she adds: … just don't think badly of me… It was only then that I figured out that the things that happened to me a few years earlier were abuse. *The things he did to me, that 'uncle', as you call it. I was left alone with that and could not handle that*. Kinga has acknowledged having been sexually abused several years before by one of her family's friends. This might have been one of the most difficult experiences in her life. In the light of this information, we can risk a hypothesis that her depression may be a symptom of some more complex difficulties – for instance PTSD.[20]

Apart from her studies, Marta has experienced a number of other stressful situations. These include her anxiety episodes, her grandma's and boyfriend's mental disorders and the sense of being abandoned by her parents. She says: *I have started to see some symptoms in myself recently, too. My doctor warned me that this could be like this* (Marta, aged 23).

The respondents discussed various factors behind their depression, those related to studying or aggravated by stress that comes with studying and those unrelated to academic life.

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[20] J. Morrison, DSM-5 bez tajemnic. Praktyczny przewodnik dla klinicystów. Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2016, pp. 129–137.

Symptoms of depression in the respondents' narratives

The symptoms revealed by the students fully correspond with the symptoms characteristic of a depressive episode covered in DSM-5.[21] All of them mention the key criterion – the depressed mood, the loss of interest and anhedonia. Marta talks about this in the following way: *For example, I have stopped wanting things. Anything. I just don't want anything. You know, the things that used to make me happy – they suddenly no longer do. I find it difficult to feel pleasure at all. Nothing makes you happy anymore, you don't want anything, you don't know what all of this is for* (Marta, aged 23). Agata describes her third episode of depression similarly. She also gives examples. She says that she had been very interested in some subjects before her symptoms occurred. However, when the depression had appeared, she lost the willingness to attend classes. She came to have problems with her motivation to further pursue her studies.

An external symptom of the depression in Agata and Kinga was coming late for classes. The two students were unable to find the motivation to fulfill their duties on time. In addition, Agata would give up the goals she previously set for herself: *When I had some plans, whenever I was just about to deliver a given plan, I would take a step back and retreat – I would suddenly change my mind, distance myself; and then I would not do anything about it anymore* (Agata, aged 23).

When talking about the symptoms of depression, Marta, Kinga and Karolina also mention the feeling of sadness and hopelessness. They claim these feelings led to a great sense of helplessness. Kinga recalls: *I would howl into the pillow more and more, and then, 2 weeks later, I stopped crying. But I kept howling* (Kinga, aged 23). While talking about sadness, Marta and Kinga also mention their psychomotor restraint. Marta refers to them as apathy and strong incessant fatigue, and Kinga adds that one day she stopped getting out of bed: *For a week, I did not even move to wash dishes* (Kinga, aged 23).

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[21] J. Morrison, DSM-5 bez tajemnic. Praktyczny przewodnik dla klinicystów. Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2016, pp. 129–131.

Karolina indicates a similar situation: *On some days, I would not even get out of bed – I would just sleep or lay in bed and did not do anything* (Karolina, aged 22). Agata says that she had the tendency to self-harm. That was the direct reason for her decision to see a psychiatrist: …*in December, I went to the recommended facility to meet the psychiatrist; it was at the time I wanted to hurt myself* (Agata, aged 23). An additional symptom pointed out by the students subject to this study was excessive sleepiness. Sleep, however, did not help them relax. Despite having slept, they felt tired, which was one of the reasons they were spending more and more time in bed. Kinga adds that this was another reason why her self-esteem dropped: *At first, I would bother I wasn't getting up, it was another opportunity to lash out at myself for sucking* so badly (Kinga, aged 23).

The students perceive their depression as a factor that has a direct impact on their everyday functioning, mainly on their social relations, studying and life plans.

Educational difficulties in respondents' narratives

The students' disease is reflected in their studies. The statements made by the students allow us to distinguish between four themes raised by them: the loss of motivation to study, the loss of interest, external manifestations of these two attitudes, consequences (or lack of them) experienced due to the change in their behaviour.

The common factor of all of the interviews was the loss of motivation. Kinga said that after the initial struggle to get up in the morning, she completely stopped caring about her studies: *As I was more and more tired, I stopped getting up in the morning. At first, I would bother I wasn't getting up, it was another opportunity to lash out at myself for sucking* so badly. *Well, as long as I was lashing out at myself, I was able to get up after a while and get to the second or third class. I was very often late. But then I completely stopped caring* (Kinga, aged 23).

Agata and Karolina had similar experiences; they say nothing about their studies could have motivated them. Agata says: *I am at* *a different, private university now, and there are totally interesting things there, but at some point I suddenly stopped attending the lectures anyway. I stopped attending them completely. From some point on, I was late for everything. I was late for everything, totally; I could not manage that* (Agata, aged 23). Karolina talks in a similar fashion: *Although I had previously been interested in working with children, in pedagogical subjects, when this thing had started, I lost my interest and then I either did not study at all or studied out of necessity* (Karolina, aged 22).

Marta mentions the lack of motivation in the context of writing her BA thesis. *When it comes to the bachelor degree, well, I have no motivation to write it. I am half way through the second chapter, and I have one month left, I don't know, I can't sit down and start writing, nor do I have the sources, just two books over and over again, alternately, I don't have that kind of literature. Somehow, I feel that it all makes no sense, I sit down and do things that make no sense, I keep changing the font colour* (Marta, aged 23).

The lack of motivation is linked to a clear loss of interest in what was previously the respondents 'passion. Kinga talks about pedagogy as a domain of her previous interests: *It was interesting. I went to the university out of passion, I came up with educational studies. I thought I would finally be able to do what I like! It was my world. But as soon as I started studying, my family would say things like: "The real life is going to start now" or "You have just made a decision about your future". You know, I can't resent them for that because what they said was true. But it was probably only then that I realised that* (Kinga, aged 23).

In Agata's case, the loss of interest translated into the contradiction between her declarations and her behaviour. The respondent recalls: *There are classes I am really interested in and, previously, I had looked forward to attending them so much, but then I did not go to these classes at all* (Agata, aged 23).

Likewise, despite her initial desire to study the subject of children with disabilities, Marta now refers to her bachelor's project as nonsensical and downgrades its value: *My focus is on children with disabilities. I had wanted to write about that earlier. But I do not know, it seems to me that I will not be able to make it anyway, and it makes no sense* (Marta, aged 23).

Kinga and Agata demonstrate similar behaviour during their studies – both of them were often late or even stopped coming to classes at some point. At the same time, they point out that they faced no consequences. They argue that it was impossible to notice the change in their behaviour within the mass of students: *Well, I don't think so, I don't think they even noticed that* (Kinga, aged 23).

Kinga did not make up for the missed part of the curriculum delivered while she was absent. She says that it was an insurmountable challenge: *Under normal circumstances, you would simply try to make up for it, but when you struggle with himself or for yourself, then any other struggle seems much more difficult. Every challenge is an obstacle. There are so many challenges to face at the university, so many of them* (Kinga, aged 23). Karolina, too, points out that she has some gaps in the curriculum content: *On some days, I could not focus on studying at all and I did nothing, but I would somehow succeed and pass various subjects. I have probably missed a lot* (Karolina, 22).

Agata points to the need for a motivator, something that could encourage her to change her behaviour. She mentions punishment as a motivator: *Somehow nobody noticed that; I think I needed, I know it might sound weird, but I actually needed someone to punish me. I don't know, for instance a failed exam because of my absenteeism, something like that* (Agata, aged 23).

Marta was the only respondent to have taken steps to normalize her situation by adopting an individual study plan: *To tell you the truth, I do not go to university. I mean, I have the individual study mode* (Marta, aged 23). In addition, she expects to face study-related consequences due to the change in her behaviour. She is afraid she will not manage to write her BA thesis on time: *When it comes to my bachelor's degree, I have no motivation to write it, I am half way through the second chapter even though I am supposed to complete it in a month, I don't know, I just can't sit down and start writing it* (Marta, aged 23).

The realm of the respondents 'personal relationships is very complex. It is characterized by their huge need for intimacy and difficulty maintaining their relationships.

An important part of our conversations is their relationship with the academic community – fellow students and professors. Kinga and Karolina have a very positive view of their relations with fellow students at the time of their illness. Although these relationships were quite superficial, their friends never refused to help them when they asked for notes and materials. Agata recalls her relations with other students in a completely different way. Meetings with university friends demotivated her: *It was also so hopeless, because all of my peers seemed to have aimed higher. As I have already said, some students enrolled in that programme only to prepare for retaking their A-levels – to study more, improve their A-level results and go on to study medicine* (Agata, aged 23). Her fellow students' aspirations made Agata feel inferior and solidified her low sense of self-esteem. That was one of the reasons she chose to resign from her studies.

Professors' comments were similarly discouraging for Agata; just like her parents, they claimed that it was difficult to find a job upon graduation: *They would say it would be hard to find a job, that the competition was high, and then also that our programme was OF NO USE, that it was not a solid programme* (Agata, aged 23). The student found herself in a difficult situation. On the one hand, she was pursuing her passion and dreams, and on the other, her community seemed to devalue her aspirations. Due to the opinions of others, Agata began to doubt whether she would be able to find a suitable and well-paid job upon graduation. As a result, she could not stand pressure and quit that programme. In her opinion, that was the direct cause behind her first depressive episode.

Since neither Marta nor Kinga nor Karolina chose to quit their studies when their disease had occurred, they were asked if anyone at the university noticed any changes in their behaviour. Karolina and Kinga firmly believe that their professors have not noticed any changes in their behaviour. Karolina says: *I missed an exam once. I said I could not come. And I received a home assignment, since my professor liked me. So they actually did not know that* (Karolina, aged 22). She also adds that she is amazed at the fact that professors do not notice any changes in their students' behaviour. She reasons that there are too many students to pay attention to each of them.

In Marta's case, the change in behaviour could not go unnoticed due to the fact that she applied for the individual study plan. However, Marta did not reveal any details of her situation, she merely reported having health problems. She did not want too many people to know about her health.

None of the students have established any deeper relationships with anyone from the university. They sought to make sure that members of the academic community would not learn about their illness.

Mental support at the university

As universities offer several forms of temporary assistance to those suffering from depression, the students were asked if they were aware of such support being available. Kinga and Agata are surprised to learn about this type of commitment on the part of their university: *How come? Unbelievable!* (Kinga, aged 23). *No, absolutely not, is this really available?* (Agata, aged 23).

Agata then recalled that, early in her programme, she filled out a health questionnaire; however, that concerned a specialist in internal medicine. She was not informed about the forms of psychological support available at the university. Marta's case was similar. She started seeking for support in the face of difficult experiences: *Last year, as I experienced a lot of stress and the fear of death occurred, I started looking for something. And I found support, there is a psychological counselling centre at the university* (Marta, aged 23). Marta, however, did not choose to use its services. She believed that the maximum of three meetings available would not have helped her.

Karolina said with some nostalgia that the university has started offering psychological counselling only recently.

None of the respondents have used any forms of support available at their universities. Interestingly, two of the respondents voiced positive views of the psychological counselling centre for the students of the University of Technology. Kinga mentions rumours about that Counselling Centre: *I am not sure if it is true, but I have heard about people who used that Counselling Centre at the University of*

Technology. They said that finally the students were taken care of there (Kinga, aged 23).

This topic has been followed up by Marta, whose boyfriend is one of such students: *Marcin has something like this at the University of Technology, they have come up with psychotherapy for them. Things are well organized there; there are no queues, and at some point Marcin was offered two sessions a week* (Marta, aged 23).

The students claim that such psychological counselling should be available at every university. Agata points to economic arguments: *It would be fantastic. Not everyone, for example, can afford therapy, even if they need it.* (Agata, aged 23). The lack of financial capacity to attend private therapy sessions is linked to students' general tendency to pursue anti-health behaviour due to financial reasons.[22] They usually satisfy their basic needs rather than supporting their health in the long-term perspective.

Another reason why Marta believes this type of initiative would be valuable is this: *It seems to me that students need this kind of support at our university. There is the need for normal therapy, not just a few meetings. Perhaps especially for people who will then interact with people, help them and so on. It is very important for us to sort things out* (Marta, aged 23). Marta claims that anyone who is going to help people in future should receive such help while at the university. The psychological counselling offered by the University would be twofold: it would aim to help students to cope with the difficulties they are experiencing, and it would raise the quality of future professionals ork.

Conclusion

Discussed herein, the issues raised by the students suffering from depression are multifaceted and individual. On the basis of the conducted interviews, it is hard to state clearly whether the social

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[22] I. Yalom, Dar terapii. List otwarty do nowego pokolenia terapeutów i ich pacjentów. Instytut Psychologii Zdrowia PTP, Warszawa 2010, pp. 17–28.

background was the underlying cause of the disease in the individuals in question, although the students demonstrated a wide range of possible factors in this realm that might have led to their depressive disorders. Three individuals sought to identify the source of their disorders quite precisely. However, only one of them would point to a direct link between biological factors and her disease. One of the students linked her depression to a traumatic event in the past. Another claimed that her disorders were caused by her studies. The most frequently mentioned depression factors were the ones associated with studies, or aggravated by the stress that occurs while studying.

Depression is mostly diagnosed starting from the time of early adulthood. This was the case with the respondents. The link between the disease and social causes is implied by the references to the complex developmental tasks that occur during adolescence. As students step into adulthood, they take up tasks, or social roles, assigned to this stage of life. This stage comes with many new challenges. Above all, one needs to make a number of independent decisions that translate into their work and private lives. With individuals starting their university education, the important life decision is connected not only with a change in environment but also the very process of studying and a number of tasks related to an independent life. The need to meet these challenges can cause anxiety and be a heavy psychological burden for many young people. All of the individuals involved in this study pointed to a number of social factors that may have directly caused their disorders or significantly contributed to it. As they entered early adulthood, they poorly coped with the development tasks assigned to this period of life.

The depressive disorders of the participating students had a direct impact on the study process. Above all, they lost interest in their field of study and the desire to take any initiative related to studying. Even though they have gained requisite credits, due to the disorder, the students in question did not properly explore the curriculum and only gained cursory knowledge. The students also pointed to their difficulties attending classes and various behaviours resulting from this, especially being late or missing classes. In addition, due to the disease, the respondents developed no new or close relationships and had superficial contact with members of the academic community.

It is worth noting that the depression of each of the respondents went unnoticed at the university. This does not seem surprising in the light of the number of tasks pursued by professors today[23] and the fact that the culture of a modern university is now being compared to corporate culture.[24] However, it is important for academic teachers to keep in mind that there may potentially be people with mental health problems among students.[25]

An important theme of the respondents 'narratives is their need for various forms of psychological support from their university. None of the students was informed about the possibility of using such support from the university. However, all of the students declare the need for the universities to provide professional psychological support. The respondents have pointed out that this kind of support should be free of charge and that long-term therapy should be available. Another important argument voiced by the respondents regarding the provision of psychological support is that it should be aligned with the profile of a given university. Professional psychological support for students can automatically improve the quality of their future professional work. It would be advisable for students to be informed early on about the kind of support they can obtain from the university.

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[23] E. Kulczycki, *Punktoza jako strategia w grze parametrycznej w Polsce*. Nauka i Szkolnictwo Wyższe, 2017, 1(49), pp. 63–78. No. 1(49), pp. 63–78.

[24] P. Sztompka, *Uniwersytet współczesny; zderzenie dwóch kultur*. Nauka, 2014, No. 1, pp. 7–18.

[25] *Poradnik dotyczący prowadzenia dostępnych zajęć dydaktycznych dla studentów, w tym dla osób z niepełnosprawnościami*, Biuro Wsparcia Osób z Niepełnosprawnościami Uniwersytetu im. Adama Mickiewicza w Poznaniu, Poznań, 2020, [in:] http://socjologia.amu.edu.pl/images/pliki/dokumenty/Do_pobrania/Dostepne-zajecia-poradnik-dla-prowadzacych-zajecia.pdf [accessed on 13.10.2020].

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AGNIESZKA WOYNAROWSKA

University of Gdansk, Poland

The employment policy and vocational activity support system for people with intellectual disabilities in Poland: emancipation policy or apparent actions?

ABSTRACT: Agnieszka Woynarowska, *The employment policy and vocational activity support system for people with intellectual disabilities in Poland: emancipation policy or apparent actions?* Interdisciplinary Contexts of Special Pedagogy, no. 31, Poznań 2020. Pp. 95–126. Adam Mickiewicz University Press. ISSN 2300-391X. e-ISSN 2658-283X. DOI: https://doi.org/10.14746/ikps.2020.31.05

This article presents problematics related to social policy and the system supporting the vocational activity of persons with intellectual disabilities in Poland. Analyses aimed at finding an answer to the question posed in the title are based on the results of a research project entitled *Employment and disability. An analysis of the vocational experience of people with intellectual disabilities in Poland*, which aimed at an exploration of the policy of the employment of persons with disabilities, practices in the area of employment services, and a reconstruction of the experience of subjects involved in the work situation: job coaches, persons with intellectual disabilities, and coordinators of employment projects. The methodological framework of the project was provided by the grounded theory set in social constructivism as presented in Charmaz's works. The research material was collected in 25 workplaces employing persons with disabilities in various parts of Poland, mainly by means of in-depth interviews, observation, and field notes. The paper presents only a small fragment of the research results. The analyses focus on the presentation of the assumptions, goals, and trends of the employment policy, ways of functioning of the system of support of the vocational activity of persons with intellectual disabilities, and the confrontation of these systemic assumptions with the experience of persons involved in the implementation of this employment policy in the Polish reality. The article is therefore a critical analysis of the current policy of the employment of persons with intellectual disabilities, unmasking the existing paradoxes and apparent actions in the system of vocational support and the labour market.

KEY WORDS: intellectual disability and work; employment policy; vocational activity support system

Introduction

This article discusses problems related to the policy of the employment of persons with intellectual disabilities and the functioning of the system supporting their vocational activity in Poland. The article presents answers to the following questions: what policy of employment of persons with intellectual disabilities is implemented in today's Poland? Are we dealing with an emancipation policy or its feigned version? How does a system supporting the vocational activity of this group of citizens function? The article is a critical analysis of the current policy of the employment of persons with intellectual disabilities, unmasking the existing paradoxes and apparent actions in the system of vocational support and the labour market.

The employment policy for persons with disabilities and the system supporting the employment of this group of citizens built on its basis have been developed in democratic Poland for over twenty years following the fall of communism in 1989. It is now worthwhile to note that in socialist Poland, before the transformation of its political system in 1989, in the conditions of the socialist work ethos and socialist productivism, where the rehabilitation of people with disabilities was discussed almost solely in the medical context, a subsystem of rehabilitation referred to as the "Polish model of employment" was developed.[1] People with disabilities found employment

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[1] J. Mikulski, *Vocational rehabilitation of the disabled (Rehabilitacja zawodowa osób niepełnosprawnych),* [in:] J. Auleytner (eds.), *Social Policy. State and Perspectives (Polityka społeczna. Stan i perspektywy),* Wyższa Szkoła Pedagogiczna Towarzystwa Wiedzy Powszechnej, Warszawa 1995, pp. 220–230.

in what was referred to as cooperatives of invalids. Being a relic of the hated system and a symbol of the segregation policy, the system was abolished after the 1989 transformation. The abolishment of cooperatives was carried out mainly for political reasons rather than socioeconomic ones.[2]

Political changes, i.e. the fall of the communist meta-narration, promised a new, democratic, pluralistic order and gave hope for the removal of the existing barriers. Owing to the fledgling democracy, many minority groups won back the voice which they had been deprived of. The time of the postmodern/post-socialist opening up to such a difference began. The Polish social policy towards disability had also been transformed. The segregation policy of the socialist state changed to become one of inclusion, equality, equal opportunities, as well as activation and noticing of the needs of minority groups, which could finally openly discuss their needs as a part of the public discourse. The policy of employment of persons with disabilities is an immanent part of the process of emancipation. However, it should also be remembered that the introduction of new solutions adequate for the democratic political system and free market economy was not problem-free. As pointed out by T. Mladenov "post-socialist countries after 1989 may experience a new invalidation of persons with disabilities and a new cause of their exclusion from the job market – one related to the taking of the direction towards the market productivity of the new neoliberal regime".[3]

In 2012, Poland ratified the UN Convention on the Rights of Persons with Disabilities. Article 27 of the document reads: "States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity

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[2] H. Cioch, *The influence of cooperative law on the development of cooperatives after 1989. 90 years of cooperative law* (*Wpływ prawa spółdzielczego na rozwój spółdzielczości po 1989 roku. 90 lat prawa spółdzielczego)*. Post-conference materials. Biuletyn Instytutu Stefczyka, Instytut Stefczyka, Warszawa 2010, p. 26.

[3] T. Mladenov, *Questioning Productivism Through the Lens of Disability: Reflections on State Socialist and Postsocialist Disability Policy,* https://alterconf2015.sciencesconf.org/conference/alterconf2015/pages/Livret.pdf [15.04.2019].

to gain a living by work freely chosen or accepted on a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation".[4] The rights included in the document opened up a space for perceiving persons with disabilities as citizens in their own right, as consumers, and people enjoying rights. Unfortunately, the realistic realisation of these rights in the everyday life in Poland poses some problems. The situation of people with disabilities on the labour market in Poland is unfavourable. The activity rate of persons with disabilities is very low and the vast majority of this group of people is excluded from the labour market. Persons with disabilities show a very high level of economic inactivity.[5] Various reports (BAEL, 2019; GUS, 2019)[6] provide that the economic activity rate for working age people with disabilities amounts to 30.2% while the employment rate to 28.2%. E. Giermanowska and M. Racław indicate that "in Poland, almost 60% of young persons with disabilities aged 25–34 years do not work and do not look for employment after completing their education – they are categorised as vocationally passive individuals, and only 28.5% of the total number of persons with disabilities with higher education are gainfully employed. The vocational activity of persons with disabilities in Poland is low despite the broad base of institutions and services designed to foster the vocational activation of this community".[7]

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[4] Convention on the Rights of Persons with Disabilities, https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html [15.04.2019].

[5] E. Wapiennik, *Report on the employment of disabled people in European countries. Country: Poland*. Academic Network of European Disability Experts (ANED), https://www.disability-europe.net/downloads/508-pl-employment-report [7.11.2019].

[6] Labour force survey in Poland II quarter 2019. Główny Urząd Statystyczny. Statistics Poland. Warszawa, www.stat.gov.pl [7.11.2019].

[7] E. Giermanowska, M. Racław, *Between the politics of life, emancipation and pretending. Questions about a new model of social policy on the employment of disabled people (Pomiędzy polityką życia, emancypacją i jej pozorowaniem. Pytania o nowy model polityki*

Only a very small share of the working persons with disabilities have an intellectual disability. In our reality, such people are frequently not taken into consideration as potential employees. The lowest figures for the vocational activity of people with disabilities are recorded for persons with intellectual disabilities and amount to 8.5%.[8] Persons with intellectual disabilities are the group of the unemployed who find it most difficult to find a job. This is caused by social barriers and stereotypes concerning the poor value of work of persons with intellectual disabilities.[9]

Why does the vocational activity of persons with disabilities in Poland continue to be so low, despite the fact that considerable funds are designated for the purpose from the State Fund for the Rehabilitation of Persons with Disabilities (PFRON)? When analysing the employment situation of persons with disabilities in Great Britain, G. Mercer and C. Barnes concluded that the exclusion of this social group from the labour market may be explained by ill-suited transport, non-flexible conditions of employment, and the growing significance of formal qualifications.[10] A. Roulstone and C. Barnes pointed out that "perhaps more fundamentally, the view might be taken that disability and employment policy is premised on an inappropriate model of disability, that policy details and employment programmes may have failed or been severely weakened due to a misunderstanding of the disability problem. All of these explanations may of course hold clues as to the disability and employment paradoxes".[11] In Poland, the main barriers to the vocational activity

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społecznej wobec zatrudnienia osób niepełnosprawnych). „Studia Socjologiczne" 2(213), 2014, p. 113.

[8] D. Kukla, W. Duda, M. Czerw-Bajer, *People with disabilities in the education and vocational counseling system (Osoby niepełnosprawne w systemie edukacji i poradnictwa zawodowego)*, Difin, Warszawa 2011, p. 109.

[9] D. Kukla, W. Duda, M. Czerw-Bajer, *People with disabilities in the education and vocational counseling system (Osoby niepełnosprawne w systemie edukacji i poradnictwa zawodowego)*, Difin, Warszawa 2011, p. 127.

[10] C. Barnes, G. Mercer, *Disability (Niepełnosprawność)*, Sic!, Warszawa 2008, p. 61.

[11] C. Barnes, A. Roulstone (eds.), *Working futures? Disabled people, policy and social inclusion.* Policy Press University of Bristol, Bristol 2005, p. 1.

of persons with disabilities are the quality of the regulations concerning vocational rehabilitation[12], mental barriers on the part of employers, self-marginalisation, and barriers in the area of qualifications and infrastructure.[13] The aforementioned problem of the invalidation of persons with disabilities in post-socialist countries due to the post-1989 turn towards the market productivity of the new neoliberal regime, as sketched by Mladenov, can be yet another reason. T. Mladenov stated "that productivism is regarded as a cultural-material mechanism that reduces humans to resources utilisable for the enhancement of productive output. A person with disabilities defined from the medical and productive point of view as one who is hardly efficient, is marginalized and invalidated in the productivist society".[14]

Methods and data

This paper is based on my broader research project entitled *Employment and disability. An analysis of the vocational experience of people with intellectual disabilities in Poland*. My explorations were focused on three fields. I first analysed assumptions, goals, trends and changes in the employment policy for people with intellectual disa-

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[12] E. Giermanowska, *The Disabled as an Employee and Employer (Niepełnosprawny jako pracownik i pracodawca),* [in:] E. Zakrzewska-Manterys, J. Niedbalski (eds.), *Self-reliant, resourceful, independent. People with disabilities in the system of politics, work and education (Samodzielni, zaradni, niezależni. Ludzie niepełnosprawni w systemie polityki, pracy i edukacji)*, Wyd. Uniwersytetu Łódzkiego, Łódź 2016, p. 87.

[13] N. Wasilewska, P. Nosal, *Disabled as a worker within the social economy system (Niepełnosprawny jako pracujący w systemie ekonomii społecznej),* [in:] E. Zakrzewska-Manterys, J. Niedbalski (eds.), *Self-reliant, resourceful, independent. People with disabilities in the system of politics, work and education (Samodzielni, zaradni, niezależni. Ludzie niepełnosprawni w systemie polityki, pracy i edukacji)*, Wyd. Uniwersytetu Łódzkiego, Łódź 2016, p. 151–152.

[14] T. Mladenov, *Questioning Productivism Through the Lens of Disability: Reflections on State Socialist and Postsocialist Disability Policy,* https://alterconf2015.sciencesconf.org/conference/alterconf2015/pages/Livret.pdf [15.04.2019].

bilities. Secondly, I focused on social activity practices within the area of vocational services (what, who, where, how?) – the analysed measures were related to four areas/places of employment support activity: occupational therapy workshops, sheltered workshops, social cooperatives and supported employment projects. Thirdly, I concentrated on the reconstruction of the vocational experience of persons involved in a work situation: job coaches, people with intellectual disabilities, and project/employment coordinators.

The methodological framework combined the grounded theory set in social constructivism, as presented in K. Charmaz's works, with discourse analysis and sociologically-oriented analysis of practices. The methodology of grounded theory comprises synthetic, but flexible guidelines concerning the collection and analysis of qualitative data aimed at the construction of theories "grounded" in these data.[15] The researcher seeks to learn what happens in the places under study and what the reality of the subjects is.[16] The proponents of the grounded theory start with data. They construct data through observation, interaction, and collected materials concerning a given topic and place.[17] The methodology of the grounded theory also offers a procedure of theoretical sampling, owing to which the researcher, when collecting, coding and analysing materials, simultaneously decides on an ongoing basis where and what sort of data to collect further.[18] Sampling is processual and takes place until theoretical saturation.[19]

I carried out my research from 1.10.2017 until 31.09.2018. Following the guidelines of the grounded theory methodology, I began with the collection of data, without assuming how many workplac-

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[15] K. Charmaz, *Grounded theory (Teoria ugruntowana),* Wydawnictwo Naukowe PWN, Warsaw 2009, p. 8.

[16] Ibidem, p. 9.

[17] Ibidem, p. 9.

[18] A.L. Strauss, J. Corbin, *Basics of qualitative research: techniques and procedures for developing grounded Theory,* Sage: Thousand Oaks (CA), 1990, p. 177.

[19] K. Charmaz, *Grounded theory (Teoria ugruntowana),* Wydawnictwo Naukowe PWN, Warszawa 2009, p. XVI.

es and persons will be covered by the project, and I completed my work upon the occurrence of theoretical saturation. Finally, the data were collected in 25 workplaces in various parts of Poland, by means of in-depth interviews, ethnographic interviews, observation, and field notes. An analysis of the assumptions of employment policy was based on a qualitative analysis of the contents of legislation governing the functioning of the system supporting vocational activity. The analysed documents included the new Act on Vocational and Social Rehabilitation and Employment of Persons with Disabilities, the Act on Social Cooperatives, and the Act on the Promotion of Employment and Institutions of the Labour Market.

Collecting data, conducting interviews, observing relations and developments in workplaces, analysing and coding materials, I decided where and what sort of data to collect on an ongoing basis. Very significant were both the similarity and diversity of cases. When choosing locations for my research, I therefore considered both different forms of businesses (such as breweries, cafes, laundries, carpentry and joinery workshops, hotels) as well as the specificity of the offered vocational support (social cooperatives, occupational activity establishments, occupational workshops, and supported employment projects). As a result, I conducted research (interviews and observations) in eight social cooperatives, four occupational activity establishments, five agencies delivering supported employment projects, and five occupational workshops. I analysed the job-related history of graduates of two special-needs vocational schools and I observed training conducted as a part of a project preparing persons with Down syndrome to work in the audience services department in the Shakespearean Theatre in Gdansk and the Music Theatre in Gdynia. What was significant was to grasp the diversity of the labour markets, as well as the local specificity of the functioning of workplaces, and this is why I conducted my research in various parts of Poland (in cities such as Gdansk, Gdynia, Warsaw, Poznan, Sopot, and Wroclaw, as well as small towns/places such as Puck, Jaroslaw, Przyjezierze, Sztum, and Kamionek Wielki). Crucial was also the understanding of the specific nature of the offered vocational support and the organisational specificity of various workplaces. Fieldwork in each workplace lasted for up to two weeks.

I conducted a total of 155 interviews, of which 101 were with persons with intellectual disabilities. The group of persons with intellectual disability who participated in my research comprised 50 men and 51 women aged from 26 to 55 years. I conducted 20 interviews with job coaches, 26 interviews with the coordinators of supported employment projects and occupational activity establishments, and 8 interviews with the founders of social cooperatives (the total of 54 interviews).

All the employees were informed about the purpose of my research. Only the persons with intellectual disability who wanted to share their experience related to work participated in my project. All the participants expressed an informed consent to participate in the interview, were informed that the interview would be recorded and also consented to that (the only exception were two persons who did not agree for the interview to be recorded, so in these cases I made notes while interviewing them). The research was carried out in compliance with ethical requirements, and all the participants were fully aware of the nature of their participation. During the project, the privacy of participants was respected, and confidentiality was guaranteed to them.[20] When entering the places in which persons with disabilities work, I was initially an alien, but over time, as I immersed in the environment I was exploring, in some sense I became its part. This allowed me to make interesting observations and made it easier to conduct interviews.

I began my analysis of the research material with the process of defining what the data concern. I provided labels to the particular segments, categorizing, summarising and explaining the particular data[21] In the grounded theory, coding comprises at least two stages:

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[20] E. Babbie, *Social research in practice (Badania społeczne w praktyce),* Wydawnictwo Naukowe PWN, Warszawa 2006, pp. 515–519.

[21] K. Charmaz, *Grounded theory (Teoria ugruntowana),* Wydawnictwo Naukowe PWN, Warszawa 2009, pp. 60–61.

the initial one, and the focused one.[22] After the initial coding, covering segments of data and constant comparison of the particular categories determining similarities and differences, I commenced the focused coding, which allowed me to synthesize data and identify the final analytical categories interpreting the job-related situation of persons with intellectual disability from the point of view of the assumptions of the employment policy and its clashing with the actual implementation in the reality, the diversity of practices of places offering vocational activity and the multitude of individual experiences concerning the situation of work and the meanings of work.

This article is based on data from the project, but presents only a short fragment of research results. The analyses focus on the presentation of the assumptions, goals, and trends of employment policy, ways in which the system supporting the vocational activity of persons with intellectual disabilities functions, and on the confrontation of these systemic assumptions with the experience of persons involved in the implementation of this employment policy in the Polish reality.

Employment policy and the vocational activity support system for people with intellectual disabilities in Poland – assumptions, goals, and trends

The new Polish system of vocational rehabilitation and employment of persons with disabilities was created in 1991 when the Act on the Employment and Vocational Rehabilitation of Persons with Disabilities was introduced. At that time, the State Fund for Rehabilitation of Persons with Disabilities was developed with the aim to finance and create jobs for people with disabilities both in the open and sheltered employment market.

The policy of the employment of people with disabilities is based on a quota system – an obligation to employ 6% of people

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[22] Ibidem, p. 64.

with disabilities in the company, as well as on financial incentives for employers – subsidized wages of persons with disabilities.[23] The State Fund for Rehabilitation of Persons with Disabilities is fed by obligatory contributions from employers who do not employ the required percentage of employees with a disability. In this model, cost-related barriers to the demand for work performed by persons with disabilities are noticed and employers are motivated to employ persons with various deficits by the introduction of a "fee for failure to employ" a person with a disability[24]. Theoretically, the contributions and subsidised wages of employees with disabilities are to encourage employers to hire such employees.

In 1997, a new Act on Vocational and Social Rehabilitation and Employment of Persons with Disabilities was adopted. Under the act, occupational therapy workshops and occupational activity establishments were established. The act also regulates the functioning of sheltered workshops and the issue of the subsidies for the employers willing to employ persons with disabilities, either on the open or sheltered employment market. It is worth pointing out that occupational activity establishments and sheltered workshops are places of employment of the sheltered employment market. After the abolishment of "cooperatives of invalids" in the first half of the 1990s, which were perceived as "ghettos" of persons with disabilities and a symbol of the segregation policy, the sheltered employment market experienced a boom. It is in this sector that 30% of all the employed persons with disabilities found and maintained work.[25]

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[23] *Act on social and vocational rehabilitation and employment of disabled people (Ustawa o rehabilitacji społecznej i zawodowej oraz zatrudnieniu osób niepełnosprawnych)*, Journal of Laws. 1997 No. 123 It. 776, http://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20060940651 [8.11.2019].

[24] See: Giermanowska, Racław (2014); Giermanowska, Racław, Szawarska (2019).

[25] E. Giermanowska, *The Disabled as an Employee and Employer (Niepełnosprawny jako pracownik i pracodawca)*, [in:] E. Zakrzewska-Manterys, J. Niedbalski (eds.), *Self-reliant, resourceful, independent. People with disabilities in the system of politics, work and education (Samodzielni, zaradni, niezależni. Ludzie niepełnosprawni w systemie polityki, pracy i edukacji)*, Wyd. Uniwersytetu Łódzkiego, Łódź 2016, p. 69.

Occupational therapy workshops and occupational activity establishments are particularly important from the point of view of supporting the labour of persons with intellectual disabilities. In Poland, there are 700 occupational therapy workshops operating for 26,000 persons with severe or moderate disability.[26] They are facilities enabling social and vocational rehabilitation in the area of the acquisition or reacquisition of skills and abilities necessary to find employment. Under the Act on Vocational and Social Rehabilitation and the Employment of Persons with Disabilities, occupational therapy workshops are to prepare persons with disability through occupational therapy to undertake employment on the open or sheltered employment market. The Act provides further that after three years a person with disability should be able to find a job in a vocational activity support centre or on the open labour market.[27] This assumption, however, is in fact entirely utopian and is in no way implemented in the Polish reality.

In Poland, there are currently about 105 occupational activity establishments, which employ almost 4,000 persons with moderate or severe disability.[28] An occupational activity establishment is an organisationally and financially independent entity established to employ persons with severe or moderate disability, diagnosed with autism, intellectual disabilities, or a mental disease. Under the Act, occupational activity establishments should not be the target place of employment for people with disabilities – they are to prepare the employees to find and maintain a job on the open market.[29] This is, however, but another utopian and utterly non-feasible assumption.

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[26] pfron.org.pl/instytucje/placowki/wtz/ [14.04.2020].

[27] *Act on social and vocational rehabilitation and employment of disabled people (Ustawa o rehabilitacji społecznej i zawodowej oraz zatrudnieniu osób niepełnosprawnych)*, Journal of Laws. 1997 No. 123 It. 776, http://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20060940651 [8.11.2019].

[28] pfron.org.pl/instytucje/placowki/zaz/ [14.04.2020].

[29] *Act on social and vocational rehabilitation and employment of disabled people (Ustawa o rehabilitacji społecznej i zawodowej oraz zatrudnieniu osób niepełnosprawnych)*, Journal of Laws. 1997 No. 123 It. 776, http://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20060940651 [8.11.2019].

In 2001, a new form of activity: supported employment was introduced to the Polish market of support to vocational activity of persons with intellectual disabilities. It is worth adding that despite many activities and postulates of non-governmental organisations organising supported employment projects, this form of support of vocational activity has so far failed to be cemented in any concrete regulations and is carried out solely in the form of projects. Moreover, non-governmental organisations, which basically have taken over responsibility for the organisation of places of work for persons with intellectual disabilities, have recently established many social cooperatives. Social cooperatives are yet another proposed system solution, which came into being under the social cooperatives act of 2006 and its 2018 amendment. The introduction of the social cooperative in Poland is the result of close cooperation between the Polish Ministry of Labour and nongovernmental organisations. Social cooperatives are an element of the government's policies aiming to create jobs and limit social exclusion and marginalization.[30] A social cooperative is a social enterprise combining business with social goals and supporting persons at risk of social exclusion. Social cooperatives are places between the open and the sheltered employment market – they are not provided with the financial support available to occupational activity establishments, but for many job-seeking persons with disabilities they are the only possibility to win and maintain a job owing to support from a job coach and the employers' understanding of the specific nature of their disability.

Occupational therapy workshops, occupational activity establishments, supported employment, and social cooperatives were established to support the vocational activity and enable employment to persons with all kinds of disabilities. As places providing work and vocational rehabilitation, they are however in particular important to persons with intellectual disabilities, who find it very

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[30] E. Wapiennik, *Report on the employment of disabled people in European countries. Country: Poland.* Academic Network of European Disability Experts (ANED), https://www.disability-europe.net/downloads/508-pl-employment-report [7.11.2019].

hard to find and maintain a job on the open labour market. In Polish reality 98% of participants of occupational therapy workshops are persons with intellectual disabilities.[31] In occupational activity establishments, about 22% of employees are persons with intellectual disabilities.[32] Many social cooperatives have been founded solely to provide places of employment to persons with intellectual disabilities. Supported employment projects are largely designed for this group of persons and they are implemented by associations acting for the benefit of this community.

Summing up, what vocational activity support system for people with intellectual disabilities is offered now? After graduation, people with intellectual disabilities have the following options: they can become participants in occupational therapy workshops and community self-help centres, where they are prepared for employment. They can participate in supported employment projects, and they can find a job in a sheltered workshop, an occupational activity establishment, or a social cooperative. Actually, despite the supportive social policy, the system does not work as meant. These are only idealistic assumptions. The legislator failed to anticipate several issues in the entire employment jigsaw puzzle – in other words, a system was created, which somehow failed to evolve around the needs of adults with intellectual disabilities and possibilities for their finding of their place on the labour market. Nobody thought about the continuity of financing for places of work, support for employers or making sure there is a sufficient number of services. Nothing comes from the provision concerning the obligation to leave occupational therapy workshops after three years and under-

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[31] PFRON report. *Study of the condition of occupational therapy workshops. Final study report (Badanie sytuacji warsztatów terapii zajęciowej. Raport końcowy z badania).* Laboratorium badań społecznych, Warsaw 2014, p. 64, https://www.pfron.org.pl/fileadmin/files/r/5062_Raport_koncowy_WTZ.pdf [20.04.2020].

[32] PFRON report. *Research on workshops of professional activity. Final report (Badanie zakładów aktywności zawodowej. Raport końcowy),* Warsaw 2017, p. 10, https://www.pfron.org.pl/aktualnosci/archiwum/szczegoly-aktualnosci/news/badanie-zakladow-aktywnosci-zawodowej/ [20.04.2020].

taking employment – as aforementioned, it is a utopian and wishful assumption, since there is no "further course". As results from many PFRON reports, there is an insufficient number of occupational activity establishments. Coordinators of supported employment projects participating in my research also indicate that supported employment projects have limited financing. People wait for years to be granted a subsidy for the establishment of a social cooperative, and it is also very difficult to maintain such an initiative on the market. Additionally, discouraged by the complexity of the regulations concerning the subsidizing procedures, employers often resign from hiring employees with disabilities.[33] The provision of the act specifying that occupational activity establishments are only a transient form of employment is also utopian – in practice, very few employees leave the sheltered employment market.[34]

Despite many utopian assumptions and a certain absence of systemic thinking about persons with intellectual disabilities as a group in terms of employees, many non-governmental organisations fight for places of work and carry out supported employment projects. Thus, respecting the right of persons with disabilities to work, they create realistic opportunities for them to find employment and keep their jobs. Analysing these projects, we should add that following the idea of the decentralization of power introduced after 1989, the aims and tasks of the social policy and the employment policy regarding people with disabilities, drawing upon legal acts put forth by the government, are implemented by local governments: Regional Centres for Social Policy. Therefore, while examining the

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[33] E. Giermanowska, *The Disabled as an Employee and Employer (Niepełnosprawny jako pracownik i pracodawca),* [in:] E. Zakrzewska-Manterys, J. Niedbalski (eds.), *Self-reliant, resourceful, independent. People with disabilities in the system of politics, work and education (Samodzielni, zaradni, niezależni. Ludzie niepełnosprawni w systemie polityki, pracy i edukacji)*, Wyd. Uniwersytetu Łódzkiego, Łódź 2016, p. 87.

[34] PFRON report. *Research on workshops of professional activity. Final report (Badanie zakładów aktywności zawodowej. Raport końcowy),* Warszawa 2017, p. 10, https://www.pfron.org.pl/aktualnosci/archiwum/szczegoly-aktualnosci/news/badanie-zakladow-aktywnosci-zawodowej/ [20.04.2020].

situation in Poland, one may notice an asymmetry of activities. Varying accomplishments regarding the activities supporting the vocational activity of people with intellectual disabilities in the particular local governments can be observed. As an example of such an asymmetry we may indicate the number of occupational activity establishments in a given voivodship: there are, for instance, as many as 14 of them in the Podkarpackie voivodship, and just two in the Pomorskie voivodship. Practically speaking, supported employment projects are implemented only in larger Polish cities. Moreover, when looking at the vocational activity support system for persons with intellectual disabilities, one may again conclude that both the system and the workplaces are mainly created owing to the local initiatives of NGOs, parents, local leaders, and other people tired of stagnation and the lack of possibilities.

Employment policy and the vocational activity support system for people with intellectual disabilities in the reconstruction of the experience of persons involved in a work situation: job coaches, people with intellectual disabilities, project/employment coordinators

I shall begin the presentation of reconstructions of the experience of persons involved in the situation of work and shall show from this perspective the employment policy and the system of support of the vocational activity system, by sketching the situation on the labour market.

What is the situation on the labour market? What situation on the labour market is revealed by the narrations of the subjects? First of all, all of them indicate an absence of employers willing to employ persons with intellectual disabilities. Employers hardly ever take into account the fact that this group of persons with disabilities might actually make employees. Employers do not know how to support such employees, and have some doubts as to their skills and abilities. We may say that there is a lack of employers willing to hire people with intellectual disabilities. As the subjects put it:

> For 16 years, J. has been the supervisor of the occupational therapy workshop in Puck. He attempted to push people with intellectual disabilities to enter the open labour market; however, they would come back like a boomerang, no one would employ them. They require constant supervision and support. No employer can afford to provide such a thing, despite wage subsidies. The efficiency of such a person is much lower, stereotypes prevail, and people are cautious and feel uncomfortable when working with persons with intellectual disabilities (founder of the social cooperative *Brewery* in Puck).
>
> After graduating from a special vocational school, our children weren't offered any support. They would end up sitting at home with a remote control in their hands (founder of the social cooperative *Cafe* in Warszawa).

Another issue the subjects mention is that the open labour market is slowly opening up to the employment of people with intellectual disabilities, but the problem is that although some employers want to employ people with a disability certificate, they expect from them a quality of work as high as that of regular workers. To be more precise, this means that employers do not acknowledge the fact that an employee with intellectual disabilities may need more time to perform an activity, that one needs to remind them of certain things. Employers rarely tolerate smaller efficiency and this is one of the reasons why many employees with intellectual disabilities fail to keep their jobs on the open market. This is how the employees themselves perceive the situation:

> I went to work as a gardener. I worked there for a month. They didn't want me. I didn't like it there. Because I had to do things quickly, quickly, while I prefer doing things slowly and accurately (currently, a worker of the social cooperative *Cafe* in Warszawa).
>
> I was recommended for a job at the Second World War Museum, I went there and they said that they wanted to employ someone with a disability certificate. I was there for 3 months, on probation. Some-

> times things did not go well, I was tired, dishes would break by accident, there were various days. I was a waitress there, I cleaned tables and took away dirty dishes. Difficult work, crowds of people, sometimes you had to work fast, cakes here, coffee there, dirty dishes. When there was a crowd of people, when there were so many stimuli, so many things at the same time, and I cannot do it this way, I have to finish one thing and start another one. The girls rushed me. They did not make my work easier, I was the first person with a disability certificate there, and they did not know how to behave (currently, a worker of the social cooperative *Cafe* in Gdańsk).

The coordinators of employment projects and persons with disabilities themselves also mention another problem – the insufficient number of occupational activity establishments. In their opinion, there are not enough workplaces in the sheltered employment market.

> In order for someone to be able to get out of the occupational therapy workshop, you need to create workplaces. In Poznan, the sheltered (employment) workshop has never been established despite efforts, so there is no place to send the people (founder of the social cooperative *Cafe* in Poznań).

> It is my first work, my first company. I was looking for work, and I submitted different applications. The occupational activity establishment gave me a chance to work. It is a very good thing; we do not just sit at home, everyone has their own obligation, their activity. I am 36 years old, and I started to work when I was 34 – do you know how hard life is when you do nothing? You would like to do something, you would like to be necessary, but there is always this disability. For me it is like heaven and earth, what I have now and what I used to have (employee of the occupational activity establishment, Przyjezierze).

An absence of the willing employers, their failure to understand the capabilities of persons with disabilities in the workplace, a shortage of job coaches supporting both the employers and the employees with disabilities, the expectation of the same efficiency, and the insufficient number of jobs on the sheltered employment market are the main problems marking the contemporary area at the border between the labour market and disability.

What is the reality of social cooperatives? As aforementioned, social cooperatives as social enterprises have been functioning in Poland since 2006. For many persons with intellectual disabilities, they are the only available places of employment. In Poland, we are currently experiencing a boom of social cooperatives. Many non-governmental organisations are trying to win funding from EU funds. Cafes employing persons with intellectual disabilities are very popular. Despite the huge popularity of social enterprises, they are challenged with many difficulties. The first issue is the financial difficulties and struggle to keep on the market. Social cooperatives receive subsidies from European Union Funds to initiate operations. The funds are distributed by the Social Economy Support Centre. Co-financing is received through a competition. You can wait several years for it. Afterwards, the wage subsidies for people with intellectual disabilities are the only form of financial support from the State Fund.

> We employ people who have had a very tough time in the open labour market, either finding no job at all, or losing their former jobs. Working with people with intellectual disabilities is quite specific – one must often correct their mistakes, and it doesn't always pay off financially. Additionally, people are cautious when dealing with such cooperatives; they have to learn to trust them. We are constantly struggling financially (manager of the social cooperative in Jarosław).
>
> We employ 18 persons with intellectual disabilities: 11 in the Brewery, and 7 in the Pub. The social cooperative is the most difficult form of economic activity in Poland (founder of the social cooperative *Brewery* in Puck).

Not only the financial struggle bothers social cooperatives, but also the reception of their services and products by clients:

> We were afraid that there would be nobody willing to drink beer made by persons with intellectual disabilities (founder of the social cooperative *Brewery* in Puck).
>
> Haters commented: 'They will drool, stink, put their fingers in the soup'. However, they accepted us as normal people providing high-quality services (founder of the social cooperative *Cafe* in Poznań).

What is the reality of occupational activity establishments? The occupational activity establishments receive subsidies from the State Fund for Rehabilitation of Persons with Disabilities (PFRON) to support the wages of people with disabilities, as well as the wages of their instructors. The State Fund for Rehabilitation of Persons with Disabilities covers up to 90% of the cost of the functioning of occupational activity establishments. Therefore, they are very expensive for the state and are often suspended by local governments. This results from the insufficient funds provided by PFRON to the local governments. Moreover, the financing has not increased in the last 10 years, whereas the minimum wage has increased. Therefore, numerous occupational activity establishments deal with financial issues. They seek aid through EU funds. One may speak of the insufficient number of occupational activity establishments in comparison with demand, and their asymmetrical distribution in Poland. It is a result of the policies of particular voivodships.

> The steady financing is the key to success, as I state all the time, in regard to people with intellectual disabilities; the programme should not be planned for a year, but years, and it should be evaluated if possible (manager of the occupational activity establishment in Sztum).

Another problem indicated by the coordinators of occupational activity establishments is the poor rotation of employees with disabilities, resulting from the absence of employers on the open labour market willing to employ them. It is worth adding that owing to long-voiced postulates of the Polish Association of Employers of Occupational Activity Establishments (*Ogólnopolski Związek Pracodawców Zakładów Aktywności Zawodowej*), the subsidy for the employment of persons with disabilities was increased as of 1.10.2019.

What is the reality of supported employment projects? They have been implemented in Poland since 2001. 2015 witnessed the establishment of Polska Federacja Zatrudnienia Wspomaganego (*Polish Federation of Supported Employment*), aiming at the promotion of the supported employment model, which makes it possible for people with disabilities, who experience special difficulties with the acquisition and keeping of paid jobs on the open labour market, to work for money on an equal basis with others. More than 4,500 persons with disabilities participated all over Poland in the many supported employment projects organized by a variety of non-governmental organisations during 19 years of their operation. More than 1,500 such persons, supported by a job coach, found work, and more than 1,000 employers were provided with personnel consultancy services[35] Unfortunately, no data are available as to how many persons managed to keep their jobs. What problems in this sector of employment support are disclosed in the narrations of the subjects? The first issue is the financing of the projects and the continuity of the financing. The supported employment projects have been provided only by NGOs in the last 19 years on a project basis. Therefore, it is difficult to ensure the continuity of projects and raise funding. This also results in a limitation of the number of participants. As project coordinators and job coaches say:

> We are dealing with a lack of strategic framework for supported employment – as well as a lack of system-level solutions (coordinator of supported employment projects, Polish Association for People with Intellectual Disabilities, Warszawa).
>
> Continuity of support is a priority. The people need to get support. If you leave an employee with intellectual disability without the support of a job coach, he/she will lose the job and end up with nothing (job coach working for supported employment projects, Polish Association for People with Intellectual Disabilities, Gdańsk).
>
> We cannot give up supporting the employed people with disabilities, but what do we do when we don't have the financing for two months? The system requires, but does not help (coordinator of supported employment projects, Polish Association for People with Intellectual Disabilities, Gdańsk).

Yet another issue is the uncertainty of support and employment, which is also difficult for employees with intellectual disabilities:

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[35] www.pfzw.pl [14.04.2020].

> For now, I have this job until March. These are cleaning works. The agency for supported employment has just searched for me. And what will happen next? (employee with intellectual disability).

Another problem is an absence of a regulatory framework concerning supported employment. The Polish Federation of Supported Employment (*Polska Federacja Zatrudnienia Wspomaganego*) has been fighting for years for the development of an Act on Supported Employment, which would regulate the financing of this form of support to vocational activity and provide detailed requirements concerning the job of a job coach.

The employment policy and vocational activity support system for people with intellectual disabilities in Poland: emancipation policy or apparent actions?

Despite the many difficulties in the organisation of vocational support to persons with intellectual disabilities, many non-governmental organisations fight for places of work for this group of persons, developing the social economy sector and carrying out supported employment projects. When, while interviewing coordinators of vocational activity support projects, I asked them a rather provocative question: why should persons with intellectual disabilities work at all and what do they need work for, as well as whether occupational therapy in an occupational therapy workshop or a community self-help centre is not sufficient, I first saw astonishment in their eyes, and then I heard:

> Under the Convention (CPRD), everyone has the right to work, and under the Constitution, everyone has the right to dignity. In order to earn money, to then be able to fulfil one's dreams. Why should not a person with a disability have the possibility to work if he or she wants to; obviously, when he or she does not want to, that's it, we shall not make anyone do it. If there is a person who wants it, then it is my task to work with this person on it. I have a person who wants to work,

> but she is not aware of what work means. And it is my task to work with her, not discourage her, but make her understand what work is and to finally prepare her for taking a decision (founder of the social cooperative *Café* in Gdańsk).
>
> This is the way this world works: adults work and disability has nothing to do with it. If people want to earn their living, if they want to feel satisfaction with life and if they want to have a quality life, they need to work. We want to contact people, we want to have friends, we want to have life that is like this and not like any other, one that we want to have, and so we need to work, this is the way this world goes. The society is to implement equal treatment and that's it (coordinator of supported employment projects, Warszawa).

The above statements highlighting the rights of persons with disabilities refer to the equality policy, but also reveal a perspective of the social meanings of work. Work is a meaningful practice and one of the basic determinants of human life, which determines one's social status and therefore one's life opportunities, and which, consequently, shapes the identity of the subject – the subject of work.[36] Work constitutes a universal value in two senses – other values relate to it, and it is a determinant of human value. The universalism of work as a value, in particular in the constructivist and pragmatic sense, lies above all in the fact that the general public must of necessity relate to it. In other words, if you fail to relate to work, then, in a sense, work will relate to you, or, to be more precise, the society will relate to you, pushing you to the margin of its life.[37] I think that it is the awareness of social meanings given to work which is a force driving non-governmental organisations operating for the benefit of persons with disabilities in Poland, parents, and people with intellectual disabilities themselves to undertake the huge, in Polish conditions, effort of the creation of places of work, social cooperatives,

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[36] P. Stańczyk, *Praca*. In M. Cackowska, L. Kopciewicz, M. Patalon, P. Stańczyk, K. Starego, T. Szkudlarek, *Discursive structure of the subject (Dyskursywna konstrukcja podmiotu)*, Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk 2012, p. 155.

[37] S.M. Kwiatkowski, *Pedagogy of work (Pedagogika pracy),* [in:] B. Śliwerski (eds.), *Pedagogika,* GWP, Gdańsk 2006.

and supported employment projects. For many employees with intellectual disabilities, work is a source of a sense of being useful and valuable. It is a chance for being a fully-fledged consumer. This perspective is expressed in the following statement:

> I work, because I like it. Work gives me satisfaction, I don't just sit at home and I am among other people. I have a computer, which I bought myself. Without work, my life would be grey and sad, I would perish without work. I would not be valuable without work (employee, occupational activity establishment, Jarosław)

Such a perception of work leads us towards idea of the work ethic. Presenting the idea of the work ethic, Z. Bauman pointed out "that it is (…) one commandment with two unspoken premises and two tacit assumptions. The first unspoken premise (…) is always *quid pro quo*, 'tit for tat'. (…) The second outspoken premise is that (…) working is a value in its own right, a noble and ennobling activity. The commandment follows: you should go on working even if you do not see what that could bring you which you do not have already or don't think you need. To work is good, not to work is evil. (…) Work is the normal state of all humans; not working is abnormal".[38] Z. Bauman believed "that since the ethic of work burst into the European consciousness at the early stage of industrialisation, it was used equally by politicians, philosophers and preachers as a call or a justification behind attempts at the eradication, at all costs, of the "widespread inclination to avoid (…) the ostensible blessings of (…) employment".[39] Work was to build a brave new world. We live in a consumer society. Z. Bauman further writes that "in a consumer society, a 'normal life' is the life of consumers, preoccupied with making their choices among the panoply of publicly displayed opportunities for pleasurable sensations and lively experiences. In a consumer society, (…) having no access to a happy or merely a normal life means to be consumers *manqués*,

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[38] Z. Bauman, *Work, Consumerism and the New Poor,* Open University Press, Philadelphia 1998, p. 5.

[39] Ibidem, p. 6.

or flawed consumers. Poverty means being excluded from whatever passes for a 'normal life'. In a society of consumers, it is above all the inadequacy of the person as a consumer that leads to social degradation and the 'internal exile'".[40] In this context, working citizens with intellectual disabilities have a chance to be consumers in their own right; people, who just like other members of society, can use a multitude of the publicly offered opportunities. Work offers them an opportunity to leave exclusion behind, as it can be a tool of emancipation in the area of the familiar and accepted social order.

I would like to go back to the question posed in the title: can we conclude that the Polish employment policy is a policy of emancipation or is it marked by many activities that are apparent and legitimise exclusion, as well as utopian assumptions which fail to result in anything for persons with intellectual disabilities on the labour market? For A. Giddens, emancipation means that collective life is organised in such a way that the individuals are capable – in some sense or another – of free and independent action in the environments of their social life. For A. Giddens, emancipatory politics is a politics of life chances, and the politics of life is the politics of lifestyle choices, "politics of choice", the politics of choosing one's own lifestyle.[41]

For many people with intellectual disabilities, to be an employee means to be independent, free, and self-accomplishing. Therefore, they choose this path, to be an employee, if they are provided with the right conditions. In Poland, we have initiated a process of emancipation, we have acknowledged the people with disabilities as legitimate citizens with the right of access to all social goods – that is, including the access to work in both the sheltered and the open labour market. Unfortunately, examining the activities that, by creating employment, provide people with intellectual disabilities with vocational opportunities, and the employment policy that should support these activities, one may notice many apparent actions. One

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[40] Ibidem, p. 38.

[41] A. Giddens, *Modernity and Self-identity: Self and Society in the Late Modern Age,* Blackwell Publishers, Cambridge 1991, pp. 210–214.

may have a feeling that there is no consistent employment policy regarding persons with intellectual disabilities. One may also feel that there is an enormous gap between acknowledging people with intellectual disabilities as legitimate citizens and the accomplishment of their rights. Therefore, we may speak about an unfinished process of emancipation. People with intellectual disabilities are acknowledged as legitimate citizens only seemingly, while in reality, they are often not considered to be real employees or people with the right to choose. The systemic thinking about being an adult is missing here. A question often arises: "A job? Why would they need a job?" Owing to the activities of NGOs, a number of supported employment projects are being implemented and social cooperatives are formed. Unfortunately, a job is given and then it is taken away. The project ends, there is no continuous financing, and social cooperatives go bankrupt. Despite provisions in the act regarding the sheltered workshops as places of vocational activity, there are still too few of them. They are too costly, so no new workshops are established. Additionally, it is very difficult for people with intellectual disabilities to "leave" the ones that exist and enter the open labour market, as there are no employers eager to employ such people, and there are difficulties in meeting their expectations. The open market is seemingly open to people with intellectual disabilities, but in reality employees often lose their jobs due to their low efficiency/productivity and due to lack of support from their job coaches. Currently, societies for people with disabilities (Polish Federation of Supported Employment, Polish Association of Organizers of Sheltered Workshops, Association for Social Cooperatives, and Polish Association for People with Intellectual Disabilities) are fighting for an employment policy that will recognize the diversity of needs, for the continuity of funding for supported employment projects, for financial support for the sheltered employment market, and for facilitating the creation of social cooperatives.

Going back to Giddens's idea of the politics of emancipation and politics of life, we may ask another question: do persons with intellectual disabilities have a possibility to choose their lifestyle in today's Poland? Do they have a chance for freedom and independent activity as a part of social life in our society? Do they have a chance for a job considering the current socio-political manner of thinking about the difference of persons with intellectual disabilities in the context of the world of work? They do, and they do not. Unfortunately, as R. Piotrowicz points out, "the society does not treat persons with intellectual disability as adults, i.e. mature individuals, who are capable of autonomy, self-determination and work. This is a result of the stereotypical perception of adult persons with disabilities as 'eternal children'".[42]

Some hope for changing the situation could result from the shaping of the policy of employment of persons with disabilities through the lenses of the policy of equality and J. Rancière's concept of emancipation.[43] As a part of J. Rancière's approach, "the only realistic emancipatory project is an assumption of the fundamental equality of people's intelligence and the activity that will "verify" this assumption – in the sense that it will make it true in our actions. Differences between human capital, human abilities and human possibilities should not be "equalised": we should ignore them, assuming that everyone can do everything – and we should ceaselessly check in our activity how much we can achieve in this way".[44] Analysing Rancière's concept of emancipation, T. Szkudlarek points out "that he is perfectly aware of the fact that the assumption of the equality of all intelligence sounds naive. What do we achieve by assuming that everyone can learn everything? What do we achieve

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[42] R. Piotrowicz, *Determinants of adulthood in people with Down syndrome (Wyznaczniki dorosłości osób z zespołem Downa),* [in:] B. Kaczmarek (Eds.), *Difficult adulthood of people with Down syndrome (Trudna dorosłość osób z zespołem Downa),* Oficyna Wydawnicza "Impuls", Kraków 2010, p. 86.

[43] J. Rancière, *Dividing the perceivable. Aesthetics and politics (Dzielenie postrzegalnego. Estetyka i polityka)*, Ha!art, Kraków 2007; J. Rancière, *On the shores of politics (Na brzegach politycznego)*, Ha!art. Kraków 2008.

[44] T. Szkudlarek, *Differences, equality and education: politics of inclusion and ignorance* (*Różnice, równość i edukacja: polityki inkluzji i ignorancja),* [in:] T. Szkudlarek, A. Komorowska-Zielony (eds.), *Differences, education, inclusion (Różnice, edukacja, inkluzja),* Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk 2015, p. 67.

assuming that this is impossible? Let us check what will happen when we assume that everyone can learn".[45] J. Rancière's theory of politics, as analysed by T. Szkudlarek, is developed on the basis of the concept of the "distribution of the sensible", i.e. aesthetic regimes of the perception of reality operating with the limits of visibility, audibility and comprehensibility, which create the framework of the common world.[46] J. Rancière calls the element stabilising the framework the police, and the element which moves it – politics in its strict sense. Education plays an extremely significant role in these processes – both in the area of the stabilization of the limits of the perception of the reality by the police, and their "political" translocation. In this context, emancipation is an act of dissensus, an activity which is "out of place" and which speaks "at the wrong time", a demonstration of presence where we were not to be, and a manifestation of skills and abilities in the area of competences which, by assumption, we should not have.[47] Owing to being comfortable in the role of an employee, persons with intellectual disabilities, manifesting skills and abilities nobody thought they have, in the workplaces, in which they were not employed previously, can carry out their emancipation project.

Today in Poland it is time to reformulate support measures, to listen to the voice of people for whom employment is organised; it is time to let them live their alternative forms of being-in-the-world, time to combine paid employment with other forms of work, time for "acts of dissensus" and actions that are "out of place". Perhaps also the next step towards emancipation and the politics of choice should be a reformulation of the thinking about employment. U. Beck[48] formed a theory of a civil society alternative to the current

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[45] T. Szkudlarek, Differences, equality and education: politics of inclusion and ignorance (*Różnice, równość i edukacja: polityki inkluzji i ignorancja),* [in:] T. Szkudlarek, A. Komorowska-Zielony (eds.), *Differences, education, inclusion (Różnice, edukacja, inkluzja),* Wydawnictwo Uniwersytetu Gdańskiego, Gdańsk 2015, p. 69.

[46] Ibidem.

[47] Ibidem.

[48] U. Beck, *The Brave New World of Work,* Polity Press, Cambridge 2005, p. 6.

society, based on the involvement of citizens in various types of work. The idea refers to a wide definition of work, encompassing not only activities related to professional work, but also various types of activity like housework, educational work and voluntary service. In the perspective of the "politics of life", people with disabilities have the possibility of choosing their own lifestyles, based not only on their income but on other forms of activity that are a broadly perceived useful work as well. A. Roulstone and C. Barnes also conclude "that here work can be taken to mean much more than paid employment, while working relates to new policy ideas that function to include rather than exclude or coerce persons with disabilities".[49]

The statement of an employee with an intellectual disability quoted below can be an example of such a change in the way we think about work, activity, the choice of a lifestyle, independence and decisions:

> I work on Fridays, once a week. I always plan it myself, I come to the Community Self-Help Centre to work and provide voluntary service there. When I was working I became a voluntary worker. We have this project, the "Active Voluntary Work" in Sopot. We help others, for free, without any money involved. We provide help during various events. I am a member of the *On the Path of Expression* Association. I made my own adult decision, to do something. Maybe, I will do something for Sopot. It is my manly decision, to go further, not stay in one place, to do something for myself (employee with intellectual disability from Sopot).

Conclusions

This article presents a clash between the assumptions of the policy of the employment of persons with intellectual disabilities, and

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[49] C. Barnes, A. Roulstone (eds.), *Working futures? Disabled people, policy and social inclusion,* Policy Press University of Bristol, Bristol 2005, p. vii.

a realistic possibility to implement them in the Polish reality. Without any doubt, the Polish employment policy promotes, in its assumptions, the employment of persons with intellectual disabilities. This is related to the policy of standardisation, equality, and social inclusion, and the dissemination of the strategy of equality and diversity. However, the experience of persons involved in the creation of places of work as well as that of employees with intellectual disabilities themselves shows that the implementation of the assumptions is very difficult. Nevertheless, many non-governmental organisations conscious of the meaning of work for persons with intellectual disabilities fight for the creation of the space in which such persons could fulfil themselves as employees. E. Zakrzewska-Manterys concludes that "the undertaking of employment by persons with intellectual disabilities is a 'historical necessity'. One cannot reverse the course of history. The history of the emancipation of persons with intellectual disabilities, taking place in the last decades, is a history covering their right to healthcare, to education, to the selection of a lifestyle, a peer group, and manners of spending their free time. As a society, we are witnessing the expansion of emancipatory measures onto the sphere of work".[50]

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[50] E. Zakrzewska-Manterys (eds.), *Manual for those interested in introducing mentally disabled people to the labor market to the social sector (Podręcznik dla zainteresowanych wprowadzaniem osób upośledzonych umysłowo na rynek pracy do sektora społecznego),* PFRON, Warszawa 2014, p. 52.

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JOLANTA LIPIŃSKA-LOKŚ
University of Wroclaw, Poland

"Life Goes On"[1] – everyday life of children with Down syndrome and their families – selected aspects

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The birth of a child is a major event in family life, which makes parents take on an important role in their lives, characterised by new tasks, chief among which are the care and upbringing of their offspring. Unfortunately, in many families, some factors

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[1] "Life Goes On" is not only a phrase that refers to the course of life of children with Down syndrome and their families – something that is often reflected in the statements of parents participating in the study – but also the title of a TV series, which aired in Polish television at the turn of the 1980s and 1990s, which tells the story of the Thatcher family, often brought up by parents. Corky Thatcher is a teenager with Down syndrome. The series enjoyed great popularity and without a shade of doubt it increased public awareness of Down syndrome, functioning and problems of people with this disease. Unfortunately, it also lead to children groups adopting the term "corky" as an insult used to describe someone who, generally speaking, understands and knows less than others and who is unable to deal with situations, which are not necessarily considered difficult. Chris Burke himself, who depicted Corky in the show, has become a symbol of people with Down syndrome, the ability to function in a society and and concern for the rights of people with disabilities. Today's television reality mostly creates the image of people with Down syndrome through Maciek's role in *Klan* aired on Polish Television and the *Down the Road*. *Zespół w trasie* show on TTV.

emerge that may affect their functioning, disrupt the course of family life, and leave a permanent mark on the family's history. Such a situation can be difficult for many – and many parents find the process of accepting a child with a disability (Down syndrome) and themselves as parents of a child with Down syndrome a long and arduous journey, since taking care of a child, upbringing and supporting their development is an issue in itself, but also a challenge for parents. In many cases, both the child and their parents need support in their daily life, ensuring their high quality of life.

The objective of this study is to outline the functioning of families of children with Down syndrome. Due to the complex nature of the issue at hand, only selected aspects of the functioning of families were diagnosed, showcasing the changes in the family life and its functioning as a result of the birth of children with Down syndrome. The study was based on qualitative methodologies, by analysing individual cases using interview technique and interview dispositions. The research group comprised 10 families of children with intellectual disabilities, and the interviewed group was made up of 10 mothers and 3 fathers in Zielona Góra.

KEY WORDS: Down syndrome, child, family, everyday life

Introduction

The course of human life is determined by numerous and varied situations. Some are expected or even planned, while others emerge unexpectedly. The latter applies to diseases and health problems, which can often be difficult to make sense of. However, they do emerge and leave their marks on people's lives, causing changes for good. This is particularly true in the case of a birth of a child with a disability. The parents of a child face an enormous challenge of accepting the child, accepting themselves as parents of a child with a disability and adapting to a new life situation. Every day of this "new life" will be marked by the child's disability and its consequences, impacting the functioning of the child and the family as a whole.

"Normal life" will seem unattainable and everyday life in such a family will never be associated with the ordinary world of personal and family life[2] with a fixed order and aspects that form

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[2] M. Dudzikowa, M. Czerepaniak-Walczak, "Codzienność w szkole. Szkoła w codzienności", [in:] *Wychowanie. Pojęcia – Procesy – Konteksty*, M. Dudzikowa,

a description of the everyday world[3], with the commonness, ordinariness, or even monotony.[4] In those cases, parents lose their sense of security, as the element of stability, lack of trouble and predictability of their everyday life disappears. They perceive their situation as uncommon – as an event that breaks down the reality of everyday life, usually independent of the individual's actions, yet affecting their live.[5]

This particular feeling experienced by parents is amplified by the nature of their child's disability – genetically conditioned Down syndrome. In spite of knowing the direct cause of the issue, parents do not understand why it occurred. What is more, they are aware that people with Down syndrome – although visible in contemporary society – still evoke strong reactions in people and that they are exposed to "unhealthy" interest, as well as oft-negative social attitudes. The reason for this is a lack of proper knowledge of Down syndrome, people with Down syndrome, their characteristics and consequently their abilities and limitations. The emotions evoked by people with disabilities in the public eye also play an important role. People are often afraid of things that they do not know or understand, and unfortunately this is the case with Down syndrome. The majority of people are not well-acquainted with persons with

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M. Czerepaniak-Walczak (eds.), vol. 5, Gdańskie Wydawnictwa Psychologiczne, Gdańsk 2010.

[3] M. Kabat, "(Nie) zwykła codzienność nauczyciela – kilka refleksji z teorii i badań", [in:] *Codzienność szkoły. Nauczyciel,* J.M. Łukasik, I. Nowosad, M.J. Szymański (eds.), Oficyna Wydawnicza "Impuls", Kraków 2014.

[4] H. Zgółkowa (ed.), *Praktyczny słownik współczesnej polszczyzny*. Wydawnictwo KURPISZ, Poznań 1996.

[5] D. Mroczkowska, Ł. Rogowski, R. Skrobacki, "Codzienność niecodzienna/niecodzienność codzienna – spojrzenie na dylematy socjologii życia codziennego", [in:] *Społeczeństwo i codzienność. W stronę nowej socjologii,* S. Rudnicki, J. Stypińska, K. Wojnicka (eds.), Wydawnictwo Akademickie i Profesjonalne, Warsaw 2009. Cf. J. Lipińska-Lokś, "Codzienność dziecka z niepełnosprawnością i jego rodziny – wybrane aspekty", [in:] *Pedagogika specjalna. Nowe obszary teorii i praktyki,* T. Żółkowska, I. Ramik-Mażewska (eds.), Wydawnictwo Uniwersytetu Szczecińskiego, Szczecin 2017.

Down syndrome, and the only image they know is based on the media (usually biased and one-sided).

In order to alleviate the situation and improve the functioning of people with disabilities and their families, it seems necessary to provide social support, also by raising social awareness in the area of developmental disorders such as Down syndrome, showing the characteristics and functioning of people with Down syndrome, presenting the everyday life of families of children with Down syndrome, which is typical and as ordinary as possible, despite being marked with their child's disability.

This paper constitutes an attempt to outline the everyday life of children with Down syndrome and their families, to present the selected aspects of Down syndrome itself and people living in contact with the disease.

Down syndrome and people with Down syndrome – selected aspects

Down syndrome[6] has been a part of our society for centuries, but despite this, knowledge about this disease is far from complete. People with Down syndrome arouse interest (which – in many cases – can be also unhealthy), as well as a lot of fears resulting mainly from the lack of reliable knowledge about the disorder itself and the functioning of people with this syndrome. The fact that people with Down syndrome are often perceived as different, alien and inferior is not without its significance. Only by raising public awareness in the area of genetic disorders will it be possible to bring closer the

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[6] The term "syndrome" which is used in the nomenclature of diseases, concerns set of similar morphological and clinical characteristics, which occur in people with a similarly altered genetic record. People with Down syndrome undoubtedly have common features of appearance and are characterised by similar behaviour. However, it is important to keep in mind the individual characteristics of each of these people due to the traits inherited from their parents and their personal features. The name Down syndrome has been in use since 1961.

issue of diseases and the functioning of people affected by them, as well as to shape the desired social attitudes and thus improve the quality of life of people with Down syndrome. Therefore, it seems valid to present a compendium concerning Down syndrome itself as well as people who live with this syndrome. Of course, due to the framework of this study, only selected aspects will be outlined.

In the past, Down syndrome was referred to as mongolism. Many other terms were also used, including mongoloidism, Mongolian imbecility, Kalmyk idiocy and mongoloid idiocy. It is also known as Down disease, congenital acromicria, trisomy 21, trisomy G. Some sources also describe people with this syndrome as underdeveloped.[7]

This former name – mongolism – is owed to the first description of 12 characteristics of people, whom an English doctor John Langdon Haydon Down found interesting. In his deliberations, Down sought a connection between the people he studied and the people of the East – the Mongols, precisely because of their specific physical characteristics, in particular their slanting eyes. It is also worth pointing out the fact that the people examined at that time and the Mongolian race of different ethnicity were put on the lower rung of the ladder of human evolution. Of course, the two presented aspects indicate errors of reasoning of the researcher(s) in the past. Changes in the views on the essence of Down syndrome resulted from scientific discoveries, concerning mostly genetics. In 1932, Petrus Johannes Waardenburg put forward the hypothesis that Down syndrome is the result of a chromosome mutation. It was confirmed in 1959 by the French geneticist Jérôme Lejeune (together with his doctoral student M. Gutier)as they discovered that the disease is caused by an additional chromosome in pair 21, hence the term trisomy 21 (tri – "three", soma – "body")[8], This additional chromosome, which

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[7] A. Maciarz, *Mały Leksykon Pedagoga Specjalnego*, Oficyna Wydawnicza "Impuls", Kraków 2005. Cf. A. Jędrzejowska, *Wspomaganie rozwoju społecznego dziecka z zespołem Downa w przedszkolnej grupie rówieśniczej*, Oficyna Wydawnicza ATUT – Wrocławskie Wydawnictwo Oświatowe, Wrocław 2017.

[8] Cf. A. Jędrzejowska, *Wspomaganie rozwoju społecznego dziecka z zespołem Downa w przedszkolnej grupie rówieśniczej*, Oficyna Wydawnicza ATUT – Wrocławskie Wydawnictwo Oświatowe, Wrocław 2017.

results in a cell with this mutation having 47 chromosomes instead of standard 46, is a correct and valid chromosome, which can come from both mother and father. It may appear at different times of chromosome division, hence the three karyotypes causing Down syndrome can be distinguished:

a) simple trisomy 21, which occurs when an additional 21 chromosome is present in the sperm or egg cell or appears during the first division of the cell, causing each newly formed cell to have a trisomy in the 21st chromosome pair. Studies have shown that this form of disorder is diagnosed in 90–95% of all cases of Down syndrome;

b) Mosaic form of trisomy 21, when normal cells are present in the body alongside those with trisomy. This situation may occur in the case of a nondisjunction of chromosomes in pair 21 in the second division or subsequent divisions of a fertilized egg, as well as in the cases where an additional chromosome is eliminated in one of the subsequent divisions of a fertilised original trisomic egg. The percentage share of trisomic cells may vary, depending on which of the subsequent divisions of the fertilised egg did not result in the disjunction of the chromosomes of pair 21. Mosaic trisomy 21 may result in a milder form of the syndrome, visible in less-pronounced or less-numerous physical features of Down syndrome, slightly better intellectual performance and better speech development compared to children with simple trisomy 21. However, these differences are hardly significant – combined with the fact that the mosaic form of trisomy 21 is relatively rare (2–5% of children with Down syndrome) does not allow us to point out a clear link between the form of Down syndrome and the level of developmental capabilities of those affected by it.

c) Trisomy 21 with translocation, when an additional chromosome of pair 21 is connected by its longer arm to the chromosome of another pair, usually 13, 14 or 15. This specific translocation of the additional chromosome 21 affects 3–5% of children and adults with Down syndrome. Despite the relative rarity of this form of Down syndrome, it is particularly noteworthy due to the fact that it is the only form of this disorder that can be inherited, familial and increases the risk of recurrence in the family. Inheriting the disease occurs when one of the parents is the so-called translocation carrier, which means that they do have the correct amount of genetic material and two chromosomes 21, but one of them is attached to the chromosome in another pair. Despite having this atypical karyotype, such a person does not exhibit any clinical features of the Down syndrome. However, it may (in one case out of 100) result in trisomy 21 with translocation in the offspring when the carrier chromosomes, both the translocated one and the second chromosome 21, find their way to the egg or sperm, causing the fertilised egg to have three chromosomes 21 – two standard ones and one translocated one. Studies have shown that trisomy 21 with translocation is more prevalent in children born to parents under 30 years of age and that the risk of giving birth to a child with Down syndrome is lower if the father is the translocation carrier.[9]

Down syndrome is a well-known genetic syndrome. People with Down syndrome are the most numerous group of people with developmental disorders, the causes of which need to be sought in genetics and damaged genetic code. About 60,000 of people with Down syndrome live in Poland alone. The frequency of live births of children with Down syndrome is on average 1 in 600–700, with 20% among stillbirths. The ratio of men with Down syndrome to women with trisomy 21 is 3 : 2.[10]

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[9] E.M. Minczakiewicz, *Jak pomóc w rozwoju dziecka z zespołem Downa. Poradnik dla rodziców i wychowawców,* Wydawnictwo Naukowe Akademii Pedagogicznej, Kraków, 2001. Cf. T. Kaczan, R. Śmigiel, "Wspomaganie rozwoju dzieci z zespołem Downa", [in:] *Wczesna interwencja i wspomaganie rozwoju dzieci z chorobami genetycznymi*, T. Kaczan, R. Śmigiel (eds.), Oficyna Wydawnicza "Impuls", Kraków 2012. Cf. C. Cunningham, *Dzieci z zespołem Downa. Poradnik dla rodziców,* Wydawnictwa Szkolne i Pedagogiczne, Warszawa 1994.

[10] A. Jędrzejowska, *Wspomaganie rozwoju społecznego dziecka z zespołem Downa w przedszkolnej grupie rówieśniczej*, Oficyna Wydawnicza ATUT – Wrocławskie Wydawnictwo Oświatowe, Wrocław 2017.

The birth of a child with Down syndrome need not be linked to parents′ race or skin colour, the climate in which they live, their culture or environmental conditions. However, the risk of giving birth to a child with Down syndrome increases with the age of the parents, in particular the mother (in the case of a 20-year-old mother the risk is 1 : 2000, 30-year-old – 1 : 1000, 35-year-old – 1 : 500, 40-year-old – 1 : 80, 45-year-old – 1 : 17; in mothers over 46 years of age there is a decrease in the incidence of Down syndrome in their children referred to as levelling off, which is due to the inability of older mothers to keep a pregnancy), as well as with the age of the father (after 55 years of age).

Modern dysmorphological taxonomy clearly establishes Down syndrome as a malformation syndrome, indicating that the physical and mental anomalies are caused by organ/tissue morphogenesis disorders during incomplete embryogenesis.[11]

Down syndrome is a result of an occurrence of an additional chromosome in pair 21. This chromosome holds many genes taking part in important processes linked to the development and functioning of the organism.

Down syndrome is a congenital syndrome of symptoms and characteristics that can be diagnosed in a child at birth (fully confirmed by a cytogenetic exam which analyses the karyotype of a person). In many cases, the way the face looks enables a proper diagnosis of the disease. The most characteristic features, also referred to as cardinal, in Down syndrome are: brachycephaly and moderate microcephalia, lack of hair, flat face profile, slanted eyelids, epicanthal folds, Brushfield spots (light spots on the iris), a small nose with a flat base and a wide back, dysplastic ears, protruding and wrinkled tongue, loose skin on the neck, dysplastic

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T. Kaczan, R. Śmigiel, "Wspomaganie rozwoju dzieci z zespołem Downa", [in:] *Wczesna interwencja i wspomaganie rozwoju dzieci z chorobami genetycznymi*, T. Kaczan, R. Śmigiel (eds.), Oficyna Wydawnicza "Impuls", Kraków 2012.

[11] A. Jędrzejowska, *Wspomaganie rozwoju społecznego dziecka z zespołem Downa w przedszkolnej grupie rówieśniczej*, Oficyna Wydawnicza ATUT – Wrocławskie Wydawnictwo Oświatowe, Wrocław 2017.

middle phalanx of the fifth finger, transverse groove on the palm, dysplastic pelvis. "Most babies at birth have weak muscle tension (hypotonia) and seem limp. They also have limp joints, which results in a generalised limpness of the body".[12]

"Clinical observations of the symptoms of Down syndrome led to the distinction of two types of this disease – thyroid form (based on the symptoms of hypothyroidism) and pituitary gland form".[13] Among the most important features of the Down syndrome associated with thyroid disorders are stunted growth, a massive, thick-boned body, short and misshapen limbs, hard, yellowish skin, straw hair, large and wrinkled tongue, rough, hoarse voice, mild disposition in contact with others, prevalent apathy. The disorder associated with pituitary gland is characterised by lower body weight, thin subcutaneous tissue, leaner body, slender limbs, thin hair with a tendency to alopecia, rough, rather high and penetrating voice, as well as destructive and undesirable behaviours in contacts with other people.[14]

Many children with Down syndrome also experience numerous additional congenital defects, most often heart and digestive system disorders (duodenal atresia, Hirschsprung's disease, oesophageal atresia), as well as urinary and skeletal system disorders. Children with Down syndrome are much more likely to develop various health problems, autoimmune diseases (such as thyroid diseases), epilepsy, cataracts.

Down syndrome is always accompanied by intellectual disabilities. "Most children with Down syndrome have mild to moderate

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[12] C. Cunningham, *Dzieci z zespołem Downa. Poradnik dla rodziców,* Wydawnictwa Szkolne i Pedagogiczne, Warsaw, 1994, p. 109. Cf. E.M. Minczakiewicz, *Jak pomóc w rozwoju dziecka z zespołem Downa. Poradnik dla rodziców i wychowawców,* Wydawnictwo Naukowe Akademii Pedagogicznej, Kraków 2001.

[13] A. Jędrzejowska, *Wspomaganie rozwoju społecznego dziecka z zespołem Downa w przedszkolnej grupie rówieśniczej*, Oficyna Wydawnicza ATUT – Wrocławskie Wydawnictwo Oświatowe, Wrocław 2017.

[14] C. Cunningham, *Dzieci z zespołem Downa. Poradnik dla rodziców,* Wydawnictwa Szkolne i Pedagogiczne, Warszawa 1994.

intellectual disabilities. Some children experience more issues, while others have an almost normal level of intelligence. However, there is a constant decrease in IQ with age".[15] It is worth adding that "the intellectual development of children with Down syndrome is individually variable and may vary depending on the support and acceptance of family and loved ones, appropriate psychological and pedagogical support, as well as the possibility of contact with peers, but it is always delayed, which is a constant characteristic of people with Down syndrome".[16]

People with Down syndrome also exhibit varying deviations from the norm in terms of strength, mobility and balance of neurodynamic processes, as well as the resulting behaviours. The characteristic features of these issues made it possible to distinguish three groups of children with intellectual disabilities that characterise Down syndrome, namely:

a) erethic children, also referred to as unbalanced and unstable, characterised by the over-abundance of arousal processes, resulting in: excessive mobility, emotional lability, irritability, impulsivity, affectivity, problems with focus and perseverance;
b) apathetic children, who – as a result of the predominance of nervous processes – are characterised by poor motivation, lack of self-confidence, shyness, passivity, with a simultaneous slow reaction time, as well as slow movements;
c) relatively balanced children, in the case of whom – as the name suggests – there are no major behavioural problems, although one particularly noteworthy one is the inertia of nervous processes.[17]

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[15] L. Sadowska, A. Gruna-Ożarowska, M. Myslek-Prucnal, "Medyczne podstawy zaburzeń struktury i funkcji u dzieci z zespołem Downa", [in:] *Wspomaganie rozwoju dzieci z zespołem Downa – teoria i praktyka*, ed. B. Kaczmarek, Oficyna Wydawnicza "Impuls" Kraków 2008.

[16] T. Kaczan, R. Śmigiel, "Wspomaganie rozwoju dzieci z zespołem Downa", [in:] *Wczesna interwencja i wspomaganie rozwoju dzieci z chorobami genetycznymi*, T. Kaczan, R. Śmigiel (eds.), Oficyna Wydawnicza "Impuls", Kraków 2012, p. 38.

[17] A. Maciarz, *Wybrane zagadnienia pedagogiki specjalnej. Materiały dla studentów kierunków pedagogicznych*, Wydawnictwo WSP w Zielonej Górze, Zielona Góra 1989.

In addition to the characteristics of people with Down syndrome, it is worth noting the life expectancy of patients with this disease. Much depends on the comorbidities associated with Down syndrome, as well as the rehabilitation and treatment. "Currently, people with Down syndrome (…) live to see the age of 60–70 years. However, they age faster and develop Alzheimer's disease more often".[18]

The features of the children outlined in this paper enable us to see the general category of people with Down syndrome as particularly diverse. In spite of the common characteristics resulting from trisomy 21, these persons have both individual characteristics resulting from being the children of their parents and from living in the given environmental conditions.

"The Down syndrome label gives rise to the tendency to notice mainly flaws and deviations from the norm; however, apart from the areas concerning dysfunctions or disabilities, they are also capable of functioning normally in a variety of areas".[19] Their life goes on one day at a time, although the everyday life of their families is marked by the issues connected with experiencing Down syndrome.

Methodological basis of author's own research

The study was based on qualitative methodologies, by analysing individual cases using interview technique and interview dispositions.

Its aim was to diagnose the functioning and everyday life of children with Down syndrome and their families.

Due to the extensive nature of the issues, only selected aspects of this everyday life were presented.

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[18] T. Kaczan, R. Śmigiel, "Wspomaganie rozwoju dzieci z zespołem Downa", [in:] *Wczesna interwencja i wspomaganie rozwoju dzieci z chorobami genetycznymi*, T. Kaczan, R. Śmigiel (eds.), Oficyna Wydawnicza "Impuls", Kraków 2012, p. 38. Cf. C. Cunningham, *Dzieci z zespołem Downa. Poradnik dla rodziców,* Wydawnictwa Szkolne i Pedagogiczne, Warszawa 1994.

[19] M. Kościelska, *Dzieci z zespołem Downa*, *One są wśród nas*, CMPPP MEN, Warszawa, pp. 7–8.

The study problem posed was formulated as a question: What characterises the everyday life of a child with Down syndrome? Such a way to formulate this enabled the identification of specific issues, resulting in an accurate diagnosis of the problem at hand. These issues concerned the subsequent questions of how parents received information about their child's Down syndrome and how they reacted to it. The subsequent detailed and more specific issues were aimed at diagnosing the changes in the functioning of the family after the birth of a child with Down syndrome (changes in the financial status and living situation of the family, career changes in the case of the parents, family relations, social situation of the family) and the impact of the child's disability on the everyday life of the child and their family, the daily rhythm of which is determined by taking care of the child, as well as their upbringing, education and therapy.

One should note that the issues raised concerned the life of the child and their family from the date of birth to the present day.

The study group consisted of parents of 10 children with Down syndrome (10 mothers and 3 fathers), who made up a diverse group, characterised by varying age, marital status, education, careers, number of children and place of residence (Zielona Góra and nearby villages). Also the group of children of the parents participating in the study was diverse according to their gender, age, image of Down syndrome, degree of intellectual disability and form of education.

The presented study results constitute a brief fragment of a study into the functioning of a child with disabilities and their families. The study material was collected over the years during the author's professional activity in the local community, as well as in associations working to support children with disabilities and their families.

Living with the Down syndrome – study results

The lives of parents of children with Down syndrome are determined by issues related to caring, educating, upbringing and supporting their children, who – depending on their age – need these processes to varying degrees. The birth of a child results in an eruption of diagnoses, according to Hania's mother: "diagnosis after diagnosis – it was so tiring and … we did not understand it completely. (…) we knew that it was Down's… What was it all for? (…) today, after these 5 years, I look at it differently – I know that Down syndrome is one thing, but the condition of the child, the impact of the disease its effects are something else (…) at that time, we were tired, and so was our child, but today I know how important it was for the child and for us too, because it showed us what to do next, how to live". The diagnosis aspect is present in all interviews with parents, who pay particular attention to the moment when they were informed about Down syndrome ("it was a nightmare (…) I thought I was going to die when I heard it, my life was over (…) it was a shock". Their memories are marked with both disbelief and fear due to the thought of having to live with their child's Down syndrome, as well as the fear of other people reacting to the news of this "misfortune", "tragedy", or "punishment". "The doctor kept talking and I listened, but… it was like hearing news about someone else – it could not have been about me, I could not have had a baby like that, because why would I…? I was not old, I was healthy"; "Oh my God – it is over, a tragedy, we are doomed for life"; "What did I do that God punished me so hard?"; "How will I tell my husband about it, (…) how will people look at us?" The parents' statements paint a picture of a comprehensive diagnosis of children with Down syndrome, not only including the genetic tests confirming Down syndrome and its karyotype, but also a number of diagnostic tests to establish the child's condition, the state of their organs, capabilities and developmental limitations. At the stage of the children's diagnosis, parents' experiences varied depending on the availability of proper diagnosis in their immediate environment, time of waiting for the diagnosis, manner in which they were informed about the results and consequences. The latter two aspects that were signalled as an issue: "The doctor said that ant that was it. We had so many questions, and we were left alone with them (…) What does this and that mean?, (…) What do we do next, where do we go for help?"

However, many statements outline good medical practice: “We were terrified, but the doctor explained everything, she directed us and our child, (…) she was so calm and reassured us, she said that it would be difficult, but we will manage, because these days you can live almost a normal life with Down’s (…) Today I know that it is ‘almost’ is really something that matters, and I can also look to the future with hope, like the doctor”.

“Diagnosis is one thing, but life goes on…” – This statement by a parent of a 13-year-old boy with Down syndrome shows the course of life – the fact that life simply goes on.

Every small child needs care, and a child with a disability usually requires special care. This fact was also pointed out by parents, who received the diagnosis: “I took care of Bartek like I did with Olcia before, but everything was different in this case, he needed more attention, (…) I was afraid that his heart would act up, (…) that there would be breathing problems (…), I was more vigilant, I conscientiously followed all the recommendations (…). I was responsible for my son’s life”. Another mother pointed out her enormous fatigue bordering on physical and mental exhaustion while caring for her child, especially in the first months of their life. Another one voiced her helplessness, lack care skills, as well as need for support by her loved ones (husband, mother), but also gratitude to the health care providers (community nurse, paediatrician) for the selfless help and going the extra mile.

This help also concerned the therapy for a child with Down syndrome. The diagnosis determined the way of thinking about the needs of the child, about the care, as well as stimulating and supporting their growth and the much-needed therapeutic interventions. The experience of paediatricians allows to guide parents in this area: “The doctor told me about my child’s problems and how to help them (…) thanks to them, I learned about this method…”; “At the clinic, I got referred to a physiotherapist, (…) she was good, she did a lot for Hania (…)”.

The interviews with parents show a diverse picture of therapy for children with Down syndrome. The most frequently mentioned were: physical rehabilitation, intellectual development support, independence training, alternative and supportive communication, speech therapy, as well as specific methods of working with children, such as the Developmental Movement Method, equine-assisted therapy, art therapy, Knill method, Elements method. The level of knowledge of parents about specific methods varied. According to the parents, each of these interventions had clear effects – sometimes significant, sometimes not, but there was always hope for improvement of the child's functioning. Many parents pointed out their own great involvement in helping their child, many pointed out their fatigue and the feeling of discouragement with therapy due to unsatisfactory effects and reluctance of the child, many talked about their therapists. In this area, one of the particularly visible issues is the fact of different quality of therapist-parent cooperation, characterised by different opinions on the knowledge, skills and attitudes of therapists. What the parents have in common, however, is pointing out that the therapist was often the only person who "just listened (…) they often did not say anything, just let us talk (…), and then it was better". "The therapist taught us a lot, she told us how to exercise with our daughter (…) how to love her (…)".

Care and therapy constituted a significant part – but only a part – of the daily lives of children with Down syndrome and their parents. At a certain point, the issue of raising a child becomes more prominent, and this is also an area on which many parents tend to focus. These statements allow the author to distinguish a number of certain parent types:

a) parents deliberately raising a 'special child' – those who either point out the fact that the family's upbringing functions have given way to the child's therapy, as well as those who turned upbringing into a part of their child's therapy or noted the need to carry out upbringing activities as part of the therapy;
b) parents bringing up children with Down syndrome like other children in the family, while keeping in mind that each child is different and unique, and that this needs to be taken into account in the process of upbringing, the demands imposed on the child and the use of rewards and punishments;

c) parents 'raising' a child with Down syndrome, who believe that not much can be done in terms of the upbringing and education of their child because Down syndrome has effectively reduced or even deprived their child of the opportunity to be raised and taught.

The diagnosis made it possible to learn the preferred style of raising children used by parents. It is worth noting that the parents participating in the survey exhibit significant diversity in this aspect. The survey saw one autocratic parent: "Partnership? You are joking, he does not understand anything, I have to (…) – it is obvious", who explains their attitude and actions with their child's developmental limitations. The other is an example of properly implementing a liberal upbringing, although the motivation of the parent to do so may raise some doubts: "I remember about her illness all the time (…) she suffers enough, (…) and I am somehow supposed to demand things and tell her to do something (…)? I know that she decides, (…) I no longer have the strength". Interestingly, in the case of another parent, the awareness of the child's developmental differences triggered a democratic upbringing style: "Disability or not, (…) but we decide on important and less important matters together, (…) we advise (…) we discuss a lot (…) We keep supporting them and we always will (…) even in adulthood (…)" This diversity should not come as a surprise, especially since the most common style is the mixed one.

The parents surveyed unanimously claim that the condition of their children has had a significant impact on their attitudes. Among the right parental attitudes, they value acceptance, cooperation, offering freedom, recognition of rights; they also declare that these attitudes are not alien to them, but they add that: "The extent of freedom I give depends on the age of the child, but above all on their abilities and limitations"; „I do my best to fully accept them we have already been there before, but when new situations emerge, I have problems with this acceptance and I think that it is because of this disability"; "We cooperate – of course, but sometimes it is me who decides and does things, because he cannot cope". Speaking of inappropriate parental attitudes, the participating parents admit that they do appear, citing examples of rejecting the child, avoiding the child and their problems, making excessive demands on the child despite their limited capabilities, without taking into account their constraints and special needs. Interestingly, they themselves only admit to being overprotective of their children, especially in situations which are difficult for the child due to the disability they live with.

Finally, there is another important aspect to consider, which determines the everyday life of children with Down syndrome and their families – education. Children with Down syndrome, like any other, are subject to compulsory schooling obligation, which can be carried out in a number of ways in different facilities, depending on the health and development of the child. Children who were surveyed as part of the author's study carried out their compulsory schooling by attending special schools, integration classes or inclusive education facilities. Over the years, legal regulations have changed, and parents were more and more empowered in making decisions about their children's educational path; however, there have always been – and will probably always be – parents' dilemmas about their children's school: "I wondered for a long time about a school for her, (…) people advised me to enrol her in a special school, and I heard a lot about an integration class, because my neighbour's son went there – but he was only deaf, and my Anna had Down syndrome and an intellectual disability (…) She did not really do well in integration class, (…) so I moved her to the special school (…) she was doing better at school and she found friends, (…) no one laughed at her behind her back there". Another mother experienced something completely different, when it came to her daughter's school: "We could not have done better, the kids were great, (…) the teacher was amazing – she was a great person as well". Many parents paid attention to the competence of teachers concerning teaching children with problems and their personality traits, believing that these conditioned their children's school success and their satisfaction with the school and cooperation with teachers. Parents also believe that this cooperation determines how much of the family's everyday life is devoted to school of their child. However, it seems that it is not the nature of the child's problem, but the very fact of its existence that determines the level of family involvement in the child's education.

The diagnosis also confirmed the impact of having a child with Down syndrome on the lives of parents and the whole family, which is visible in practically all spheres of family life, as indicated by specific statements of parents:

- Change in the family's financial situation: "(…) Obviously, bringing up a child costs money, but a child with a disability costs much more than that (…) my wife quit her job, and I picked up a second one (…) we were back to where we started, and where was the extra money for new needs? (…) We learned to cope"; "I was not aware that we had such a social support system (…) it is, but it is not always so obvious, (…) it takes a lot of work, (…) it is hard to ask, but…"; "That is just life – that is how it is and… it is OK";
- Change in the family's housing situation: "We have remodelled our lives, and we started by renovating the apartment (…), we needed to make it easier to move around, to bathe the child"; "It turned out that the apartment was too small(…) we sold our flat and our grandparents' apartments and bought a new big one for all of us (…) it was the idea of our in-laws (…) we will be grateful for their help until the end of our lives";
- Change in the professional situation of the parents (which is undoubtedly related to the change in the financial situation): "I knew I had to stay home, I was a mother and I would take care of him best (…) I was not thinking about the so-called career (…) I had plans before, but … now I had an obvious plan (…)"; "My job became my way to escape… I could not cope with this thinking about Bartek, about his Down's (…); "I was happy (…) no, not because of the illness, but because I would stay home (…) I did not like my job (…) and so I wanted to change it after my maternity leave (…) I never looked again (…)";

- Change of family relations (in marriage, with parents, with remote family): "There was a child who had to be taken care of and that was our marriage now"; "If it had not been for the support of my husband (…), the understanding (…) of my daughter – I would not have been able to do it (…) this situation brought us closer to each other"; "It is a shame to admit, but now – after many years – we know that we did it wrong. We have neglected our older daughter, since we were busy with our little sick child, (…) today it is different, we know that she has her own life, (…) she will help with her brother if she wants to"; "Remote family? – it varies, but overall it has not changed much";
- Change of social situation: "We were the hot topic in the neighbourhood"; "You discover who your real friends are in a difficult situation and that was exactly what happened to us – only the real ones stuck around"; "Friends – we did not have time (…) they did not insist on keeping in touch either"; "Thanks to Krzyś, we meet many new people (…) we have a lot in common (…) our children and their affairs".

The parents were asked directly to evaluate their family life with Down syndrome. Everyone points out that their life changed when a child with Down syndrome was born, but '"it is not worse, nor better – it is just different". And this difference seems to be a challenge for parents, who try to make every day normal, to make life go the most natural way possible, because "in the evening I think that another day is now over, and tomorrow will be the next one, and so, life goes on, day by day in spite of Down syndrome, or maybe… thanks to it?"

Conclusion

The diagnosis made it possible to outline the functioning of children with Down syndrome and their families. Undoubtedly, Down syndrome affects the daily life of children, as well as their families; nevertheless, this impact is determined by the state of development of a child with Down syndrome, but also by the attitude of the parents towards their child and towards themselves, as well as by the degree of coping with the situation of life with trisomy 21. Several reflections concerning this issue emerge as a conclusion, namely:

1) Down syndrome should not be a "sudden event in the life of the child's parents" – prenatal diagnosis may enable parents to prepare to welcome a 'special' child, to get used to a new life situation, which will pose both personal and family challenges;
2) receiving information about the diagnosis of Down syndrome should not be a traumatic situation for the parents, in particular the mother of the child – a proper informing procedure with an inseparable psychological support element is crucial.
3) parents should not be left to their own devices in this new, difficult situation – formal, transparent and comprehensive support is needed, providing the family with a good place in the system of medical, social and therapeutic services.

Improving the situation of families of children with Down syndrome will improve the quality of life of the people with Down syndrome themselves. There are many issues to take care of, which all take time and effort, but change is possible. It is worth giving this a try.

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PIOTR MAJEWICZ

Pedagogical University of Krakow, Poland

Psychoeducational programs in psychiatry – possibilities and limitations of their application

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Psychoeducation is currently used in many areas of life, including psychiatry. It is difficult to imagine the modern process of treating people with mental disorders without the use of psychoeducation as a necessary, permanent element of this process, in addition to pharmacotherapy and psychotherapy. Psychoeducational programs are used primarily in the treatment of people with schizophrenia spectrum disorders and those suffering from bipolar affective disorder (BPAD). These programs are not only directed to the patient, but they are also addressed to their family members and friends. The article presents the possibilities of using selected psychoeducational programs, including the PEGASUS program, the Barcelona Psychoeducation Program and the Krakow Program for People with BPAD, as well as limitations of their application. The goals of these programs, their structure and effectiveness were also presented.

KEY WORDS: psychoeducation, psychiatry, therapeutic pedagogy, psychoeducational programs, interdisciplinarity

Introduction

Psychoeducation, as a form of broadly understood psychosocial development support, is applicable in its various areas. It is used, among others, to acquire the skills of conducting negotiations and mediation, shape assertive skills, communication, decision-making or professional skills, including educational, managerial, interpersonal skills, etc. In general, as suggested in the name, it can be described as a process of learning specific psychological skills[1], as well as acquiring or expanding knowledge in a given field.

It can be defined as "*… a set of planned, structured activities aimed at the development of personal resources in the emotional, motivational, cognitive, noetic and instrumental spheres, as well as the skills to mobilise and use them in the process of coping with difficult situations, and above all increasing the sense of well-being, as a result of which a higher level of quality of life is achieved*".[2] It is used not only in the field of development stimulation, in health promotion and preventive measures, but also in the area of rehabilitation of people with disabilities and mental disorders.

Nowadays, psychoeducation, together with pharmacotherapy and psychotherapy, is the third pillar of the treatment process for people with mental disorders. Psychoeducation conducted as part of the therapy of the aforementioned group of people is based on an axiom assuming a close relationship between the patient's knowledge about their disease and improvement in its course. It should be noted that this statement is taken for granted in the treatment of many other diseases, including, in particular, diabetes, some cardiovascular diseases and asthma. Therefore, the inclusion of psychoeducation in treatment algorithms is now a neces-

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[1] K. Sawicka, Socjoterapia, Methodological Centre of Psychological-Pedagogical Counselling Ministry of National Education, Warszawa 1998, p. 12.

[2] P. Majewicz, Psychoedukacja jako forma stymulacji rozwoju osób z niepełnosprawnością, [in:] Psychoedukacja w procesie wspomagania rehabilitacji osób z niepełnosprawnością, ed. P. Majewicz, M. Kościółek, E. Dyduch, Wydawnictwo Naukowe Uniwersytetu Pedagogicznego, Kraków 2017, p. 22.

sity[3]. Psychoeducation has found its special place in the treatment of mentally ill people suffering from bipolar affective disorder (BPAD) and schizophrenia spectrum disorders. The risk of developing the first of the aforementioned diseases, or BPAD, in the general population is estimated at 0.6–1.6%, and after considering the entire "spectrum of the disease", it is estimated at 3–6.5%.[4] On the other hand, the risk of developing schizophrenia in the general population is approximately 1%[5], with epidemiology being much greater, for example, among people with intellectual disabilities, in the case of whom from 2% to 6% develops psychoses during their lifetime.[6] Among all chronic diseases that gradually transform into disability, psychoses are the most complex, starting from the criteria for their diagnosis, classification, through the explanation of pathomechanisms, establishing a management procedure, and ending up with the development of effective treatment methods.[7]

In most cases, schizophrenia is characterised by a chronic course, and only about 10% of patients recover fully after one episode.[8] In such a situation, the necessity to undertake rehabilitation measures is indisputable. Any form of help leading to the improvement of the functioning of the affected person is important, and even necessary. According to William Anthony[9] the process of rehabilitation of the mentally ill is "*Purposeful activity that is to pro-*

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[3] F. Colom, E. Vieta, *Podręcznik psychoedukacji w zaburzeniach afektywnych dwubiegunowych*, MediPage, Warszawa 2009, p. 35.

[4] A. Bilikiewicz, J. Landowski, P. Radziwiłłowicz, *Psychiatria. Repetytorium*, Wydawnictwo Lekarskie PZWL, Warszawa 1999, pp. 94–95.

[5] L. Cierpiałkowska, *Psychopatologia*, Wydawnictwo Naukowe SCHOLAR, Warszawa 2009, p. 272.

[6] K. Bobińska, P. Gałecki, *Zaburzenia psychiczne u osób upośledzonych umysłowo,* Wydawnictwo Continuo, Wrocław 2010, p. 25.

[7] S. Kowalik, *Stosowana psychologia rehabilitacji*, Wydawnictwo Naukowe SCHOLAR, Warszawa 2018, p. 139.

[8] A. Bilikiewicz, J. Landowski, P. Radziwiłłowicz, *Psychiatria. Repetytorium*, Wydawnictwo Lekarskie PZWL, Warszawa 1999, p. 62.

[9] S. Kowalik, *Stosowana psychologia rehabilitacji*, Wydawnictwo Naukowe SCHOLAR, Warszawa 2018, pp. 144–145.

vide mentally ill people with the possibility to use all physical, emotional, intellectual and social resources to function in a natural environment, to improve themselves through a continuous learning process and to take up permanent work with the least possible support from professional services". The main goal is therefore the activation of mentally ill people, their inclusion in the normal course of social life and creating prospects for further development. Thus, multidisciplinary, interdisciplinary therapeutic and supporting activities for the functioning of both patients and their families are a challenge not only for modern psychiatry and psychology, but also for special education.

In addition to pharmacotherapy and psychotherapy, psychoeducation is one of the forms of active action that enable the achievement of the aforementioned goals. In medicine, it is defined as *"an intervention with systematic, structured, and didactic knowledge transfer for an illness and its treatment, integrating emotional and motivational aspects to enable patients to cope with the illness and to improve its treatment adherence and efficacy"*.[10] The goals and tasks of psychoeducation in psychiatry, according to Francesc Colom[11], one of the most eminent specialists in this field, are primarily to strengthen the patient by promoting awareness and proactive attitude, teaching ways of coping and living with a chronic disease, including early diagnosis of relapse symptoms, coping during a crisis, improving communication, shaping lifestyle. In addition, a change in behaviour and attitudes related to the disease is important. All this is supposed to replace guilt with responsibility, helplessness with a proactive attitude, and denying the disease with its awareness. In order to achieve the aforementioned goals, not only competence in the field of psychiatry and psychology, but also education, and more specifically didactics, is needed. Psychological and medical knowledge

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[10] H. Ekhtiari, T. Rezapour, R.L. Aupperle, M.P. Paulus, *Neuroscience-informed psychoeducation for addiction medicine: A neurocognitive perspective*, "Progress In Brain Research" 2017, Vol. 235, pp. 239–264.

[11] F. Colom, Keeping therapies simple: psychoeducation in the prevention of relapse in affective disorders, "The British Journal of Psychiatry" 2011, 198(5), pp. 338–340.

and skills are essential here, but as Francesc Colom and Eduardo Vieta emphasise[12], "*not always a wise doctor has great didactic skills*". Hence the necessity to supplement the aforementioned competence with educational skills. It can be said that psychoeducation in psychiatry is a kind of platform for the integration of medical, psychological and educational actions. Knowledge and educational skills in psychoeducation are an indispensable element conditioning its effectiveness. Psychoeducation is primarily a form of education, so it requires knowledge of both teaching and learning strategies and methods, as well as the possibility of using teaching aids in the work with a specific group of people, in this case adults.[13]

The problems of education and rehabilitation of chronically ill people, including those with mental disorders, are of interest to therapeutic pedagogy. So far, however, not many studies have concerned the specific nature of working with this group of people. Despite the needs of the practice, to some extent it was a neglected area. For a long time, therapeutic pedagogy has focused primarily on the problems of people with chronic somatic diseases and motor organ dysfunction, while the issues related to the rehabilitation of people with mental disorders have constituted a marginal area of exploration. In the history of Polish therapeutic pedagogy, only a few publications related to this subject can be found.[14] Currently, the awareness of the needs in the discussed area is much greater, which was particularly emphasised by Andrzej Witusik, Stanisław

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[12] F. Colom, E. Vieta, *Podręcznik psychoedukacji w zaburzeniach afektywnych dwubiegunowych*, MediPage, Warszawa 2009, p. 28.

[13] P. Majewicz, J. Wolny, Psychoedukacja jako płaszczyzna integracji działań psychologicznych, psychiatrycznych oraz pedagogicznych, "Humanum – Międzynarodowe Studia Społeczno-Humanistyczne" 2017, no. 26(3), pp. 29–48.

[14] E.g. M. Boratyńska-Dąbrowska, *Postępowanie pedagogiczne wobec dzieci z rozpoznaniem schizofrenii*, [in:] ed. R. Janeczko, Kształcenie dzieci w zakładach leczniczych, WSiP, Warszawa 1991, pp. 415–422; P. Majewicz, A. Zawadzki, *Wspomaganie rozwoju dzieci z zaburzeniami emocjonalnymi w młodszym i średnim wieku szkolnym*, [in:] W. Pilecka, Majewicz, A. Zawadzki, Jak wspomagać psychospołeczny rozwój dzieci niepełnosprawnych somatycznie. Wydawnictwo Edukacyjne, Kraków 1999, pp. 77–118.

Leszta, Dorota Podgórska-Jachnik and Tadeusz Pietras in the book entitled *"Schizofrenia w kontekście nauk społecznych. Osoba chora na schizofrenię w obszarze zainteresowań pedagogiki specjalnej"* [*"Schizophrenia in the context of social sciences. A person suffering from schizophrenia in the area of interest of special education"*].[15] The authors emphasised the need to include a special education teacher on the basis of equal rights in the diagnostic and therapeutic .ativities carried out in the process of social inclusion of people with schizophrenia. It is worth noting that such initiatives are also undertaken in other countries, for example in Germany, where the PEGASUS psychoeducational program intended for people with schizophrenia spectrum disorders has been developed at the level of full interdisciplinarity.

Psychoeducational programs intended for people with schizophrenia

One of the best-developed psychoeducational programs, both in terms of content and didactic values, addressed to people with schizophrenia spectrum disorders is PEGASUS (Psychoedukative Gruppenarbeit mit schizophren und schizoaffektiv erkrankten Menschen).[16] Work on the aforementioned program began in 1989 in Bilefeld, East Westphalia, Germany. The theoretical basis of the program included the results of pioneering research by Luciano Ciompi, a Swiss psychiatrist. The program is based on the concept of coping with vulnerability to stress in the context of a dynamic biopsychosocial model located in systems theory. Such an approach allows for the integration of a large number of both older and well-verified results of exploration, as well as new results of research on schizophrenia within the framework of the aforementioned model.

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[15] A. Witusik, S. Leszto, D. Pogdgórska-Jachnik, T. Pietras, *Schizofrenia w kontekście nauk społecznych. Osoba chora na schizofrenię w obszarze zainteresowań pedagogiki specjalnej*. Wydawnictwo Continuo, Wrocław 2015.

[16] G. Wienberg, Ch. Walther, M. Berg, *Psychoedukacja grupowa z schizofrenii i zaburzeniach schizoafektywnych. Program PEGASUS*, Wydawnictwo DK Media Poland, Warszawa 2015.

From the very beginning of the program, psychiatrists, psychologists and educators were involved in its development. In this case, it can be stated that the full integration of activities in the field of medical and social sciences took place, which is implied by the adopted biopsychosocial model. The first program developed in an interdisciplinary convention was verified in practice in 1992–1994 in centres belonging to the Bodelschwinghsche Stiftungen Bethel (diaconal organization for people with disabilities and mental disorders) and in municipal facilities in Bilefeld. As a result, in 1995, the first textbook concerning group psychoeducation for people suffering from schizophrenia and schizoaffective disorders was published. This study, as a result of research and experience of the educators, was modified in the following years. Currently, the sixth edition of the textbook, which was published in 2013 in Germany, and in 2015 also in Poland, is in use. It is the most accurate and comprehensive version of the textbook, with a number of updates and supplements. The textbook is accompanied by a CD containing the materials necessary for the classes, assigned to individual sessions. They can be printed for each participant or displayed using a projector. Undoubtedly, teaching aids prepared in this way considerably simplify the sessions.

In addition, changes to the course of individual sessions were introduced for didactic reasons. Because of the fact that the PEGASUS program is intended for adults, it was necessary to include the specific nature of education in this age group to a greater extent. Adults usually try to avoid mistakes in the education process to a lesser extent, while they are more interested in checking and enriching their previous experience and knowledge. Particular attention has been paid to the extent to which the provided information and the acquired skills are important, meaningful and, above all, useful in everyday life, and to the extent to which they allow not only for a better understanding of the nature of the disease, its course and therapy process, but also for the improvement of psychosocial functioning and, consequently, the increase in quality of life. Therefore, the main goals of the program implementation were focused on: expanding knowledge about the disease and its treatment options, reducing anxiety and uncertainty, supporting positive self-esteem, relativising stigmatising and false ideas about the disease, strengthening active disease management and co-responsibility for treatment, improving well-being, supporting partnership and cooperation of patients and specialists according to the motto: *"negotiating instead of treating"*.[17]

The achievement of these goals is possible thanks to the integration of knowledge and skills in the field of medical and social sciences. Only the combination of expertise in the field of psychopathology, as well as didactic and psychological skills related to the group activities determines success. Therefore, it is best when the sessions are conducted by two moderators representing different professional groups. Before starting the program, it is necessary to assign roles and practice their fulfilment in individual sessions. In fact, there is only one subject area that absolutely requires the participation of a physician, either as a moderator or as an assistant. These are sessions devoted to the use of pharmacological agents (part II of the PEGASUS program). This is because, in this area, it is not enough to know the groups and types of drugs, but fluent knowledge of the dosage, possible side effects, interactions with other agents, etc. is required. In the remaining sessions, the psychiatrist may of course be one of the moderators, but it is not absolutely necessary, this function may be performed by an educator and a psychologist. It should be emphasised that the moderators should have thorough preparation, not only of a theoretical nature, but also practical one, and thus up-to-date knowledge of schizophrenia and its treatment options, as well as pedagogical and psychotherapeutic competence, supported by many years of experience in working with people suffering from schizophrenia spectrum disorders. People prepared in this way can fully use the potential of the PEGASUS program.

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[17] G. Wienberg, Ch. Walther, M. Berg, *Psychoedukacja grupowa z schizofrenii i zaburzeniach schizoafektywnych. Program PEGASUS*, Wydawnictwo DK Media Poland, Warszawa 2015, p. 10.

The entire program consists of three parts, the first of which covers information about the disease, the second part deals with treatment options, while the third one focuses on self-help options in case of the presence of the disease or increased susceptibility to the disease. As part of the aforementioned parts of the program, a total of 14 sessions lasting approximately 60 minutes are conducted:

> “Session 1. Get-together activities in the group, goals and content, rules of group work, previous knowledge of the participants.
>
> PART I. DEVELOPING A MODEL OF DISORDERS
>
> Session 2. The concept of schizophrenia, symptoms of the disease, the concept of susceptibility, three-phase model of schizophrenia.
> Session 3. Possible factors of susceptibility to schizophrenia.
> Session 4. Development of acute schizophrenic psychoses.
> Session 5. Experience of acute psychosis.
> Session 6. Stress, resistance, overload.
> Session 7. The course and recovery from schizophrenic psychosis
>
> PART II. MOST IMPORTANT TREATMENT METHODS
>
> Session 8. Antipsychotics and their effects.
> Session 9. Adverse side reactions and how to deal with them. Risk of post-treatment complications.
> Session 10. Co-responsibility of patients, cooperation with a physician.
> Session 11. Psychotherapeutic sessions and treatment options.
>
> PART III. PREVENTION OF RELAPSE AND ANTI-CRISIS MANAGEMENT
>
> Session 12. Individual prodromal symptoms and response possibilities.
> Session 13. Gradual plan for overcoming the crisis.

Session 14. Individual anti-crisis plan and completion of the group's work".[18]

The program should be treated as a supplement and not as a substitute for information provided by the attending physician. Psychoeducation is primarily a component of a long-term treatment or support process, the participants of which should include not only people suffering from schizophrenia spectrum disorders, but also members of their families. This concerns bifocal action, so apart from psycho-educational groups for patients, activities with similar content for their family members should be organised.

An interesting suggestion in this regard is the program entitled *"Rodzina w opresji – psychoedukacja rodzin osób niepełnosprawnych chorujących psychicznie" ["Family in oppression – psychoeducation of families of mentally ill people"]*[19] by Wojciech Kordas, Katarzyna Warchoł, Agnieszka Kurtyka, Krzysztof Walczewski, Józef Bogacz and Piotr Słowik. The program was completed under the supervision of the T. Dec Mentally Ill Assistance Foundation in Cracow, and financed by the State Fund of Rehabilitation of Handicapped People, the Lesser Poland Branch as part of module B of the program entitled "Partner III – support for projects implemented for the benefit of disabled people by non-governmental organizations". Psychoeducation sessions according to the aforementioned program were conducted at Józef Babiński Specialist Hospital in Cracow.

The main aim of the program is to "restore normality in the family", and more precisely to lower the level of stress, support the communication process, restore the proper structure of the family, and stop the process of family isolation/social drift. The program consists of three parts in which 14 scenarios of activities lasting ap-

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[18] G. Wienberg, Ch. Walther, M. Berg, *Psychoedukacja grupowa z schizofrenii i zaburzeniach schizoafektywnych. Program PEGASUS*, Wydawnictwo DK Media Poland, Warszawa 2015, pp. 5–6.

[19] W. Kordas, K. Warchoł, A. Kurtyka, K. Walczewski, J. Bogacz, P. Słowik, *Psychoedukacja i psychoprofilaktyka dla rodzin osób chorujących na schizofrenię – raport z realizacji projektu*, "Hygeia Public Health" 2014, 49(1), pp. 120–126.

proximately 90 minutes are carried out. The first part is intended to collect individual stories of family members, information on the circumstances of the disease in the family, as well as the needs and expectations related to participation in group sessions. The second part of the program is aimed at constructing knowledge about the disease from a clinical perspective through lectures, case studies, and free discussion. In turn, the third part, focuses on creating crisis plans and problems of social exclusion. These issues are discussed in seven subsequent points, which also constitute a kind of guidelines for taking action in a crisis situation: (1) people to contact in a crisis situation; (2) symptoms that indicate relapse; (3) the behaviour of the patient, which is a sign of well-being; (4) elements which help and do not help the patient or are a source of additional stress (5); (6) elements which are helpful and not helpful (7).

The authors also indicate necessary supplements to the program, namely a subject area devoted to social and legal issues. Families of the affected people very often do not know where and how to seek help, including financial help and security for the future. In addition, information is needed on the situations in which various legal and medical procedures can be used, for example undertaking treatment without the patient's consent or the problem of incapacitation.

Psychoeducational programs for people suffering from bipolar affective disorder (BPAD)

The Barcelona Psychoeducation Program is the most famous program with proven effectiveness for people with bipolar disorder.[20]

The program was based primarily on a medical model and to a much lesser extent on a biopsychosocial basis. Hence, the main goal is to contribute together with pharmacotherapy and psycho-

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[20] F. Colom, E. Vieta, *Podręcznik psychoedukacji w zaburzeniach afektywnych dwubiegunowych*, MediPage, Warszawa 2009.

therapy to cure the patient or at least alleviate symptoms. The empirical indicator of psychoeducation understood in this way is, first of all, the reduction in the number of disease episodes and the number of hospitalisations, because the complete "cure" of the disorder is, in a sense, a utopia in as many as 90% cases of mental disorders. Other indicators, such as the improvement of the quality of life, the subjective sense of increased well-being, are among the lower-order indicators that can be considered, from the perspective of the medical model, as "soft" and, at the same time, much less important indicators, because of the fact that they do not reflect the achievement of basic goals, that is, an objective improvement of health, the "hard" indicator of which is the reduction in the number of episodes, and thus also in the cases of hospitalisation. Nevertheless, the improvement of social functioning, the subjective sense of increased well-being and quality of life are important elements of the so-called "perfect scenario", in which, after achieving the primary goals related to treatment, including gaining knowledge about the disorder, the ability to early diagnose new episodes, the increase in treatment adherence or stress control and counteracting suicidal behaviour, the importance of the above-mentioned subjective aspects of psychosocial functioning is also emphasised.

Thus, the mechanisms of psychoeducation in connection with its goals create a hierarchical system in which tasks related to the elementary goals of psychoeducation based on the medical model are of crucial importance, and a secondary, complementary role is played by tasks aimed at improving well-being and quality of life.

The presented assumptions were expressed both in the structure and in the principles of practice of the Barcelona Psychoeducation Program. The program consists of five parts, the first of which is information about the disease, the second one concerns treatment adherence, the third one is about psychoactive substance abuse, while the next part includes information and procedures in the event of a new episode of illness, and the last one is about the importance of regularity of habits in everyday life and coping with stress.

As part of the aforementioned subjects, 21 session scenarios are carried out at weekly intervals.

“Session 1. Introduction. Presentation of the group and its rules

Chapter 1. Knowledge about the disorder
Session 2. What is bipolar affective disorder?
Session 3. Aetiological factors and causes of the episode
Session 4. Symptoms 1: mania and hypomania
Session 5. Symptoms 2: depression and hypomania
Session 6. Development of the disorder and prognosis

Chapter 2. Treatment adherence
Session 7. Treatment 1: mood stabilisers
Session 8. Treatment 2: Medication for the treatment of mania
Session 9. Treatment 3: Antidepressants
Session 10 Concentration of mood stabilisers in the serum
Session 11. Pregnancy and genetic counselling
Session 12. Psychopharmacology and alternative therapies
Session 13. Risk associated with discontinuation of treatment

Chapter 3. Avoiding psychoactive substance abuse
Session 14. Psychoactive substances: risk in bipolar disorder

Chapter 4. Early diagnosis of new episodes
Session 15. Early diagnosis of mania and hypomania episodes
Session 16. Early diagnosis of depressive and mixed episodes
Session 17. What to do when a new episode is diagnosed?

Chapter 5. Regularity of habits and coping with stress
Session 18. Regularity of habits
Session 19. Stress control techniques
Session 20. Problem solving strategies
Session 21. End”[21]

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[21] F. Colom, E. Vieta, *Podręcznik psychoedukacji w zaburzeniach afektywnych dwubiegunowych*, MediPage, Warszawa 2009, p. 36.

According to the authors of the program, group sessions for 8–12 people should be conducted by several therapists, preferably one main instructor and two co-therapists, and they should be people who have completed training in this field. The authors recommend psychoeducation to be conducted by a psychologist or psychiatrist experienced in working with a group, as well as in the treatment of bipolar disorders.

Each meeting lasts approximately 90 minutes. The initial 15–20 minutes is dedicated to the so-called "warm-up" and includes informal conversations on any topics, then a free discussion about the psycho-educational work is conducted, and questions about any unclear content of the previous session are asked. The next 40 minutes is the main part of the session, which is carried out in the form of an interactive lecture concerning the current topic. During the session, patients can ask questions, and in some situations group exercises are conducted, graphs are drawn, or a discussion is held to ensure that the discussed content is properly understood by participants.

The session ends with an approximately 30-minute discussion on the subject of the meeting, moreover, educational materials containing the most important content related to a given topic of the session are distributed. These materials are written in a clear way, so that they are understandable to people who have no preparation in the field of psychiatry and psychology. It is worth noting that they are often used by patients to conduct some kind of psychoeducation of their families, although the authors of the program for patients' family members propose a separate program.

In addition to educational materials, for some time a form of "homework" was proposed to recall and consolidate knowledge, but in reality these tasks were rarely performed by the participants and over time the authors of the program abandoned their use, despite the fact that they found them beneficial.

In addition to the full version of the program, its shorter form, intended for people over 55 years of age is also used, because some problems present in the content of the standard program do not usually apply to this age group, e.g. the topic of bipolar disorders and pregnancy. There is also a shortened version of the program, recommended in situations where there are logistical constraints, lack of full professional preparation of the therapists or problems with patient compliance with a long-term schedule. The shortened version of the program includes eight sessions:

> "Session 1. Concept and causes
> Session 2. Symptoms I: mania and hypomania
> Session 3. Symptoms 2: depression and mixed states
> Session 4: Development and prognosis
> Session 5: Mood stabilisers
> Session 6: Medication applied in manic episodes and antidepressants
> Session 7: Learning to diagnose episodes
> Session 8: What to do when decompensation occurs?"[22]

However, it should be noted, that there are no empirical data proving that the shortened program is as effective as its standard 21-session version.

The eight-session structure is also characteristic of the Krakow Psychoeducation Program for people with BPAD, entitled "*Getting used to bipolar affective disorder*"[23], which includes the following topics:

> "Organizational and introductory meeting
> Session 1. Basics of knowledge about bipolar affective disorder
> Session 2. Treatment of bipolar affective disorder
> Session 3. Therapeutic cooperation Treatment adherence
> Session 4. Individual picture of BPAD
> Session 5. Early relapse diagnosis and early response system.

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[22] F. Colom, E. Vieta, *Podręcznik psychoedukacji w zaburzeniach afektywnych dwubiegunowych*, MediPage, Warszawa 2009, p. 37.

[23] G. Mączka, B. Grabski, J.K. Gierowski, D. Dudek, *Psychoedukacja grupowa w kompleksowym leczeniu choroby afektywnej dwubiegunowej – doświadczenia krakowskie*, "Psychiatria Polska" 2010, volume XLIV, no. 1, pp. 89–100.

Session 6. Lifestyle conducive to maintaining health.
Session 7. Coping with stress and problem solving.
Session 8. Summary. Questions. Feedback”.

The program has been developed in the convention of a cognitive paradigm, in which the idea of concordance therapy, and thus therapy assuming that a human being, as a rational consumer, makes decisions that make sense to them, functions. Therefore, the implementation of the program requires full conscious cooperation of patients with the therapists, who are a psychologist and psychiatrist trained in cognitive behavioural therapy. The entire program consists of eight sessions conducted in the form of lectures and workshops, each of which lasts approximately 90 minutes. It should be noted that the lecture part is supplemented with the participants’ own experience, which allows for the emphasis of the individual picture of the disease, and also ensures interactivity of the relationship. Each participant is provided with printed educational materials containing information related to the topic covered on a given day. The group should consist of 10 to 15 people.

Before the implementation of the main program begins, a meeting is organised to introduce participants to the subject, content and form of sessions, as well as to present the rules of participation in the group. Besides, it aims at motivating to active participation in the program. The two initial sessions are designed to provide basic information about BPAD, including symptoms, the course of the disease, and possible treatments. Based on this elementary knowledge of BPAD, another five sessions are conducted to reduce the impact of the disease on patients’ functioning, so they can be considered essential for the entire program. In this regard, attention is paid to those aspects of the disease that the patient can and should have a direct impact on, including through the development of therapeutic cooperation, the ability to diagnose symptoms indicative of an impending new episode, promotion of a healthy lifestyle, as well as the ability to cope with stress in difficult situations. The program ends with a session summarising all the conducted psychoeducational activities.

Effectiveness of psychoeducational programs

Psychoeducation in psychiatry has a fairly well-established position, supported by numerous studies on the effectiveness of the conducted programs. As shown by the results of reliable, randomised studies on the effectiveness of the Barcelona Psychoeducation Program, within 2 years of its completion, a significant reduction in the number of BPAD relapses and the duration of hospitalization in patients participating in psychoeducation for a period of 21 weeks is visible.[24] Moreover, the results of randomised trials covering a long period of time, of as long as 5 years[25] also confirm the high effectiveness of psychoeducational activities. The effectiveness of this form of support in the treatment of people with bipolar disorder has also been demonstrated in the results of the analysis of 13 other scientific reports based on randomised trials.[26] The aforementioned research reports were selected from among 161 documents concerning psychoeducation of people with BPAD, included in the PubMed and SCOPUS databases. Only 13 articles meeting the highest methodological requirements were selected for the final analysis. Such a rigorous approach allows for a reliable inference about the effectiveness of psychoeducation in the treatment of people with bipolar BPAD. It should be noted that eight out of 13 analysed studies concerned psychoeducation conducted only with patients, four concerned only family members and guardians, and one study con-

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[24] F. Colom, E. Vieta, A. Martinez-Aran, M. Reinares, J.M. Goikolea, A. Benabarre, C. Torrent, M. Comes, B. Corbella, G. Parramon, J. Corominas, *A randomized trial on the efficacy of group psychoeducation in the prophylaxis of recurrences in bipolar patients whose disease is in remission,* "Arch Gen Psychiatry" 2003, 60(4), pp. 402–407.

[25] F. Colom, E. Vieta, J. Sánchez-Moreno, R. Palomino-Otiniano, M. Reinares, J.M. Goikolea, A. Benabarre, A. Martínez-Arán, *Group psychoeducation for stabilised bipolar disorders: 5-year outcome of a randomised clinical trial,* "The British Journal of Psychiatry" 2009, 194(3), pp. 260–265.

[26] T.A. Batista, Ch. von Werne Baes, M.F. Juruena, *Efficacy of psychoeducation in bipolar patients: systematic review of randomized trials*, "Psychology and Neuroscience" 2011, 4(3), pp. 409–416.

cerned psychoeducation in a combined group – patients and their families and friends.

Most of the analysed research reports indicate that psychoeducation significantly improves treatment adherence in patients, including taking medications. Moreover, it usually limits the number of consecutive episodes and the duration of hospitalisation, but it should be noted that in two studies no significant benefits in both the clinical course of the disease and the number of days of hospitalisation of patients covered by the program were found. In four analysed research reports, the impact of the program on the psychosocial functioning of psychoeducation participants was considered. Improvement in general social and professional functioning was indicated, in addition to that, attention was also paid to the benefits of psychoeducation organised for family members and guardians, namely increase in knowledge about the disease, reduction in stress, development of social skills, and besides modification of beliefs about the relationship between problems present in life and the patient's disease were emphasised.

Research concerning the Krakow program[27] shows that people suffering from BPAD, especially those suffering from chronic health condition, noticed a clear change in the philosophy of approach to treatment, expressed in the doctor-patient relationship, availability of information, and noticing the psychological aspects of the disorder. The participants recognised the universality of experience and the possibility to meet people with similar experience, as well as awakening hope, and the possibility of mutual support as a valuable opportunity, and emphasised the de-stigmatising value of meetings, a kind of release from guilt for living with the label of "mentally ill". Therefore, it can be concluded that from the point of view of the patient, psychoeducation largely satisfies the need to get familiar with the disease and to actively cooperate in the treatment process.

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[27] G. Mączka, B. Grabski, J.K. Gierowski, D. Dudek, *Psychoedukacja grupowa w kompleksowym leczeniu choroby afektywnej dwubiegunowej – doświadczenia krakowskie*, "Psychiatria Polska" 2010, volume XLIV, no. 1, pp. 89–100.

In turn, the assessment of the effectiveness of psychoeducation in groups of patients suffering from schizophrenia and depression[28] indicates that the main achievement is a favourable change in attitudes towards taking medications, which implies better cooperation with the therapist and more conscious participation of the patient in the recovery process, and in the later period it is likely to improve health. On the other hand, psychoeducation is not related to the reduction of psychopathological symptoms occurring during hospitalisation. Moreover, the improvement in the functioning of patients in the ward observed during treatment is independent of psychoeducation.

It should also be added that the increase in knowledge about schizophrenia does not always have a positive effect on the subjective assessment of the quality of life. Moreover, as a result of educational activities, there may be an increase in criticism of the disease, which in turn may contribute to a lower quality of life.[29]

Nevertheless, people suffering from schizophrenia have a generally positive attitude towards activities conducted both in 24-hour and day hospital wards. Patients emphasise, above all, the possibility of broadening their knowledge about the disease and finding ways to deal with it. The main expectation of affected people is to learn how to control the effects of schizophrenia so that they can participate in life in the fullest possible way. In addition, they also pay attention to the possibility of sharing experience with other participants of the sessions, as well as receiving support and improving mood.[30]

The results of the research concerning the effects of psychoeducation addressed to family members of people suffering from schiz-

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[28] R. Popławska, A. Czernikiewicz, A. Szulc, B. Galińska, B. Konarzewska, I. Rudnik-Szałaj, *Ocena efektywności psychoedukacji w grupach pacjentów psychotycznych i depresyjnych – badania pilotażowe*, "Psychiatria Polska" 2004, Vol. 38, no. 3, pp. 433–442.

[29] M. Chądzyńska, B. Kasperek, K. Spiridonow, *Zmienne kliniczne i demograficzne a jakość życia osób przewlekle chorych na schizofrenię,* "Wiadomości Psychiatryczne" 2001, 4, pp. 275–281.

[30] M. Chądzyńska, J. Meder, K. Charzyńska, *Uczestnictwo w psychoedukacji osób chorych na schizofrenię – analiza zajęć z perspektywy pacjentów*, "Psychiatria Polska" 2009, volume XLIII, number 6, pp. 693–704.

ophrenia[31] show that, contrary to initial expectations, the highest value resulting from the participation in sessions is the obtained support. By reinterpreting this result, it is possible to indicate its possible determinants, first of all a family with a mentally ill person functions in a specific situation, where negative emotions are present, including hostility towards the patient caused by a disorder in the functioning of the system, and a critical evaluation by the social environment is another burdening factor. Hence, the opportunity to share experience with other people in a similar situation, and the awareness of the lack of uniqueness of own situation certainly constitutes a strong component of support in the event of the disease of one of the family members. Other beneficial effects of family psychoeducation include improved understanding of the disease and the patient, as well as better understanding of oneself and own way of reacting, and lowering the subjective sense of being burdened with the disease.

Conclusion – conditions and limitations of using psychoeducational programs

At the end of the review of psychoeducational programs used in psychiatry, including the presentation of their goals, structure, method of implementation and effectiveness, it is worth mentioning the possible limitations of this form of activities and the conditions for the implementation of sessions. First of all, it is necessary to consider the economic, logistic, competence- and patient-related, i.e. the willingness to cooperate, the severity of the disease, aspect etc. From the economic point of view, the psychoeducational group is a relatively cheap form of supplementing pharmacological treatment and psychotherapy. Although the best known programs indicate the need to employ several people to carry out sessions and they recommend a long duration period, of up to six months (Barcelona Psy-

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[31] W. Kordas, K. Warchoł, A. Kurtyka, K. Walczewski, J. Bogacz, P. Słowik, *Psychoedukacja i psychoprofilaktyka dla rodzin osób chorujących na schizofrenię – raport z realizacji projektu*, "Hygeia Public Health" 2014, 49(1), pp. 120–126.

choeducation Program), the benefits in the form of reduced number of hospitalisations and relapses are undeniable. Psychoeducation also requires a room that is devoid of external stimuli and provides sufficient space for the implementation of the program, including U-shaped seating space, role play, blackboard etc. It is also necessary to provide teaching materials, including educational films, a multimedia projector, wall boards, writing and painting tools, and the preparation of educational materials for participants.

People developing the program and therapist should represent various specialities, including psychiatry, psychology and education. The PEGASUS program is an unquestionable model in terms of such an interdisciplinary approach to psychoeducation. On the other hand, in everyday practice there is a huge variation in this area, which is indicated by research conducted by Małgorzata Chądzyńska, Joanna Meder, Katarzyna Charzyńska and Anna Drożdżyńska.[32] Among people creating psychoeducational programs for patients with schizophrenia, there is 34% of psychologists, 24% of psychiatrists, 16% of occupational therapists, 14% of nurses, 8% of social workers and 4% of representatives of other professions. Similarly, sessions are most often conducted by psychologists – 63%, by occupational therapists – 19%, and occasionally by psychiatrists, nurses and addiction therapy assistants. Therefore, also in Poland, psychoeducation classes are conducted by specialists from outside psychiatry and psychology, including occupational therapists, who are often graduates of special education. Of course, everyone who creates programs and conducts sessions should have appropriate competence in this field, and above all, current knowledge of psychopathology, group work skills, therapeutic and pedagogical competence, as well as practical experience.

On the other hand, the basic expectations towards participants oscillate mainly around their motivation to participate in the sessions. It is advisable that the participants show interest and express their

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[32] M. Chądzyńska, J. Meder, K. Charzyńska, A. Drożdżyńska, *Psychoedukacja dla osób chorujących na schizofrenię – wstępna analiza sposobów prowadzenia zajęć*, "Postępy Psychiatrii i Neurologii" 2011, no. 20(3), pp. 201–206.

readiness to actively participate in psychoeducation. There is also a number of limitations regarding active participation in sessions, related to the course of the disease and the manifested symptoms. Francesc Colom and Eduard Vieta[33] emphasise that the patient should be in a balanced mood, not in the acute phase of the disease, for example, a person in the manic phase should not absolutely participate in sessions, and it is not recommended to include people with hypomania, because moria, absence of mind and the tendency to start quarrels are factors that are not conducive to building group solidarity. Patients who, despite their balanced mood, display negative or depressive thoughts, require special treatment, as the group may begin to solidarise with such beliefs. Moreover, patients with severe depression should not be included in the group (retardation, problems with memory and attention). The appearance of psychotic symptoms should be the reason for exclusion from the group. In such a situation, the patient will be able to continue the program in the next group. Apart from the difficulties resulting from the course of the disease, there are also threats to the continuation of psychoeducation due to personality disorders and the abuse of psychoactive substances. It is mainly for these reasons that approximately 25% of people give up further participation in sessions.

Moreover, in order to create optimal psychoeducation for people with mental disorders, certain conditions, mainly concerning contact with specialists and the availability of support outside the sessions, should be provided[34]. Therefore, an "open door policy", which is total flexibility concerning unplanned patient visits, especially when a relapse is suspected, should be adopted. It would be a misunderstanding to educate the affected person to recognise symptoms early without being able to obtain prompt intervention. Secondly, "team cooperation" is necessary, as psychoeducation only

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[33] F. Colom, E. Vieta, *Podręcznik psychoedukacji w zaburzeniach afektywnych dwubiegunowych*, MediPage, Warszawa 2009, pp. 40–43.

[34] F. Colom, Keeping therapies simple: psychoeducation in the prevention of relapse in affective disorders, "The British Journal of Psychiatry" 2011, 198(5), pp. 338–340.

makes sense under conditions where multidisciplinary approach is available. It concerns primarily the possibility of using a specific type of support. The third necessary condition for success in psychoeducation is the development and maintenance of a “therapeutic relationship based on trust, not authority”. Therefore, cooperation, openness and trust in mutual relations are promoted, and at the same time in psychoeducation the pathogenic model of dependence between the dominant therapist and passive patient is avoided.

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ALICJA MIRONIUK
University of Wroclaw, Poland

(Un)seen difference, i.e. regarding the image of persons with physical disabilities in selected feature films

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The paper presents the results of a qualitative research on a topic of the film imagery of people with physical disabilities. Selected feature films were analysed on the basis of specific questions regarding femininity, masculinity and sexuality of persons with physical disabilities. Additionally, the research was also based on three imagery stages: the early-exploitation, the super-cripple and normality. The main result of the analysis is to settle two discourses: the main and the alternative. Despite the social changes, most popular representations are stereotypical, presenting disability as a total category and are shown from the masculine perspective. The most important presentation within the alternative discourse must include disability as a transparent, unseen difference.

KEY WORDS: physical disability, feature films, media imagery of persons with physical disabilities

Introduction

Currently, we live in a visual culture, and how we look decides on our image both in the real, and the virtual world. Can an unseen category exist within the image culture? How may one understand the aforementioned unseen? Is it a result from the absence of a particular category? Or quite the contrary, from its universality, obviousness? The above questions were inspiration for undertaking qualitative studies, regarding the critical analysis of visual culture sources (films) within the context of persons with disabilities portrayed there. The object of the study was to present the image of persons with physical disabilities within selected feature films, and the change of this image. The following article is an attempt to summarise the conclusions from the aforementioned studies. Subheadings organise the empirical sources based on posed detailed questions.

Image of women with physical disabilities

The first study plane was the film image of women with physical disabilities. The popular culture representations of female of bodies are always more disciplined from male portrayals, finding its cause in gender stereotypes, as well as, "screen rules". Female body is a cultural plane of inscribing meanings and "discipline" of conditioning activities.[1] Physical appeal implicates health, sexual competencies and fertility. In the light of these considerations, women with disabilities present themselves as dis-abled non-women. This is a double discrimination – due to their disability and gender – it combines objectification with "dismemberment". A woman with disability is perceived through the wheelchair perspective, which becomes almost an additional organ, an integral part of her identity (therefore, reducing her to the man-machine category). Moreover, organism and its functions are subject to "dismemberment", with the central category being the problematic "body element"[2] related to disability. As previously mentioned, their femininity is negated – not only within the context of physical appeal, but also sexuality. By being different, women with disabilities are "presented as sexually promiscuous,

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[1] Z. Melosik, *Tożsamość, ciało i władza w kulturze instant*, Oficyna Wydawnicza „Impuls", Kraków 2010, p. 26.

[2] Ibidem.

asexual or innocent; they do not have the potential to express their sexuality in everyday life through clothing, hairstyle or intimate life".[3] Fear related to the feeling of inadequacy (to the stereotypical image of femininity) and unattractiveness for the potential partner, as well as, social prejudices result in many women with physical disability resigning from accomplishing the role of a wife and mother.[4]

The aforementioned social roles of women are referred to via the person of Terry, the heroine of *An affair to remember*.[5] Her plans to become a wife, a mother and a socialite were impeded by a car accident, in result of which she had been paralysed from the waist down. The image of Terry as a woman with a physical disability is filled with inconsistencies. On the one side, the character experiences emancipation – for the first time she is working and earning money. Her activity may be perceived as overcoming the role of an "American housewife" of the 1950s, however Terry does not take up work "despite" her disability, but as a result of it. The tasks of an "ordinary" woman do not apply to her, and entering the path of regular employment in terms of her class provenance is the domain of men. Both disability and professional activity "abolish" her femininity. The trauma also results in her asexuality, and what is particularly interesting, it is action *per se* – the heroine automatically discards family happiness, and sexual satisfaction, not wanting her partner to see her as a person with a disability. Paradoxically, the image of the heroine is perfect – in each shot she is well dressed, her hair is well done, and she has impeccable make-up. However, her appeal is not "distorted" by the wheelchair, making the character static and passive, but beautiful. Usually, Terry is sitting as if she was going to get up, with her legs veiled with a blanket – she is an elegant showpiece "mounted" in a given room. Her disability is not obvious, and the film does not include references to the phases of

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[3] C. Barnes, *Niepełnosprawność*, trans. P. Morawski, Wydawnictwo Sic!, Warszawa 2008, p. 114.

[4] L. Marszałek, *Niepełnosprawność – kobiecość – rodzina*, Wydawnictwo Uniwersytetu Kardynała Stefana Wyszyńskiego, Warszawa 2006, p. 160.

[5] *An Affair to Remember*, 1957, dir. L. McCarey, USA.

the adaptation process regarding the acquired disability, as well as, related emotional or somatic difficulties. This results from the fact, that the heroine is treating her state as temporary, gathering funds for an undefined operation, that will "cure" her of disability. All the properties above, cause Terry to present herself as a person with a physical disability, and not a flesh-and-blood person, but a (melo)dramatic figure within the film plot.

An entirely different image of femininity is presented in the picture titled *You're not You*.[6] The main protagonist, Kate, is suffering from amyotrophic lateral sclerosis, and she is in the terminal state. Despite the disability, the woman maintains conditioning rituals, and takes care of her appeal – however, at the basis of her activity is not solely for the purpose of caring for aesthetics, but primarily, maintaining the areas of independence. An important theme within the film is the need for sexual rehabilitation of persons with (progressing) physical disability, particularly adjusting the limited physical capabilities to sexual needs.[7] Kate's husband denies her intercourse, explaining it with her bad health condition, causing her frustration and depression. The man becomes the guardian, nurse and a dietician, while discarding the role of a sexual partner. The decision for the omission of intercourse is made without her, based on stereotypes and not subjective needs. The heroine, during the terminal phase of the disease, decides on discarding her lifestyle, the expectation of her family, as well as, her unfaithful husband. Emancipation of the heroine, paradoxically, comes into existence in relation to her progressing disability. On the one hand, Kate *ceases to be herself*, with her previous life being discarded. On the second hand, as a person balancing on the thin line between life and death, with disability, she transgresses the boundaries of social expectations. The heroine's behaviour is an example of compensation – the weaker her body, the stronger her psyche. Contrary to Terry, Kate is

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[6] *You're not you*, 2004, dir. George C. Wolfe, USA.

[7] A. Ostrowska, *Seksualność osób niepełnosprawnych,* [in:] *O seksualności osób niepełnosprawnych*, (ed.) A. Ostrowska Instytut Rozwoju Służb Społecznych, Warszawa 2007, pp. 18–19.

a multidimensional character. Her experience presents the complexity of the process of adaptation towards the acquired, progressing disability. Moreover, despite physical limitations, the protagonist does not agree to be decided upon regarding her sexuality.

An interesting theme within the film discourse of femininity within physical disability is introduced by the character of Dadina from *La grande bellezza*.[8] The protagonist, as the chief editor of a prestigious magazine, is a mature woman in a stable relationship. Dadina, as a person of low posture, is referring to the category of otherness perversely, while her character is filled with inconsistencies. She places her mature age against the particular perspective of low posture individuals[9], saying that *she has been looking at the world through a little girl's eyes for 60 years*. The categories of maturity and infantility (not childishness) are constantly intertwined in her life. She has no children, but she cares for her friends as if they were children (as she refers to them), a part of her office filled with antiques, is a huge teddy bear. Dadina uses her status "in between" – adulthood and intantility, between female and male roles, between health and disease – in order to become the *Queen of Maladjusted*, as she refers to herself. Her otherness allows her to question, or even transgress the established social framework.

Image of men with physical disabilities

While the analysis of study results were initiated with the description of characteristic portrayals of women with physical disabilities, the aforementioned perspective is dominated by images of men. The phenomenon has several reasons. The first is related to the roles that define masculinity traditionally: *Impregnator – Protector – Provider*.[10] In the case of men, caring for the well-being of the family

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[8] *La grande bellezza*, 2013, dir. P. Sorrentino, Italy/France.

[9] Often mistaken for children due to their low posture.

[10] M. Dąsal, *Męskie inicjacje – rytuały w życiu współczesnego mężczyzny*, [in:] *Męskość w kulturze współczesnej*, (eds.) A. Radomski, B. Truchlińska, Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej, Lublin 2008, p. 97.

(Provider), and its security (Protector), particularly in the historical view, caused the risk of trauma. Within the context, trauma is evidence to masculinity and sacrifice, and disability (acquired) is less shocking than in terms of females. The film images of men with physical disability are dominated by the veteran narrative, and mostly set within the context of World War II and the Vietnam war.

One of the narrative axes of films that present men with physical disability is the process of adaptation for acquired disability. The loss of ability is demolishing the realisation of the aforementioned roles, and the man affected by it is no longer the:

- Impregnator – his sexual capability is lowered, as well as, his physical appeal. While fertility (e.g. in the case of damaging the spinal cord) remains, sexual intercourse requires adjusting to limitations;
- Protector – despite the fact that, in the case of a narrative of a crippled veteran, the realisation of the Protector role is the cause of the disability experience, it impedes its continuation. A disabled man is weak, and the integrity as well as, related vitality and bodily strength are lowered or removed;
- Provider – as the occurrence of a disability requires to readjust lifestyle, and long-lasting and systematic rehabilitation, the realisation of the Provider role is made difficult due to the necessity of adjusting professional activity to limitations (or the change of profession), increased weariness (related to the weakening of the nervous system) and costs of treatment and rehabilitation. A man with disability becomes the Patient.

Films that present veterans with disabilities often include a political context – they are a form of "familiarising" a given society with physical oddity (*The Best Years of Our Lives*) and help understand the challenges related to re-adapting to the post-war reality (*The Men*). Difficult experiences of men with acquired physical disability, help realise the personal (and in the broader perspective) social cost of political decisions, and in consequence, constitute a form of criticism against military operations – in terms of American cinematography, particularly the Vietnam war (*Born on the Fourth of July, Coming Home*).

The plane for the adapting process to the acquired disability, is the wheelchair or a rehabilitation centre, which encompass stories from three American films: *The Men*[11], *Coming Home*[12], *Waterdance*.[13] While each picture refers to a different historical period (respectively: World War 2, Vietnam War, early 1990s without the context of a military conflict), the protagonists' stories have many common points:

a) men are located in a medical centre temporarily, they are under treatment or rehabilitation;
b) despite varying experiences, views and social status, they create a support group that creates space for informal therapy;
c) while in each case, the dynamics of the adapting process towards the acquired disability may vary, they all experience it: from shock and denial, through anger and haggling, depression, and towards acceptance and constructive adaptation.[14] Particularly, *The Men* and *Waterdance* protagonists are an example of the personification of particular phases of adaptation;
d) despite multidimensional adaptation contexts: permanence of the process, the need to redefine life aims, the lack of access to professional psychological support, the change of fulfilled social roles, in each of the aforementioned films, the particularly important theme is related to social relations[15], especially the redefinition of the subjective model of man in relations with women (also in the context of sexual needs and prowess).

Apart from the above similarities, it is advisable to discuss the differences. The earlies film, *The Men*, begins with a scene where the physician explains paraplegia. While the character of the message is rather simple and direct (making it understandable), it essentially fulfils the educational role, even for the contemporary audience.

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[11] *The Men*, 1950, dir. F. Zinnemann, USA.

[12] *Coming home*, 1978, dir. H. Ashby, USA.

[13] *Waterdance*, 1992, dir. N. Jimenez, M. Steinberg, USA.

[14] P. Wolski, *Niepełnosprawność ruchowa. Między diagnozą a działaniem*, Centrum Zasobów Ludzkich, Warszawa 2013, p. 24.

[15] Ibidem, pp. 20–21.

The film was made in a period, where many men would return from war damaged both psychologically and physically. Their state may be summarised by one of the protagonists: *I was afraid* (during the war – ed.) *that I was dying. Now I am afraid that I will live*. The anxiety against the unknown, new life was an experience of both veterans and their families, which was answered by the aforementioned film. Another difference is related to the context of the description of relations with women, which, in the 1950 film was mostly related to the role of the head of the family, a husband and Provider, rather than sexual partner. Moreover, contrary to later films, the hospital is not a transitional place for all men; some of the protagonists are willingly deciding remain there, performing auto-stigma[16] (related with the foreseen social exclusion – regardless of the actual circumstances). The main area of masculinity in *The Men* is the ability to fulfil the role of the Provider, and rehabilitation is mostly physical.

In subsequent films: *Coming Home* (1978) and *Waterdance* (1992), highlights are made regarding social, sexual rehabilitation and psychotherapy. The aim of remaining in the medical centre is to prepare the patients to integrate with the society, and not to create space that would divide both worlds – "normal" people and people with disabilities. Particularly, *Coming Home*, is an example of a critical voice against systemic solutions containing taboos (sexual rehabilitation, psychological disorders and patient suicides). In the film, acquired disability was also presented as a destructive experiences (the cause of suicide), but also creative – triggering new planes of activity (anti-war social activity). In both films, the essential aspect of the reconstruction of identity is the relation with the female partner, also in the sexual aspect. In this context, it is worth highlighting the differences between the male protagonists that present high

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[16] M. Parchomiuk, *Stygmatyzacja osób z niepełnosprawnością i chorobą – mechanizmy działania i konsekwencje,* [in:] *Stereotypy niepełnosprawności. Między wykluczeniem a integracją,* (eds.) M. Chodkowska, S. Byra, Z. Kazanowski, D. Osik-Chudowolska, M. Parchomiuk, B. Szabała, Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej, Lublin 2010, p. 84.

sexual competency (*Coming Home*) and frustration related with the failed attempts of adapting sexual practices to lower prowess (*Waterdance*).

Sexuality of persons with physical disabilities

Another plane of scholarly analysis was the sexuality of persons with physical disability, which is decreasingly treated as a film taboo. Male and female sexuality regarding persons with physical disabilities is no longer within the area of suggestion or discussion, but is presented in the form of erotic scenes. Cultural presentations contained in drama, melodrama or slice of life films, take up a mature discussion regarding the needs and sexual capabilities of individuals with disabilities. Such films are as follows: *The Theory of Flight*[17], *Born on the Fourth of July*[18], *Tiptoes*[19], *Waterdance* and *The Sessions*.[20] Film presentations are dedicated to four groups of difficulties within the sexual plane:

a) anatomical, related to structure disorders (or functions) of sexual organs and/or the disorders among the entire organism;
b) physiological, resulting from causes that determine disability. It is the largest group of difficulties resulted with acquired physical disability, e.g. damage of the spinal cord;
c) psychological resulting from particular (sexual) experiences of an individual; expectations regarding the partner and building the intimate relation;
d) social and cultural related to the female and male models dominating in a given culture. The aforementioned difficulties are related the the feeling of lack of appeal, caused by the inability of meeting the heightened standards of beauty, as well as, social stereotypes that also result from such labels.[21]

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[17] *The Theory of Flight*, 1998, dir. P. Greengrass, Great Britain.

[18] *Born on the Fourth of July*, 1989, dir. O. Stone, USA.

[19] *Tiptoes*, 2003, dir. M. Bright, USA/France.

[20] *The Sessions*, 2012, dir. B. Lewin, USA.

[21] K. Lutkiewicz, *Seksualność osób z niepełnosprawnością ruchową na podstawie wybranych uszkodzeń narządów ruchu*, [in:] *Niepełnosprawność ruchowa w ujęciu biopsy-*

As previously mentioned, regarding the forced asexuality of the heroine of You're not you, and it is an example of a stereotype, according to which the experience of disability impedes all planes of the individual's functioning, abolishing sexual needs as well. Declarations regarding the aforementioned needs meet with curiosity, shame or are being underestimated by the surrounding environment. It is a double standard example, according to which, needs are considered normal in the case of healthy individuals, and are considered improper, or unsubstantiated in declarations of persons with disabilities.[22] Jane, the protagonist of *The Theory of Flight* is tackling such reactions, when she, as a paralysed person, wishes to experience sexual intercourse before death. Additionally, Mark from *The Sessions,* is pursuing sexual needs which he discovers as an adult man. Pursuing experiences in the case of protagonists is related to both informal and professional relations. Jane regrets that she did not initiate intercourse during the initial disease phase, and intends to substitute sex with the partner with masturbation and pornography. Experiencing a gradual loss of ability, the woman has an ambivalent attitude towards own body (*me and my body separated*) considering herself as an unappealing person (in a notice she writes: *despicable cripple, young woman looking for sex*). On the other hand, she is not interested in a partner with a disability. Despite the loss of ability, her erotic fantasies remain unchanged, while she realises, that having sex with her is a *despicable activity*. While Jane, attempts to perceive intercourse on a task basis, she is not able to make use of professional sexual services. Finally, she fulfils her dream with a man that is close to her.

In *The Theory of Flight*, the protagonist attempts to use the service of a prostitute, while Mark participates in the title *Sessions* with a professional sexual therapist. The area of the man's competency is his intellect – he is a poet, a writer, journalist, who is trapped in a disabled body (the statement has a figurative meaning – Mark is

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chicznospołecznym. Wyzwania diagnozy, rehabilitacji i terapii, (eds.) M. Bidzan, Ł.Bieleninik, A. Szulman-Wardal, Harmonia Universalis, Gdańsk 2015, pp. 209–210.

[22] A. Ostrowska, *Seksualność…,* op.cit., p. 14.

sustained by an artificial lung). The protagonist discovers his sexual needs only at 38 years of age, when he surprisingly reads a press article of other individuals with disabilities. Mark's "discovery" is an example of the lack of sexual education, the absence of which in the life of the majority of persons with disabilities results from stereotypical belief (fear) before unleashing the "improper" needs, and, in consequence, treating them as everlasting children.[23] The primary aim of sexual therapy, in which the protagonist participates, is the cognition and acceptance of the body. A body which, in the case of persons with disabilities, is a source of oppression, and a symbol of boundaries. Mark is not displaying defiance against nudity in a medical context, as his body is subject to operations, however, he is unable to confront his (masculine) nudity with female nudity – he does not know his body as a source of pleasure. First experiences cause him to feel *cleansed* and *victorious*. During therapy, Mark has difficulty in maintaining professional relation, and his therapist – Cheryl – maintains keeping the boundaries. Her aim is to prepare the man to understand own preferences and sexual needs, to establish behaviour models and techniques considering his physical abilities, and to prepare him for intercourse with other women. Cheryl's therapy plan is an example of complex sexual rehabilitation, including educational and psychotherapeutic methods (learning own body and erogenous areas), counselling and psychotherapy within the cognitive and behavioural trend (working out the feeling of competence and acceptance of own body, as well as, its limitations), and training methods (masturbation training and practising as well as adaptation of sexual positions).[24]

However, not always do the sexual experience of individuals with disabilities prove to be satisfactory, and the means of adaptation, to be productive. An example of such narrative is Ronnie (Born

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[23] W. Pilecka, *Wychowanie seksualne w systemowej rehabilitacji dziecka niepełnosprawnego,* [in:] *Człowiek niepełnosprawny, rodzina i praca,* (eds.) B. Aouil, M. Kościelska, Wydawnictwo Akademii Bydgoskiej, Bydgoszcz 2004, p. 112.

[24] K. Lutkiewicz, *Seksualność…,* op.cit., pp. 234–235.

on the Fourth of July), who, due to wounds suffered from the war, suffers from paraplegia. The man thinks, that in result of the wounds, he *was paralysed nad castrated*. Realising the role of the Protector, Ronnie lost the ability to find sexual satisfaction, and establish a family. Failed attempts at adaptation cause the man to be focused on his genitalia and sexual capabilities, however, simultaneously, it is an area of negation and frustration. Difficulties experienced by Ronnie strengthen the lack of support byt the religious family, for which sexuality is taboo, and rejection by his female partner (typical American beauty). Sexual practices of veterans, presented in the film, are related to using the services of ethnic prostitutes, giving the men any feeling of control (here: financial) during the intercourse.

Film images of persons with physical disabilities in the early-exploitation phase

The following three scholarly areas were sketched out on the basis of media changes of representations of individuals with physical disabilities, of chronological and qualitative aspect. The earliest type of images in the early-exploitation[25] is taken from the *freak-show* tradition, and circus attractions that arouse tabloid interest: panoptica, travelling circuses, or sideshows, where people become living exhibits. Such attractions are available for but a brief period of time – their purpose is to bring joy, curiosity, scare the audience, and through the oddity of "human showpieces" and their „miserable fate" solidify the audience in their feeling of being normal ("my life is not that bad at all"). The reaction towards oddity is determined by social and cultural factors, varying regarding the historical period, but constituting an area of many interpretations: from aesthetic

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[25] H. Żuraw, *Cyrk Barnuma. Medialne wizerunki osób niepełnosprawnych i chorych,* [in:] *W kręgu niepełnosprawności: teoretyczne i praktyczne aspekty poszukiwań w pedagogice specjalnej*, (eds.) L. Konopska, T. Żółkowska, Print Group Daniel Krzyżanowski, Szczecin 2009, p. 355.

curiosity, a prodigy or a jest of nature, to the biological error (related to the lack or overabundance of tissue), or the punishment for sins.[26] According to Hanna Żuraw: ″visible dysfunctions also arouse curiosity. There, occurs the urge to gaze, while not gazing is the norm – to release the tension resulting from the dissonance, the individual intends to avoid contact with the stigmatised. Persons that are different yield attention – people are eager to gaze upon them and find interest in them″.[27] Oddity arouses ambivalent reactions that come from admiration and interest to fear and repulsion, from laughter to aggression, from compassion to contempt; it is a space for katharsis.

Freak show tradition, due to the characteristic above, seems as ideal inspiration for entertainment films. The examples of such pictures are *Freaks*[28] and *The Elephant Man*[29], the setting of which refers directly to the tradition of panoptica. In both films, physical oddity builds an atmosphere of horror and fantasy: before the Elephant Man appears on the scene, the tension related to his „monstrosity″ is building the reactions of other characters in combination with medical descriptions. Due to the visible otherness, the title protagonist is always situated ″between″ the worlds – despite leaving the travelling panopticum, he still remains isolated within the psychiatric ward, under the care of a physician. The actions of the physician – caretaker, while motivated by the intent to help, inscribe in the segregation-care attitude[30], according to which the specialist institution is the best form of support for persons with disabilities. While John Merrick's (the Elephant Man) living conditions improve significantly and he is treated subjectively, he still remains a form of

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[26] Z. Mikołejko, *Dziwolągi ryciny. Świat monstrualny w dawnym drzeworycie niemieckim*, „Kultura popularna″ 2012, no 1, pp. 37–42.

[27] H. Żuraw, *Udział osób niepełnosprawnych w życiu społecznym*, Wydawnictwo Akademickie „Żak″, Warszawa 2008, p. 47.

[28] *Freaks*, 1932, dir. T. Browning, USA.

[29] *The Elephant Man*, 1980, dir. D. Lynch, USA/Great Britain.

[30] A. Twardowski, *Sytuacja rodzin dzieci niepełnosprawnych,* [in:] *Dziecko niepełnosprawne w rodzinie,* (ed.) I.Obuchowska, Ed. III, Wydawnictwo Szkolne i Pedagogiczne, Warszawa 1999, p. 34.

a showpiece, and his visits among the elite are nothing more than a more sophisticated form of a *freak show*.

Therefore, circus is the perfect space for oddity – it never remains in a given place for a longer period of time, it is always in the outskirts (remaining beyond a given society metaphorically and physically), its creators promise fantastic, incredible and thrilling show. Circus attractions give the audience the possibility to "gaze upon" oddity – without shame or a prick of conscience. Due to the above, the circus becomes a home, workplace, as well as, the "natural" space for the title *Freaks*. The film introduction warns the audience from contacting their oddity, and the entire title and the description language are straightforwardly negative. Notions that appear in the movie are as follows: living and breathing monstrosities, unusual and unwanted, eternal children, little men. The camera work and long shots allow to examine the oddity of the film characters thoroughly, where many persons with disabilities (actors) appeared, making the film a cinematographic *freak show*.

In both films, heroes with disabilities are transcending the boundary between "normality" and oddity. The relationship of a man of low posture (Hans) with an attractive woman (Cleopatra) is not accepted, raises curiosity and suspicion, both within the community of persons with disabilities, as well as, other circus workers. Already during the marriage of the aforementioned pair, the wife is humiliating the husband, refuses the opportunity to join the group of "the different" and is shocked by the fact that she is the one that must be accepted by persons with disabilities (and not vice versa). While the title, seemingly, refers to disability, the title freak is the mutilated Cleopatra – her oddity becomes the punishment for the sins, and a representation of her horrific nature. Watched within the historical context, the film gains a normative character, as the persons with disabilities presented within it are active, independent, and create a supportive community. In some scenes we may see examples of adapting to limitations, e.g. when a woman is eating dinner using feet, and man without limbs is lighting a cigarette.

In *The Elephant Man* film, the main protagonist experienced objectification, the example of which was his nickname recalling his status of a man-animal hybrid. It is noteworthy, that when he is pulled out of the cage, he discards his nickname and uses his real name anew. As John Merrick, the protagonist experiences the process of subjectification, where from a "monstrum" he becomes a patient, a man tormented by a disease; from the social margin, he is put under the Queen's patronage; he ceases vegetation and survival and can develop artistically and intellectually. In the process of pursuing own identity, John was no longer a scared being in a cage, but had become a human conscious of his own identity. On the other hand, this transformation had been accomplished due to the support of the physician, and the change of environment, and John himself to always be dependent on others. In the final scene, the man commits suicide – he suffocates, sleeping on his back. His death is another evidence for being unable to achieve normality (even in such a natural activity as sleep), but also an expression of satisfaction related to achieving "normality" that was within his grasp. John dies without regrets, saying: I am happy, my life is accomplished, because I know that I am loved.

The early-exploitation narrative is not only related to films within the historical context, but also within the fantasy-oriented one. As mentioned, in *Freaks*, a significant portion of the cast was made of persons with disabilities, and the *Elephant Man* is inspired by actual events. The motives from both films, within a surreal form, are combined by the Penguin from *Batman Returns*.[31] Penguin is the *missing ling between man and bird*, and his repulsive apparition is a reflection of his unjust character. Penguins headquarters are beyond the are of the "ordinary world" – in the sewers, and its layout and the look of his minions refer to circus aesthetics, only highlighting their status as freaks. This villain is a personification of pretty – good/different – evil dychotomy – which is often the basis of prejudice against persons with disabilities.[32] The fall of the Penguin who

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[31] *Batman Returns*, 1992, dir. T. Burton, USA/Great Britaina.

[32] K. Walęcka-Matyja, *Psychologiczne i społeczno-kulturowe determinanty postaw wobec osób niepełnosprawnych i ich rodzin*, [in:] *Doświadczanie choroby i niepełnosprawności*, (ed.) E. Zasępa, Wydawnictwo Akademii Pedagogiki Specjalnej, Warszawa 2013, p. 29.

cannot and does not want to be "normal" inscribes within the stereotype of a person with a disability as own sole and greatest enemy.[33] *Batman Returns* is a fantasy flick, however the use of the image with a person with a disability as an outsider is often possible to relate to drama films set in the current reality. The example of such film is *The Station Agent*[34], whose title protagonist is a person of low posture. While Finn is an introvert dreaming of a calm life, his arrival to a small town turns out to be a local sensation. According to him: *It is really funny, how people see and treat me differently. Because in reality I am an uncomplicated and boring geek.* The statement of the protagonist indicates a tendency to portray persons with disabilities via their exceptional, unnatural, extreme features, with the simultaneous omission of their normality.[35]

Film images of persons with physical disabilities in the super-cripple phase

The belief regarding the uniqueness of persons with disabilities lies as the basis of the subsequent phase of imagery presentation: super-cripples.[36] It seems, that such imagery overcomes the monopoly of negative images, presenting people with disabilities as competent, more able than healthy persons, as well as, people of success. However, the presentations of super-cripples, while overcoming one stereotype, create another related to compensation.[37] According to the stereotype, the deficit in one area is „compensated" by an exceptional talent, almost unnatural competencies in

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[33] C. Barnes, *Disabling imagery and the media*, Ryburn Publishing, Halifax 1992, pp. 14–15.

[34] *The Station Agent*, 2003, reż. T. McCarthy, USA.

[35] H. Żuraw, *Udział…*, op.cit., p. 50.

[36] C. Barnes, *Disabling…*, op.cit., pp. 7–14.

[37] E. Nieduziak, *Osoba niepełnosprawna w filmie i telewizji*, [in:] *Audiowizualność. Cyberprzestrzeń. Hipertekstualność. Ponowoczesne konteksty edukacji*, (eds.) L. Jakubowska-Malicka, A. Kobylarek, M. Pryszmont-Ciesielska, Oficyna Wydawnicza ATUT, Warszawa 2009, p. 106.

a different area. The attitude does not necessarily serve the community of persons with disabilities, however it constitutes the basis of moral order, "causing, that it is expected to compensate the events perceived as harmful. One of the forms of making amends for the loss of sight, is to bestow exceptional skills and virtues upon the blind. The belief regarding the world being just, therefore, the universality of an occurrence of a specific cause-effect relation, may not only yield compensation-oriented beliefs but also prejudice.[38] Moreover, the compensation stereotype serves a motivational function for healthy persons, according to the belief that *if a person with a disability may achieve success, that I surely can as well!*

Film narrations of super-cripples draw from biographies of artists (*My left foot*[39]), sportsmen (*De toutes nos forces*[40]) or scientists (*The Theory of Everything*[41]). Christy Brown (*My left foot*) grew up in a working-class, numerous family. His father and brothers worked physically, however, he became a valued writer and poet. Brown was self-taught, for a long period of time, even the professionals would associate his physical disability (cerebral palsy) with intellectual disability.[42] Despite the lack of systemic support and knowledge regarding disability, the family accepted Christy, and his mother was his first, informal therapist. The first patron of Brown's talent was his therapist, who promoted his artistic work. The film raises an interesting theme of the evaluation of the artist's work within the context of his disability, which is expressed by the words of Brown's exhibition curator: *Many think that Christy is a great cripple painter. I think that it is an insult to him.* (…) *He is simply a great painter. Period. Like every painter, he struggled with his body, forcing it to obedience. Look around, and You will see forces that shaped him. His mother.*

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[38] M.J. Lerner, following: K. Błeszyńska, *Niepełnosprawność a struktura identyfikacji społecznych*, Wydawnictwo Akademickie „Żak", Warszawa 2001, p. 196.

[39] *My left Foot: The Story of Christy Brown*, 1989, dir. J. Sheridan, Ireland/Great Britain.

[40] *De toutes nos forces,* 2015, dir. N.T avernier, France/Belgium.

[41] *The Theory of Everything,* 2014, dir. J. Marsh, Great Britain.

[42] H. Żuraw, *Udział…*, op.cit., p. 47.

His father. His brothers and sisters. Another biography where success is related to an area independent of physical disability is *The Theory of Everything*, a biography of Stephen Hawking. Apart from the scientific success, the film describes the less known history of his private life. His wife, the agent of success, who supported the scientist in scholarly development, along with the advancing disease, would assume more responsibilities related to managing the family, and taking care of the husband. Gradually, Hawking, from a husband would turn to a patient. The film features the theme of the sexual competency of the man, and how he played the role of the father. When, during the phase when Hawking was at an advanced state of disease, he became a father, his family and relatives would accept this information with distrust, suspecting the man of impotence in regard to his disease (the asexuality stereotype), and his his wife of unfaithfulness. The history of the scientist is one of the few examples of success, both within the professional and personal areas.

The last of the films is *De toutes nos forces*, which describes the story of a gradual build of the relation between the father (Paul) and his disabled son (Julien) when preparing for sports competition. The disappointment related to the son's birth, caused the father to distance himself from the family, while all family responsibilities related to son's upbringing and therapy would fall on the mother, who represents the overprotective attitude.[43] The aim of undertaking the sports challenge by the teenager with cerebral palsy is not only to overcome the physical limitations, but to build relations with the absent father. The film describes the area of accomplishments of persons with physical disabilities, which is present within the social awareness, in relation to the successes of paralympic sportsmen. According to A. Ostrowska, it results from the fact, that sports achievements are associated with a "field indicating fame, social acceptance and prestige, as well as, self-accomplishment achievements. The difference in the number of indications for sportsmen in

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[43] M. Kościelska, *Oblicza upośledzenia*, Wyd. Naukowe PWN, Warszawa 1995, pp. 66–67.

comparison to the success of others is enormous. Therefore, it is worth realising, that their successes are a resultant of individual features of persons, as well as, conditions that exist in their world, which is open to such success, or even supports it".[44] Julien's history is a great example – his success is made possible due to his father's ability, and long years of complex therapy.

A breakthrough presentation within the context of the super-cripple narrative is the *Best Years of Our Lives* film[45], featuring an actor with a physical disability, Harold Russel. His career was determined by the propaganda character of the American cinema following World War 2. Russel would play the roles of veterans, trying do adapt to the post-war reality. The protagonist, Homer, is struggling with the challenges of adapting to disability in the social sphere (relation with the family and local society), psychological (the reconstruction of own identity), and emotional (the reconstruction of relations with his own fiancee). Despite the acceptance of his relatives, Homer rejects their attempts to aid and support, which is an example of the projection mechanism (ascribing particular motives and intentions to other people).[46] His negative reaction is related to the belief regarding the hidden motives behind supportive actions (placed in compassion, pity and attempts to objectify, and make subordinate). Therefore, why does this presentation inscribe within the super-cripple narrative? It is determined by the adaptation of the protagonist to the acquired physical disability – the loss of both hands. Homer is very able in using the prosthetics-hooks, and in particular scenes, one may notice his competencies and independence. Social reactions to his disability vary – from compassion (not to say pity), to admiration over his skills. The man does not hesitate to present his competencies, he stalls comments or responds to them in jokes – importantly, his reactions are much more constructive in the public sphere than in the private.

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[44] A. Ostrowska, *Niepełnosprawni w społeczeństwie 1993–2013*, Wydawnictwo IFiS PAN, Warszawa 2015, p. 234.

[45] *The Best Years of Our Lives*, 1946, dir. W. Wyler, USA.

[46] P. Majewicz, *Obraz samego siebie a zachowanie młodzieży niepełnosprawnej ruchowo*, Wydawnictwo Naukowe Akademii Pedagogicznej, Kraków 2002, p. 105.

An important voice summarising the first two type of images, both stereotypical (while in different contexts), are words quoted by Gill Brearley: "a teenager with cerebral palsy said to me once *I cannot decide, who I want to be – A GMC or Super-cripple*. When asked for explanation, she said: *I can be only one or the other, is it not? People expect me to be a Goddamn Miserable Cripple, begging and being patted on the head, or a Super-cripple that can take Mount Everest on a wheelchair, or pilot the Concorde plane without hands*. Her friend referred sceptically to the statement: *It does not matter what You choose, as long as You smile*, she said. *Joy must be visible on Your face – that is what the adults expect from You"*.[47]

Film images of persons with physical disability in the normalisation phase

Disability and normality are categories that are often considered separately. Semantics of the word dis-ability is based on negation and rejecting ability (normality). Therefore, according to P. Stanisławski "(…) persons with disabilities are mostly presented as triumphant over their own tragedy, or demolished by this tragedy. Sources that show them as ordinary people, just like the others, are few. The society perpetuates the image of disabled living «in a different world». If they are different and exceptional, they should be talked about in a special way".[48] Imagery from the previously described phases: early-exploitation and super-humans are drawing from this belief about the amazing nature and Otherness in reference to negative and positive stereotypes. Such presentation are of so total nature (and the Otherness features so dominant) that in the presentations of persons with disabilities that can be included in the early-exploitation and super-humans phases, there is often a lack of space to inscribe new non-stereotypical and non-sensational meanings. Despite the mod-

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[47] G. Brearley, *Psychoterapia dzieci niepełnosprawnych ruchowo*, trans. M. Dońska-Olszko, Wydawnictwo Szkolne i Pedagogiczne, Warszawa 1999, pp. 13–14.

[48] P. Stanisławski, *Bohaterowie tylko jednego tematu*, e-document: http://www.niepelnosprawni.pl/ledge/x/20977 [20.06.2020].

ern, multimedia form and tabloid content, contemporary presentations express the dualism of reaction to oddity, related to fascination or fear, that had already been observed during antiquity.[49]

While the previous phases of image changes were of sensational and entertainment nature, the film attempts to normalise featured notorious didactic aspects, or are placed strongly within the idea of political correctness (visible particularly in American production). In such cases it is difficult to evaluate, whether film protagonists with disabilities acquire subjective features, or constitute theoretical constructions (created from a wishful perspective) describing not the aforementioned group but rather, being testament to the civilised nature of a given society.

The process of normalisation of film images of persons with disabilities remains in strict relation with social transformations and civilisation development. In Poland, particularly following the state transformation during the turn of the 1980s and the 1990s, and joining the European Union, the idea of integration has been becoming more popular, not only due to international legal regulations, but also funds dedicated both for the support of persons with disabilities and their families, but also to introducing changes in the awareness of the general public (social campaigns) and removing barriers in the public space. Gradually, also in the popular culture, particularly in television, more and more protagonists with disabilities would appear. The phenomenon was described byt W. Otto as "initiating" humanity.[50] According to the author[51] film presentations of persons with disabilities during the normalisation period are constituted by:

a) referring to the spheres of private life: both emotional experiences and interpersonal relations, as well as, hobbies, professional and personal activity, and dreams,
b) presentation of daily practices,

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[49] H. Żuraw, *Cyrk Barnuma…*, dz.cyt., p. 353.

[50] W. Otto, *Obrazy niepełnosprawności w polskim filmie,* Wydawnictwo Naukowe UAM, Poznań 2012, p. 126.

[51] Ibidem, pp. 125–139.

c) presenting of individuals with disabilities without commenting on their state (e.g. the cause of disability) or the need to rationalise their appearance on screen,
d) grasping disability as one of many features that characterise the individual,
e) reference to general human experiences and emotions, common to all persons with disabilities, as well as, able individuals, e.g. love, fear of loneliness.[52]

Considerations related to normalisation images must begin with a reference to careers of actors with physical disabilities. While actors of low posture were often labelled for fantasy and science-fiction cinema, the career of Peter Dinklage is an example of overcoming this stereotype. While the actor appears in fantasy pictures, not all his roles are related to disability. In *X-Men: Days of Future Past*[53] and *Knights of Badassdom*[54], despite fantasy (science-fiction) plot, the disability is a transparent category. An example of an actor's different career pursuit that is deprived of references to physical disability is the work of Jamel Debbouze. This French actor (with one hand paralysed) appeared in films such as *Le fabuleux destin d'Amélie Poutain*[55], *Astérix & Obélix: Mission Cléopâtre*[56], *Hors- la-loi*[57], *Sur la piste du Marsupilami*[58], *Pourquoi j'ai (pas) mange mon pere*.[59] Despite the dominance of the comedic repertoire, the physical disability of the actor was never an object of ridicule; moreover, even in the animated movie, the character voiced over by Debbouze has one hand crippled.

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[52] Introduction to the description of normalisation presentations is a fragment of the unpublished dissertation of the author: *Edukacyjne i socjalizacyjne aspekty kultury popularnej. Obraz osoby z niepełnosprawnością ruchową w wybranych utworach sztuki filmowej*.

[53] *X-Men. Days of Future Past*, 2014, dir. B. Singer, USA/Great Britain.

[54] *Knights of Badassdom*, 2013, dir. J. Lynch, USA.

[55] *Le fabuleux destin d'Amélie Poulain,* 2001, dir. J.-P. Jeunet, France/Germany.

[56] *Astérix & Obélix: Mission Cléopâtre*, 2002, dir. A. Chabat, France/Germany.

[57] *Hors- la-loi,* 2010, dir. R. Bouchareb, France/Belgium/Tunis/Algiers/Italy.

[58] *Sur la piste du Marsupilami,* 2012, dir. A. Chabat, France/Belgium.

[59] *Pourquoi j'ai (pas) mange mon pere,* 2015, dir. J. Debbouze, Belgium/China/France/Italy.

In terms of films, where healthy actors play as persons with physical disabilities, the example of normalisation images is W przypadku obrazów, w których zdrowi aktorzy wcielają się w postacie osób z niepełnosprawnościami ruchowymi, przykładem wizerunków normalizacyjnych jest *Inside I'm Dancing*.[60] The film tells a story of two young men (Michael and Rory), who, despite physical disabilities (Duschenne's muscular distrophy and cerebral palsy) attempt to live independently. Especially for Michale, who spent the entire life in a specialised care facility, the experiences outside the institution are breakthrough. Stay at the facility, which constituted the only "home", was an expression of a segregation attitude of his father – Michael was to receive professional care and therapy, but also his contacts with the family were limited: "the practical realisation of segregation concepts not only protected persons with disabilities from the difficulties of living in an open society, but also «protected» the society from living with persons with disabilities".[61] Despite being an adult (birth certificate wise) Michael is a "grown child". The *Inside I'm Dancing* film presents the path of man becoming independent, as well as, the process of sped up maturing. Despite regular references to disabilities of the protagonists, the flow of the plot and the multidimensional nature of the characters, make the main thing of the film to be the pursuit of independence, and self-determination to a possible degree.

Summary

Analysing the presented study results, one may notice the existence of two discourses in film representations of persons with physical disabilities – dominant and alternative. Firstly, in the analysed films, the experience of disability becomes negative and filled with stereotypes. Against the aforementioned, the alternative discourse is related to normalisation images, bereft of tabloid vignette of sensation or oddity. Moreover, the dominant discourse is still the appre-

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[60] *Inside I'm Dancing*, 2004, dir. D. O'Donell, France/Ireland/Great Britain.

[61] A. Twardowski A., *Sytuacja…*, op.cit., p. 36.

hension of physical disability as a label, a total feature in building a character. (Physical) disability is an unseen category, lacking comment in the film narrative, it inscribes in the alternative discourse. Moreover, persons with disabilities are not individual protagonists, presented within the background of healthy individuals. Therefore, the film characters with disabilities pare placed within one presentation strategy, and they vary little. Numerous characters with disabilities in feature films are still an example of the alternative discourse, often placed within a specialist institution (in this view, expressing the isolation attitude). Furthermore, the experience of disability is most often described from a masculine perspective. As mentioned, the feminine perspective of disability is much less presented in films.

Despite the dominance of stereotypical and negative images, presenting disability as a label, it is advisable to observe representations that create the alternative discourse. The normalisation trend particularly includes images, where the (physical) disability changes from the title (un)seen difference into an unseen category. In such presentations, there is no need to "rationalise" the appearance of characters with disabilities on screen, and their otherness is no longer a total category. Images inscribing in the normalisation discourse are postulated by persons with disabilities. When asked about the representation of the groups in media, they state that they are mostly a "show off", and the person with a disability is primarily "shown as a human, that does something remarkable despite the disability, as well as, an incapable person in need of others". Persons with disabilities consider the most beneficial representations to be linked with categories such as "normality", appeal, usefulness.[62] While the process is a long-stretch and affected by varying factors, as audience we are witnesses to the gradual appearance of such, normalisation oriented imagery in the media.

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[62] I. Fornalik, *Wizerunki osób niepełnosprawnych w mediach – media w percepcji niepełnosprawnych,* [in:] *Świat pełen znaczeń: kultura i niepełnosprawność,* (eds.) J. Baran, S. Olszewski, Oficyna Wydawnicza „Impuls", Kraków 2006, pp. 511–513.

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Knights of Badassdom, Joe Lynch, USA 2013.
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MICHAŁ KARASIŃSKI
Pedagogical University of Krakow, Poland

Determinants of the family physical fitness youth with selected disabilities

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The subject of this thesis was the physical fitness of youth with mild intellectual disability, and youth with hearing impairment. The aim of the research was to determine the family factors that affect the results of physical fitness. In the research work, particular attention was paid to: family factors, family structure, educational methods, application of rewards and punishments, parenting style, and socioeconomic status of the family. The practical purpose of this research was to develop practical guidelines for parents to stimulate their children to a higher level of physical fitness development.

KEY WORDS: physical activity, special school, disability, family factors

Introduction

Taking specialist literature and our own experience into consideration, the subject of this thesis was *physical fitness* of young students with mild intellectual disability and young students with hearing impairment. The aims of the research were as follows: identification of family factors that determine the above mentioned physical fitness, the appropriate attitude to physical activity and development of relevant guidelines both for parents and teachers who work with students with special educational needs.

The term 'disability' refers to various functional limitations of each society members resulting from inability to do activities in a way that is perceived as normal and typical of human life. These limitations can be permanent or temporary, complete or partial, and refer to the sensory, physical and emotional spheres.[1]

The human population comprises 3% of people with intellectual disabilities. Among these individuals, a major group consists of people with mild disability (75%), then with moderate disability (20% of the population) and severe disability (5%). This group is highly diverse and there may be pronounced individual disproportions between peers of the same intelligence level and the social maturity.[2]

Cognitive disorders in people with mild disability are characterised by worsened functioning of: memory, perception, learning, attention, speech as well as reading and writing skills.[3] Concerning relationships with people with mild intellectual disability, interpersonal skills include: the ability to build relationships, responsibility, self-evaluation, tendency to be manipulated and avoiding dangers.[4]

An analysis of nomenclature related to people with hearing impairment revealed a serious problem with deaf education terminology. This problem has existed for years and the concepts of terms or definitions regarding disabled people are still a subject of scientific discourse.

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[1] W. Dykcik, *Pedagogika Specjalna*, Wydawnictwo Naukowe UAM Poznań 1997, cited in: Z. Gajdzica, *Uczeń z niepełnosprawnością w szkole ogólnodostępnej,* Oficyna Wydawnicza HUMANITAS, Sosnowiec 2011, p. 46.

[2] K. Barłóg, *Wspomaganie rozwoju,* Uniwersytet Rzeszowski, 2008, cited in: B. Bolach. *Sprawność fizyczna i postawa ciała uczniów z niepełnosprawnością intelektualną w wieku 9–15 lat z uwzględnieniem aspektów socjodemograficznych. Na przykładzie wybranych placówek szkolno-wychowawczych w Polsce i w Czechach.* AWF Wrocław 2017, p. 5.

[3] K. Ćwirynkało, *Społeczne funkcjonowanie osób z lekką niepełnosprawnością intelektualną (w kontekście ich autonomii i podmiotowości).* Akapit, Toruń 2010, pp. 40–42

[4] R. Luckasson, *Mental Retardation. Definition, Classification and System of Supports (10th Edition),* AAMR, Washington D.C. 2002, cited in: K. Ćwirynkało, *Społeczne funkcjonowanie osób z lekką niepełnosprawnością intelektualną (w kontekście ich autonomii i podmiotowości).* Akapit, Toruń 2010, p. 42.

According to Szczepankowski, 'a person with mild, moderate, severe or profound hearing impairment is a person whose audiogram excesses the threshold value of 20 dB (BIAP standards) that qualifies him/her to one of the impairment level'.[5]

In medicine and pedagogy, authors suggest a classification that relates to the moment of hearing impairment formation, according to which deafness can be divided into:

a) Prelingual deafness (before a child can speak, 2 to 3 years of age),
b) Perilingual deafness (time of learning to speak, 3 to 5 years of age),
c) Postlingual deafness (after 5 years of age).[6]

The International Bureau for Audiophonology (BIAP) suggests the use of 'hearing impairment' term instead of 'deafness' due to a too pejorative meaning of the latter. Thus, according to the BIAP classification, we should mention adults or children with mild, moderate, severe or profound hearing impairment.[7] Social conditions of physical fitness constitute an important component of diagnosis to better illustrate characteristics of disabled people. Attitudes of a part of society towards disabled people are reluctant and even hostile in some cases. In addition to a negative emotional attitude and avoidance of contacts, social prejudice may have a stable and permanent nature.[8] Therefore, we should remember that sports activities may help young people with intellectual disability achieve a sense of self-esteem and belonging to a group that recognises socially accepted values.[9]

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[5] B. Szczepankowski, W *obronie głuchoniemego – rozważania nad terminologią*. Problemy Rehabilitacji Społecznej i Zawodowej, 1(151), Warszawa 1997, p. 113.

[6] B. Szczepankowski, *Niesłyszący – Głusi – Głuchoniemi. Wyrównywanie szans*, WSiP, Warszawa 1999, p. 38.

[7] O. Perier, *Dziecko z uszkodzonym narządem słuchu*. WSiP, Warszawa 1992, pp. 16–17.

[8] S. Kowalik, *Psychospołeczne podstawy rehabilitacji osób niepełnosprawnych*. Interart, Warszawa 1996, p. 165.

[9] W. Dłużewska-Martyniec, *Aktywność sportowa osób z niepełnosprawnością intelektualną*, [in:] S. Kowalik (red.) *Kultura fizyczna osób z niepełnosprawnością. Dostosowana aktywność ruchowa*, Gdańskie Wydawnictwo Psychologiczne, p. 436.

Study objective

From a research perspective, the effects of family factors on the respondents' physical fitness (Tabak 2013, Szklarska 1998) as well as various parenting forms and styles (Przetacznik-Gierowska 1998, Górnicka 2007, Róg 2013) were analysed, being a subject of further empirical research in the context of young people without disabilities and the youth with selected disabilities.

The research work was mainly directed at family factors: a *family structure, parenting methods, the use of reward and punishment system, a style of parents' upbringing, the socioeconomic status of a family*.

Methods

In this project, questionnaires and testing methods were applied. One of three research tools was the Questionnaire for Parents of Children with Mild Intellectual Disability and Parents of Children with Hearing Impairment (it includes the metrics, information on the structure and the socioeconomic status of a family and other information about the study subjects). In addition to the questionnaire, the Eurofit Physical Fitness Test Battery and the Analysis of Parenting Style by M. Ryś[10] were applied.

Study group selection

A target sample in this project was a group of students at the second educational stage. The students with disabilities attended only Special Schools. This age group was selected because changes in development of students' physical fitness can be evaluated best at

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[10] M. Ryś, *Systemy rodzinne. Metody badań struktury rodziny, pochodzenia i rodziny własnej*, Centrum Medyczne Pomocy Psychologiczno-Pedagogicznej, Warszawa 2004, pp. 55–60.

this stage of life. They can progressively and successfully acquire physical skills, such as swimming, jumping into water, skating and skiing. They also make fast progress regarding playing an instrument or painting, particularly when they start this activity on their own without external pressure.[11] The whole study group included:

a) students without disabilities (control group)
b) students with mild intellectual disability
c) students with hearing impairment

The first two groups consisted of 50 students each while the group of hearing impaired students consisted of 25 students. In total, the study group comprised 125 students at the second educational stage, i.e. classes 4 to 6. However, the age range was 11 to 15 years due to various earlier educational problems.

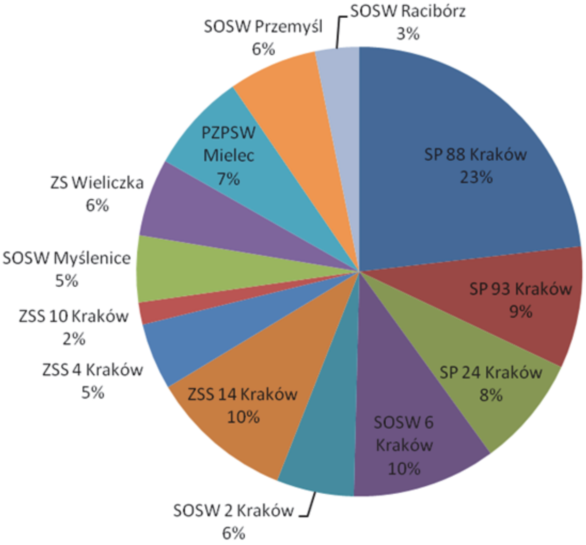

Figure 1. Percentage of all researched schools

Source: the authors

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[11] J. Trempała, *Psychologia rozwoju człowieka*, PWN, Warszawa 2011, p. 235.

Study results

The study findings show that the socioeconomic status only partially affects the quality of the Eurofit fitness testing being done by the study subjects. In the group of students with mild intellectual disability, good socioeconomic conditions were related to better results in the standing broad jump (R = 0.28) and flexibility (R = 0.31) tests, while better financial conditions of a family correlated with significantly lower results of flexibility testing among the students with hearing impairment (R = – 0.45).

Table 1. Living conditions and the educational level of parents versus physical fitness of the study subjects (Spearman's *rho* correlations)

Group		Living conditions	Mother's education level	Father's education level
Students with mild intellectual disability	Balance	.20	–.17	–.31*
	Plate tapping	.17	–.08	–.27
	Standing broad jump	.28*	–.13	–.33*
	Hand grip test	.04	–.09	–.28*
	Sit-ups	.27	–.14	–.26
	Bent arm hang	.09	–.07	–.14
	Beep test	.19	–.13	–.30*
	10 × 5m run	.18	–.10	–.28*
	Flexibility	.31*	–.20	–.29*
	TOTAL	.28	–.18	–.39**
Students with hearing impairment	Balance	–.16	.27	.26
	Plate tapping	–.26	–.07	–.07
	Standing broad jump	–.20	.19	.16
	Hand grip test	–.31	–.11	–.20
	Sit-ups	–.10	–.13	–.12
	Bent arm hang	.16	.15	.02
	Beep test	.04	.13	.19
	10 × 5m run	–.11	–.09	–.04
	Flexibility	–.45*	.05	.02
	TOTAL	–.38	.03	.01

*: $p < .05$ **: $p < .01$ Source: the authors

The study demonstrates that a mother's educational level does not directly affect physical fitness of the research students. Interestingly, the education level of a father of a child with mild intellectual disability negatively correlated with the results of physical fitness testing in as many as six out of nine tests and the overall score (R = – 0.39).

The study findings show that a number of children in a family does not significantly diversify physical fitness of the study subjects. The only statistically significant correlation referred to the 10x5m agility run test. In this case, the children with hearing impairment in complete families did better in physical fitness tests than their peers from other family types. Therefore, it can be concluded that both many children in a family and the family structure do not significantly determine physical fitness in the two dysfunctional groups.

Table 2. Family structure and a number of children in the family versus physical fitness of the study subjects (Spearman's *rho* correlations)

_p	Students with mild intellectual disability (N = 50)		Students with hearing impairment (N = 25)	
	Number of children in the family	Family structure	Number of children in the family	Family structure
Balance	.14	.02	–.24	–.03
Plate tapping	.25	–.05	–.09	.34
Standing broad jump	–.01	–.13	.06	.27
Hand grip test	.00	.03	.27	.03
Sit-ups	.13	.10	–.01	.20
Bent arm hang	.19	–.13	–.03	.13
Beep test	.08	–.13	–.20	–.26
10 × 5 m run	.11	–.16	.25	.40*
Flexibility	–.01	–.05	.09	.14
TOTAL	.18	–.05	.02	.21

***:** $p < .05$ Source: the authors

While analysing the aspect of parenting methods, it could be concluded that among the study parents of children with hearing impairment, not all the questionnaire answers were used. Therefore, correlations were not determined as there is no variance for the variable (for all the study parents, the result is the same: zero).

Table 3. Parenting methods versus physical fitness among the study subjects (Spearman's *rho* correlations)

Group	_p	Beating, shouting	Conversation	Pleasure refusal	Praising	Giving good examples
Students with mild intellectual disability	Balance	–.01	.10	–.14	–.40**	–.29*
	Plate tapping	.14	–.07	–.11	–.34*	–.21
	Standing broad jump	–.13	.13	.00	–.31*	.06
	Hand grip test	.02	–.20	–.14	–.30*	.03
	Sit-ups	–.06	–.08	–.09	–.34*	–.02
	Bent arm hang	–.03	–.16	.06	–.18	.19
	Beep test	.09	.09	–.15	–.31*	–.06
	10 × 5m run	.04	–.07	–.13	–.39**	.01
	Flexibility	–.25	–.08	–.07	–.34*	–.10
	TOTAL	–.06	–.01	–.15	–.45**	–.09
Students with hearing impairment	Balance			–.04	.29	.36
	Plate tapping			.10	.16	.20
	Standing broad jump			.18	.62**	.15
	Hand grip test			.07	.03	–.13
	Sit-ups			.29	–.03	–.02
	Bent arm hang			–.19	.19	–.11
	Beep test			.07	.27	.53**
	10 × 5 m run			.20	.47*	.05
	Flexibility			.29	.48*	.22
	TOTAL			.14	.48*	.31

*: $p < .05$; **: $p < .01$ Source: the authors

The statistical analysis showed numerous, very interesting negative correlations for praise in the group of children with mild disability, which means that *praising* by parents seems to be related to poorer physical fitness. This refers to as many as eight out of nine physical fitness tests of interest and the overall score and means that *praising*, as a parenting method that is used by parents of children with mild intellectual disability, is a demotivating factor for the children and their fitness scores.

Completely different results are seen among the children with hearing impairment: here, parental *praising* is connected with higher fitness results regarding standing broad jump (R = 0.62), the agility run test (10 × 5 m run) (R = 0.47), flexibility (R = 0.48) and the overall score (R = 0.48). According to the statistical analysis, a parenting method of *giving good examples* leads to better fitness scores (the beep test) among the children with hearing impairment; yet, the group of students with mild intellectual disability score worse statistically regarding the balance tests.

An interesting fact in this analysis is that the same parenting method can be a motivating factor for one study group (encouraging the students to take up activities) while it can have a relaxing effect on the other group, which results in worse individual physical fitness scores among the study subjects.

Based on the research analysis, it can be concluded that both the amount of time for a conversation with a child and a type of interests, if any, do not significantly diversify physical fitness in either of the study groups. However, the students with mild intellectual disability who had some duties did better in standing broad jump, sit-ups, bent arm hang and the overall score.

In the group of students with hearing impairment, having duties was related to better scores on the balance test (R = 0.42). Based on the statistical analysis, it can be seen that the students' specific duties positively correlate with certain physical fitness indicators. This may mean that considering duties, consciousness and reliability influence e.g. resourcefulness, which has a significant effect on the quality of fitness scores among the students in both dysfunctional groups.

There are surprising results concerning the effects of time spent with a child by a parent on his/her physical fitness. The study showed no statistically significant relationships, although it might seem that more attention given to a child should provide a better potential for more activating methods as well as raise movement awareness and purposefulness among the study participants.

Table 4. Time designated by the parents on conversations with the child, children's interests and duties versus physical fitness (Spearman's *rho* correlations)

	Students with mild intellectual disability			Students with hearing impairment		
	Time for conversation	Interests	Duties	Time for conversation	Interests	Duties
Balance	.21	–.07	.11	–.05	.26	.42*
Plate tapping	–.03	–.13	.21	–.14	.05	.03
Standing broad jump	.05	–.15	.31*	–.04	.31	.19
Hand grip test	.01	–.13	.02	–.25	–.24	–.33
Sit-ups	.05	–.12	.29*	–.36	–.06	–.12
Bent arm hang	.09	–.17	.36*	–.03	.28	.28
Beep test	.09	–.10	.27	.25	.02	.37
10 × 5 m run	.02	–.18	.26	–.27	.15	–.13
Flexibility	.26	–.13	.24	–.15	.39	–.04
TOTAL	.11	–.20	.33*	–.09	.27	.07

***:** $p < .05$ Source: the authors

The statistical analysis of the students' rewards showed that certain rewarding methods positively correlated with fitness in the group of students with mild intellectual disability. A reward of *meeting a friend* resulted in better results in flexibility tests. The students that marked the answer 'Other' in the *Parenting methods* category demonstrated high results in plate tapping (R = 0.29), bent arm hang (R = 0.30), agility run (10 × 5m run) (R = 0.30) and the overall score (R = 0.32). The only reward that negatively affected the fitness scores of children with mild intellectual disability was *praising* mentioned previously.

Table 5. Effects of rewarding on the physical fitness among the study subjects (Spearman's *rho* correlations)

Group		Other	Praising	Material prizes	Shopping	Pocket money	Cinema	No reward	Meting friends	Sweets	Computer games
Students with mild intellectual disability	Balance	.24	.10	–.02	–.17	–.04	–.18	–.08	.17	.14	–.03
	Plate tapping	.29*	–.17	–.11	–.25	.05	–.05	–.08	.15	–.08	.01
	Standing broad jump	.27	–.25	.07	–.15	.02	–.11	.02	.15	–.09	–.11
	Hand grip test	.21	–.13	–.01	–.09	–.01	.13	.01	–.12	–.27	–.15
	Sit-ups	.27	–.09	.15	–.14	–.01	–.02	–.20	.02	–.19	–.14
	Bent arm hang	.30*	–.09	.21	–.12	–.10	.19	–.22	–.06	–.09	–.27
	Beep test	.08	–.11	–.06	–.20	.00	–.04	.10	.13	.07	–.22
	10 × 5m run	.30*	–.13	.08	–.19	–.05	–.14	–.07	.14	–.03	–.15
	Flexibility	.18	–.29*	.23	.00	.07	–.02	–.11	.37**	.03	–.11
	TOTAL	.32*	–.18	.11	–.25	.03	–.05	–.11	.17	–.10	–.18
Students with hearing impairment	Balance	–.43*	.23	.29	.14	–.22	–.19	–.37			
	Plate tapping	–.26	–.46*	–.11	–.14	–.21	.17	.04			
	Standing broad jump	–.49*	–.18	.04	–.14	–.21	–.16	.01			
	Hand grip test	–.13	–.29	–.34	.06	.01	–.35	.14			
	Sit-ups	–.30	–.24	–.19	–.06	.09	–.11	–.01			
	Bent arm hang	–.35	–.15	–.06	–.32	–.09	–.24	.23			
	Beep test	–.33	–.10	.00	–.37	–.15	–.03	.02			
	10 × 5 m run	–.39	–.27	–.22	–.19	.04	–.08	.00			
	Flexibility	–.30	–.16	.09	.29	–.50*	.10	–.14			
	TOTAL	–.47*	–.29	.01	.00	–.31	–.08	–.09			

*: $p < .05$ **: $p < .01$ Source: the authors

Among the children with hearing impairment, the answers 'Other' also correlated with physical fitness, but negatively in this case. The respondents did worse in the balance test (R = – 0.43), standing broad jump (R = – 0.49) and the overall score (R = – 0.47). Similarly to the analysis of the previous group, *praising* as a reward negatively diversify the fitness scores of the children with hearing impairment. This is a quite interesting relationship suggesting that positive conditions, such as 'a good word', approval or a compliment towards a child provided by the parents, result in some kind of relaxation, self-satisfaction and a poor motivation for further work. The same situation occurs with the flexibility scores that were significantly lower when the basic form of rewarding was the *pocket money*.

The statistical analysis of *punishments* applied by the parents revealed again a tendency for positive correlations considering the children with mild intellectual disability and negative ones concerning the children with hearing impairment for certain physical fitness scores.

Among the students with mild intellectual disability, *no TV* correlated with better general fitness and higher scores on the specific tests: plate tapping (R = 0.31), the beep test (R = 0.32) and the flexibility test (R = 0.34). It is also worth noting that the *pleasure refusal* positively influenced better physical fitness shown in the static strength test (the hand grip test) (R = 0.29).

The above analysis demonstrates an interesting relationship between the *no TV* punishment and the higher level of physical fitness of the students. It can be concluded that the students perform physically better when they cannot sit in front of TV, which makes them spend their leisure time in another way, such as physical training.

On the other hand, the students with hearing impairment showed worse scores in the agility run (10 × 5m run) (R = – 0.48), standing broad jump (R = – 0.40) and manual skills (plate tapping) (R = – 0.42) testing when they were punished by their parents with *no mobile*. From the statistical point of view, very negative correlations between *no punishment* from the parents among the children with hearing impairment and poor balance scores are also important.

The study shows that the students with hearing impairment tend to do worse in some physical fitness tests along with certain types of punishment. This can be a demonstration of their disapproval in situations when their parents intentionally take their mobile phones to achieve the parenting effect. The study findings suggest, however, a possibly opposite effect in the case of students with hearing impairment.

Table 6. Effects of punishment on the physical fitness among the study subjects (Spearman's *rho* correlations)

Group		Other	No computer games	No TV	No punishment	No meeting friends	Pleasure refusal	No telephone
Students with mild intellectual disability	Balance	–.07	.02	.12	.18	.13	–.07	.11
	Plate tapping	–.06	.09	.31*	–.14	.19	–.03	.07
	Standing broad jump	–.01	–.02	.24	–.02	–.12	–.07	–.14
	Hand grip test	.19	–.27	.03	.18	.16	.29*	–.18
	Sit-ups	.14	–.12	.23	–.08	.01	.00	.12
	Bent arm hang	.00	.00	.15	–.15	.01	.01	–.15
	Beep test	.02	–.08	.32*	.08	.13	–.22	–.16
	10 × 5 m run	.04	–.12	.23	–.01	–.03	.06	–.08
	Flexibility	.07	.04	.36*	–.02	.07	–.15	–.14
	TOTAL	.00	–.01	.34*	–.03	.10	–.05	–.03
Students with hearing impairment	Balance	.20	.24		–.52**	.33	–.18	.02
	Plate tapping	–.17	.05		–.14	–.27	.38	–.42*
	Standing broad jump	.11	.05		–.14	–.04	.17	–.40*
	Hand grip test	–.03	.06		.31	–.35	–.08	–.26
	Sit-ups	–.26	.38		.10	–.16	–.12	–.24
	Bent arm hang	.16	.13		–.08	–.02	.02	.03
	Beep test	.28	.00		–.15	.06	.16	–.38
	10 × 5 m run	–.28	.17		–.04	–.12	.17	–.48*
	Flexibility	–.06	–.01		–.01	–.01	.06	–.14
	TOTAL	.08	.12		–.13	–.08	.14	–.39

Source: the authors.

Table 7. Parenting styles in the study groups (descriptive and ANOVA statistics)

	N			Means			OS			Welch's ANOVA		
	The disabled	Hearing impairment	Without disabilities	D	H	W	D	H	W	F_W	p_W	T2
Democratic style	50	25	50	24.80	25.64	25.60	3.06	3.12	2.78	1.13	.326	
Authoritarian style	50	25	50	12.28	10.68	8.07	6.24	4.84	4.13	8.27	< .001	D–W
Liberal-loving style	50	25	50	19.86	20.54	20.19	3.09	2.95	2.12	.55	.580	
Liberal-non-loving style	50	25	50	8.49	5.96	4.88	5.55	4.15	3.76	7.85	.001	D–W

T2: Tamhane's *post hoc* test; differences at the alpha = 0.05 are marked. Source: the authors.

Table 8. Correlations between the family parenting methods and physical fitness in the study groups (Spearman's *rho* correlations)

Group		Democratic style	Authoritarian style	Liberal–loving style	Liberal–non-loving style
Disabled students	Balance	–.07	.02	.05	.14
	Plate tapping	.01	–.19	.16	.05
	Standing broad jump	.13	–.11	.21	.01
	Hand grip test	–.02	–.10	.01	.04
	Sit-ups	–.05	.12	.15	.29*
	Bent arm hang	.25	–.32*	.06	–.10
	Beep test	.08	–.03	.21	.20
	10 × 5 m run	.11	–.15	.12	.01
	Flexibility	.13	.11	.14	.05
	TOTAL	.09	–.11	.18	.10
Students with hearing impairment	Balance	.21	.11	.25	–.23
	Plate tapping	.28	.38	.22	.12
	Standing broad jump	–.05	.11	–.10	–.12
	Hand grip test	–.29	.09	–.06	.31
	Sit-ups	–.32	.41*	.07	.42*
	Bent arm hang	.00	.24	.05	–.06
	Beep test	.05	.23	.00	.01
	10 × 5 m run	–.11	.30	–.15	.07
	Flexibility	–.04	.01	.01	–.07
	TOTAL	.01	.30	.05	.09
Students without disabilities	Balance	–.13	.08	–.12	.10
	Plate tapping	.17	.02	.19	.04
	Standing broad jump	–.15	–.05	–.14	.12
	Hand grip test	.17	–.08	.25	–.07
	Sit-ups	–.08	.11	–.11	.10
	Bent arm hang	–.34*	.18	–.21	.31*
	Beep test	–.33*	.08	–.08	.27
	10 × 5 m run	–.08	.12	–.12	–.05
	Flexibility	–.28*	.03	–.37**	.25
	TOTAL	–.25	.05	–.19	.23

*: $p < .05$; **: $p < .01$ Source: the authors

The Parenting style has never been investigated in the context of physical fitness. However, it was important to diagnose whether there were statistically significant relationships between the way of parents′ upbringing and the students′ physical fitness scores. Initially, mean values were calculated separately for three groups and the statistical significance of differences was determined (Welch's ANOVA). In the analysis of parenting style among the school students, a group without physical disabilities (the control group) attending public primary schools was included.

The analysis showed that among the students without disabilities, the democratic style negatively correlated with certain fitness scores: bent arm hang (R = – 0.34), agility run (R = – 0.33) and flexibility (R = – 0.28). As a result, the children without disabilities, brought up in the atmosphere of democratic parenting style, scored worse during the selected Eurofit tests. On the other hand, the authoritarian style negatively correlated with the bent arm hang (R = – 0.32) scores among the children with mild intellectual disability, but positively with the scores of the children with hearing impairment considering sit-ups (R = – 0.41).

The children without disabilities in families preferring a liberal-loving style did better in the flexibility test (R = – 0.37), while a liberal-non-loving style, rarely preferred by parents, positively correlated in each of the three study groups. The children with mild intellectual disability did better in the sit-ups (R = – 0.29), the students without disabilities improved on the bent arm hang test (R = – 0.31) and the students with hearing impairment also scored better regarding the sit-ups (R = 0.42).

Discussion

Problems of physical fitness regarding children with selected disabilities have been a subject of many publications and scientific analyses (e.g. Fidelus 1998, Jankowicz-Szymańska 2011). Among many literature items concerning physical fitness, there is a paper which partially relates to the research questions of our project.

In her article, A Jankowicz-Szymańska[12] compares physical fitness among children, specifying the same groups with disabilities. While assessing the above statistical analysis in the study groups, the author concluded that the level of motor fitness among the children with hearing impairment is slightly worse than that of the study participants without disabilities, while the poorest results were seen among the children with mild intellectual disability.[13]

In his research including 125 students of the primary school in Jarosławiec (primary class 6 as well as middle-school classes 1 and 2), Kaczor-Szkodny suggested that 'development of digital technologies prevents children and adolescents from traditional forms of physical activity. They choose computer entertainment'.[14]

To date, research on the relationship between the families' structure and their physical activity has not yielded an unequivocal answer.[15] Some of the scientists even suggest that 'a divorce can be a minor negative factor that affects a child compared to a constantly unstable atmosphere of quarrel and hostility between the parents.'[16]

Parents' education is a factor that strongly diversifies physical fitness both among girls and boys; however, the father's education in each separately analysed age group has a significantly stronger

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[12] A. Jankowicz-Szymańska, W. Wojtanowski, M. Chronowski, T. Ridan, *Porównanie motoryczności dzieci pełnosprawnych, niesłyszących i niepełnosprawnych intelektualnie w stopniu lekkim*. Niepełnosprawność i Rehabilitacja 1(1), Warszawa 2011, pp. 55–67.

[13] A. Jankowicz-Szymańska, W. Wojtanowski, M. Chronowski, T. Ridan, *Porównanie motoryczności dzieci pełnosprawnych, niesłyszących i niepełnosprawnych intelektualnie w stopniu lekkim*. Niepełnosprawność i Rehabilitacja 1(1), Warszawa 2011, p. 67.

[14] P. Kaczor-Szkodny, C.A. Horoch, T.B. Kulik, A. Pacian, E. Kawiak-Jawor, M. Kaczoruk, *Aktywność fizyczna i formy spędzania czasu wolnego wśród uczniów w wieku 12–15 lat*, Medycyna Ogólna i Nauka o Zdrowiu, Vol. 22, no 2, Lublin 2016, p. 116.

[15] I. Ferreira, K. Horst, W. Wendel-Vos, S. Kremers, F.J. van Lenthe, J. Brug. *Environmental determinants of physical activity in youth: a review and update*. Obes Rev 8, pp. 129–154, 2006, cited in: I. Tabak, *Struktura i funkcjonowanie rodziny, a aktywność fizyczna młodzieży*, [in:] *Aktywność fizyczna młodzieży szkolnej w wieku 9–17 lat. Aktualne wyniki, tendencje ich zmian oraz wybrane zewnętrzne i wewnętrzne uwarunkowania. Raport końcowy*. Instytut Matki i Dziecka, Warszawa 2013, p. 155.

[16] J. Cieślińska, *Style wychowania w rodzinie*. Remedium 7–8, Warszawa 2015, p. 19.

impact on children's fitness than their mother's education level.[17] Higher education of the parents is strictly related to a higher level of physical fitness due to a better life standard[18] (e.g. Przewęda 1985, 1998, Dąbrowski 2009, Charzewski 1988).

Final conclusions

The research findings have led to constructive conclusions:

a) The family structure did not translate into physical fitness of the study subjects.
b) Praising, as a parenting method, diversifies physical fitness among the study subjects depending on their disability.
c) Rewarding does not translate into physical fitness of the study subjects.
d) Specific punishments significantly determine the quality of physical fitness among the study subjects.
e) The parenting style and physical fitness of the study subjects do not correlate.
f) The father's education level negatively diversifies the physical fitness level of the students with mild intellectual disability.

The final conclusions let me formulate a few postulates for parents of children with the above disabilities:

- Duties and their fulfilment by children will help parents teach them about responsibility or self-reliance.
- Assistance in discovering leisure activities other than information technology devices.
- Stable monitoring of a child's fitness progress.

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[17] A. Szklarska, *Społeczne różnice w sprawności fizycznej dzieci i młodzieży w Polsce*, Monografie Zakładu Antropologii PAN, Wrocław 1998, p. 28.

[18] W. Osiński, 2003. *Antropomotoryka,* AWF Poznań, cited in: D. Dąbrowski, Wewnętrzne uwarunkowania zdolności motorycznych dzieci i młodzieży z dysfunkcjami narządu słuchu, Wychowanie Fizyczne i Zdrowotne (7), 2009383.

– An exact analysis of *praising* as a parenting method to achieve appropriate progress in proper social, psychological and motor development.

The Welch's ANOVA showed that the authoritarian ($p < 0.001$) and liberal-non-loving ($p = 0.001$) styles were more intense in the groups of students with mild intellectual disability compared to the group of students without disabilities. As a result, the children without disabilities, brought up in the atmosphere of democratic parenting style, scored worse during the selected Eurofit tests.

Also, an interesting fact in this analysis is that the same parenting method (*praising*) can be a motivating factor for one study group (encouraging the students to take up activities), while it can have a relaxing effect on the other group, which results in worse individual physical fitness scores among the study subjects.

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WANDA BARANOWSKA

University of Lodz, Poland

Interventions of Teachers Applying the Principles of Inclusive Education in the Event of Outbreak of Impulsive Aggression in Students with Special Educational Needs (SEN)

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Aggressive behaviour of students with SEN is a real challenge for teachers who follow the principles of inclusive education. A superficial judgement of such incidents by the society is easily disseminated, and weakens the teacher's sense of competence and professional prestige. This article presents the results of a qualitative analysis of teachers' statements regarding their effective and ineffective ad hoc interventions conducted against outbreaks of impulsive aggression of students with SEN.

KEY WORDS: impulsive aggression, student with SEN, ad hoc teachers' interventions

Introduction

The CBOS[1] report prepared in 2012 revealed that in the public opinion, working in the teaching profession is perceived as stressful, responsible and difficult, which, however, does not make teachers universally respected. The picture presented in the report partially corresponds to the results of previous studies performed all over the world, which reported the role of the media in shaping a positive image of the teacher[2], indicated stress factors and emphasised social recognition for this profession.[3,4]

In the IBE report[5], prepared in 2015, as a result of the research conducted in a group of Polish teachers, a list the factors weakening the prestige of their profession was specified. These factors included: 1) disseminating only negative cases of the activity of teachers in the media, consolidating a non-objective image of the profession, 2) negative narrative of the teachers themselves, drawing social attention to work overload with a problematic student and 3) undesirable relationships among the teaching staff, which significantly reduce the comfort of work, self-efficacy and self-esteem of teachers.

The results of the study by Patrycja Pater and Magdalena Zubel[6], conducted in 2018 in Poland, revealed that the social status of the teacher in the period from 2012 to 2018 decreased significantly, expectations towards teachers increased, and the opinion about stress and nuisance of the teacher's work is at a similar level.

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[1] M. Feliksiak, CBOS, *Wizerunek nauczycieli,* https://www.cbos.pl/SPISKOM.POL/2012/K_173_12.PDF [20.12.2019]

[2] P. Cunningham, *Teachers' Professional Image and the Press, 1950–1990*, "History of Education" 1992, no. 21(1), pp. 37–56.

[3] H. Judge, *The Image of Teachers*, "Oxford Review of Education" 1995, no. 21(3), pp. 253–265.

[4] OECD, *Teachers Matter: Attracting, Developing and Retaining Effective Teachers,* OECD Publishing, Paris 2005, pp. 40–86.

[5] M. Smak, D. Walczak D., *Pozycja społeczno-zawodowa nauczycieli. Raport z badania jakościowego,* Educational Research Institute, Warszawa 2015, pp. 3–4.

[6] P. Pater, M. Zubel, *Wizerunek nauczyciela na przestrzeni lat*, "Edukacja – Technika – Informatyka" 2019, no. 1/27, pp. 45–46.

It is worth noting that the period between the CBOS and Pater and Zubel research is the time of popularising the model of inclusive education in Poland. This model was adopted as the goal of education policy along with the ratification of the UN Convention on the Rights of Persons with Disabilities by Poland. The most important changes to initiate the educational practice of inclusive education were introduced in 2015 and 2017 by various acts of the education law, issued in order to improve the school situation of students with special educational needs. At that time, the idea of inclusive education became widely recognised by parents, and triggered numerous discussions and fears on the part of teachers. It is known that the attitudes of teachers in ordinary and special schools towards the inclusive education of students with SEN have been differentiated[7], although it can be concluded that most teachers accept the idea of inclusion, while noticing problems in the possibilities of its accomplishment.[8] Among these problems, a significant place is occupied by the difficulty of working with students who manifest emotional and behavioural disorders[9], including aggres-

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[7] D. Yasutake, J. Lerner, *Teachers' Perceptions of Inclusion for Students with Disabilities: A Survey of General and Special Educators*, "Learning Disabilities: A Multidisciplinary Journal" 1996, no. 7(1), pp. 1–7.

S.E. Wigle, D.J. Wilcox, *Teacher and Administrator Attitudes Toward Full Inclusion in Rural Mid-America*, "Rural Special Education Quarterly" 1997, no. 16(1), pp. 3–7.

R.G. Monahan, S.B. Marino, R. Miller, *Teacher Attitudes Toward Inclusion: Implications for Teacher Education in Schools 2000*, "Education" 1996, no. 117(2), pp. 316–320.

E.M. Unianu, *Teachers' Attitudes Towards Inclusive Education*, "Procedia – Social and Behavioral Sciences" 2012, no. 33, pp. 900–904.

J. Sibska, *Edukacja włączająca w opinii nauczycieli edukacji wczesnoszkolnej– analiza segmentacyjna. Doniesienia z badań*, "Problemy Edukacji, Rehabilitacji i Socjalizacji Osób Niepełnosprawnych" 2016 no. 22/1, s. 164.

[8] E. Avramidis, B. Norwich, *Teachers' Attitudes Towards Integration / Inclusion: a Review of the Literature*, "European Journal of Special Needs Education" 2010, no. 17(2), pp. 129–147.

T.E. Scruggs, M.A. Mastropieri, *Teacher Perceptions of Mainstreaming Inclusion, 1958–1995: A Research Synthesis*, "Exceptional Children" 1996, no. 63(1), pp. 59–74.

[9] I. Chrzanowska, *Postawy wobec edukacji włączającej – jakie skutki?,* [in:] Edukacja włączająca w przedszkolu i szkole, (ed.) I. Chrzanowska, G. Szumski, Wydawnictwo Fundacji Rozwoju Systemu Edukacji, Warszawa 2019, pp. 45–46.

sive behaviour[10,11], which triggers a sense of fear among teachers.[12] Own research, conducted in 2017–2018, revealed that teachers observe impulsive aggressive behaviour most frequently in students with ASD, ODD, CD and ADHD[13], in whom 80% of aggression is of retaliatory nature[14], resulting from frustration, irritation or hostility towards actual or suspected provocation. The outbreak of aggression is a sudden, violent incident that blocks the possibility of any self-control of the behaviour of the student, and the "good advice" can have an effect of the proverbial "red rag to a bull". Effective intervention results in weakening the strength of the student's emotions. It is also expected that they will continue school assignments shortly after the outbreak of aggression.

The overall course of the outbreak of aggression triggers a high intensity of teachers' emotions, which, according to the results of the study by Tsouloupas et al.[15] may result in their emotional exhaustion and weaken teachers' resilience.[16] While the mechanism of

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[10] R.P. Hastings, S. Oakford, *Student Teachers' Attitudes Towards the Inclusion of Children with Special Needs*, "Educational Psychology" 2003, no. 23, pp. 87–94.

[11] W. Baranowska, J. Leszka, *Agresywne zachowania uczniów ze SPE jako źródła lęków nauczycieli. Korelacja osłabiająca sukces edukacji włączającej*, "Studia Edukacyjne" 2018, no. 51, p. 413.

[12] Ibidem W. Baranowska, J. Leszka, *Agresywne zachowania uczniów ze SPE jako źródła lęków nauczycieli. Korelacja osłabiająca sukces edukacji włączającej*, "Studia Edukacyjne" 2018, no. 51, pp. 414–417.

[13] Ibidem W. Baranowska, J. Leszka, Agresywne zachowania uczniów ze SPE jako źródła lęków nauczycieli. Korelacja osłabiająca sukces edukacji włączającej, "Studia Edukacyjne" 2018, no. 51, pp. 410–411.

[14] F. Vitaro, M. Brendgen, R.E. Tremblay, *Reactively and Proactively Aggressive Children: Antecedent and Subsequent Characteristics*, "The Journal of Child Psychology and Psychiatry" 2002, no. 43(4), pp. 495–505.

[15] C.N. Tsouloupas, R.L. Carson, R. Matthews, M.J. Grawitch, L.K. Barber, *Exploring the Association Between Teachers' Perceived Student Misbehaviour and Emotional Exhaustion: the Importance of Teacher Efficacy Beliefs and Emotion Regulation*, "Educational Psychology" 2010, no. 30(2), pp. 173–189.

[16] C. Day, Q. Gu, *Teacher Emotions: Well Being and Effectiveness*, [in:] Advances in Teacher Emotion Research: The Impact on Teachers' Lives, ed. P.A. Schutz, M. Zembylas, Springer, New York 2009, pp. 15–31.

behaviour and the model of long-term action against frustration aggression of children and adolescents has been widely described in the publications all over the world[17], intervention strategies used by teachers at the time of the incident can be found in few research papers that only discuss the actions of parents.[18,19] The publications intended for teachers[20] do not seem to take into account the level of intensity of the student's emotions during the outbreak of impulsive aggression related to brain neurochemistry.[21] It can be assumed that the teacher facing such incidents has to develop their own strategies of behaviour, and as a consequence, the "negative narrative" identified in the IBE report[22] contributing to a generalised low sense of

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[17] D.G. Sukhodolsky, R.M. Solomon, J. Perine, *Cognitive-Behavioral, Angercontrol Intervention for Elementary School Children: A treatment Outcome Study*, "Journal of Child and Adolescent Group Therapy" 2000, no. 10, pp. 159–170.

D.G. Sukhodolsky, L. Scahill, *Cognitive-Behavioral Therapy for Anger and Aggression in Children*, The Guilford Press, New York 2012, pp. 21–28.

D.G. Sukhodolsky, H. Kassinove, B.S. Gorman, *Cognitive-Behavioral Therapy for Anger in Children and Adolescents: A Meta-Analysis*, "Aggression and Violent Behavior" 2004, no. 9, pp. 247–269.

F. Losel, A. Beelmann, Effects of Child Skills Training in Preventing Antisocial Behavior: A Systematic Review of Randomized Evaluations, "The Annals of the American Academy of Political and Social Science" 2003, no. 587, pp. 84–109.

A.E. Kazdin, *Parent Management Training: Treatment for Oppositional, Aggressive, and Antisocial Behavior in Children and Adolescents*, Oxford University Press, New York 2005, pp. 65–91, 225–240.

[18] E.C. Shelleby, D.S. Shaw, *Outcomes of Parenting Interventions for Child Conduct Problems: A Review of Differential Effectiveness*, "Child Psychiatry & Human Development" 2014, no. 45(5), pp. 628–645.

[19] J. Schoorl, S. van Rijn, M. de Wied, S.H.M., van Goozen, H., Swaab H., *Neurobiological Stress Responses Predict Aggression in Boys with Oppositional Defiant Disorder/Conduct Disorder: a 1-year Follow-up Intervention Study*, "European Child & Adolescent Psychiatry" 2017, no. 26(7), pp. 805–813

[20] E. Czermierowska-Koruba, *Agresja i przemoc w szkole czyli co powinniśmy wiedzieć, by skutecznie działać*, Centre for Education Development, Warsaw 2015, pp. 29–30.

[21] J. Vetulani, *Neurochemia impulsywności i agresji*, "Psychiatria Polska" 2013, no. 47/1, pp. 103–115.

[22] M. Smak, D. Walczak D., *Pozycja społeczno-zawodowa nauczycieli. Raport z badania jakościowego*, Educational Research Institute, Warszawa 2015, pp. 3–4.

professional prestige and low competence is not surprising. This, in turn, may weaken the perception of inclusive education as meeting social needs, which is significantly reinforced by media reports, reporting alternately on "an aggressive student who attacks peers…" or "a teacher who takes revenge on a student with autism…".

It is important to objectively recognise how teachers deal with such situations, and further, to what extent the recommended strategies can be selected from the methods they use. The aim of the present study was to identify the state of interventions used by teachers at the time of an outbreak of aggression of a student.

Method and organisation of the study

The study was conducted in the period from March 2019 to April 2019, and it was intended to establish, in the light of teachers' statements, the answers to the following questions:

(1) which – effective and ineffective – interventions are undertaken by teachers within their activities at the moment of the outbreak of impulsive aggression of students?
(2) what is the relationship between the principles of inclusive education and the approach of the teachers to students with SEN presenting behaviour of impulsive aggression nature?

Data was collected using an anonymous electronic structured interview form, containing one open-ended question with supporting questions and one semi-open question. The interview form was addressed to teachers who participated in previous studies[23], meeting at that time the criterion of employment as a teacher, minimum 1 year of work experience and participation in the training on meeting the needs of students with SEN in inclusive education over the last two years. The analysis of the results was based on data ob-

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[23] The respondents shared their e-mail addresses, agreeing for a further contact. The results were published in: W. Baranowska, J. Leszka, *Agresywne zachowania uczniów ze SPE jako źródła lęków nauczycieli. Korelacja osłabiająca sukces edukacji włączającej*, "Studia Edukacyjne" 2018, no. 51, p. 409.

tained from 31 people who declared that they applied the principles of inclusive education in their professional practice. All respondents completed MA studies, the group is homogeneous in terms of gender (women), and all respondents experience outbreaks of impulsive aggression on the part of students with SEN. 11 teachers work in an integrated school, 18 in a mainstream school, and 2 in a special school. 7 people have over 25 years of professional experience, 16 respondents did not exceed 10 years.

Results

A qualitative data analysis sheet was used to analyse the results of the interview in the part containing an open-ended question ("interventions during outbreaks of impulsive aggression of a student with SEN"). It should be mentioned that the raw, written statements

Table 1. Codes and categories describing teacher's interventions during an outbreak of impulsive aggression in a student

Descriptive codes	Category name	Questions supporting the analysis
People	The teacher is accompanied, the teacher is not accompanied	Who is actively/passively involved in the intervention?
Places	Places of intervention situated closer or further from the place of the incident	Where in the school area the intervention takes place?
Communications	Non-verbal messages, verbal messages	How and what do the intervening persons say to the student?
Activities	Activity, passivity	What happens during the intervention? What activities are performed by the intervening people?
General rules adopted	Systemic rules	
Personal rules	On what school, systemic rules is the intervention based?	
What individual rules do the intervening people follow?		

of the respondents differ significantly from the narrative typical of oral interviews. They were not extensive, many of them were limited to the use of very synthetic phrases (elliptical sentences), in which the intervening person was the default subject, the place of intervention was omitted, and the actions were described without verbs naming activities. Regardless of the length of the statement and the provided details, it was decided to use Graham Gibbs' guidelines[24] and the codes and categories indicated in Table 1, according to which the data was organised in two variants (effective/ineffective methods), were specified.

Effective interventions in the statements of the respondents

According to most respondents, an effective intervention means a situation in which the teacher is accompanied by another adult. The leading roles in these situations are played by the guidance counsellor and the support teacher.

Table 2. People who accompany the teacher in effective interventions according to the opinion of the teachers

Category	Indicated people	Statements of the respondents (original spelling)
The teacher is accompanied by	a guidance counsellor	"I send the student to call the guidance counsellor and usually they come running", "I changed the classroom and now I am near the office of the guidance counsellor, she comes without asking when she can hear the commotion (…)"
	a psychologist	"sometimes the guidance counsellor helps me", "the guidance counsellor is on the alert (…)", "I call the guidance counsellor, if they can, they come (…)", "our guidance counsellor looks after that child and I look after the rest of the group", "the guidance counsellor takes the child to their office"

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[24] G. Gibbs, *Analizowanie danych jakościowych,* Państwowe Wydawnictwo Naukowe PWN SA, Warszawa 2011, pp. 79–97.

cont. tab. 2

Category	Indicated people	Statements of the respondents (original spelling)
	a support teacher the headmaster a caretaker an educator responsible for the common room	"(…), sometimes I am helped by a psychologist", "(…) interchangeably with a psychologist" "the support teacher (…)", "the support teacher reacts immediately", "the support teacher stands up (…)", "either me (…), or the support teacher (…)", "together with the support teacher (…)", "the support teacher has better contact (…)" "the caretaker runs for bring the headmistress" "the headmaster comes running and (…)" "it is good when the headmaster stands close to me (…)" "our headmistress is the most effective (…)" "usually I am helped in this by an educator responsible for the common room"
The teacher is not accompanied	the teacher conducting the lesson	"(…) I am alone, but that is OK" "it is best when nobody interferes with this situation (…)" "I usually do not feel the need for help from others"

Apart from the people specified in Table 2, the parents of students were mentioned once and pejoratively: *„These students were isolated as a result of the so-called attack and taken home by their parents"*, apprentices were also mentioned once: "(…) *involvement of others* (…) *e.g. apprentices – students of teaching faculties*".

The analysis of data in the category of *places of intervention situated closer or further from the place of the incident*, in the absence of expressions clearly indicating the place in the statements, required some assumptions – unless specific places outside the classroom were indicated or suggested, it is considered that the intervention took place in the classroom.

It seems, according to the statements of the respondents, that an effective intervention takes place primarily in the classroom, with an important role of an isolated place, in which the student has a chance to separate themselves from the acting stimuli (a quiet zone) and thus weaken the strength of their own emotions. Indication of other places is not repeated, it proves the need to isolate the student rather than a permanent location of the intervention place.

Table 3. Places where effective interventions are performed according to the teachers

Category	Specified places	Statements of the respondents (original spelling)
Places of intervention situated close to the place of the incident	classroom	"(…) children sit down at the blackboard when asked (…)" "our guidance counsellor looks after that child and I look after the rest of the group" "I send the student to call the guidance counsellor and usually they come running" " (…) she comes without asking when she can hear the commotion" "the headmaster comes running (…)"
	quiet zones in the classroom	"(…) I am alone (…)", "it is best when nobody interferes with this situation (…)" (…)", "I usually do not feel the need for help from others" "quiet zone", "creating space to release emotions", "quiet tent" "(…) to a quiet zone on the carpet, behind the shelves"
Places of intervention situated further from the place of the incident	another classroom the office of the guidance counsellor, school corridor	"taking the child to another classroom", "the guidance counsellor takes the child to their office", "(…) he already knows that he can then come with me to the corridor", "(…) outside the place of the incident (…)"

Table 4. Communication during effective interventions according to the teachers

Category	Specified communication-related behaviour	Statements of the respondents (original spelling)
Verbal messages	individual conversation, calm conversation, calm tone	"Calm conversation (…)", "(…) and then I talk to them individually (…)", "I communicate patiently and calmly with the child", "(…) I keep a calm tone of speech" "calm conversation, specifying threats" "(…) I calmly repeat the suggestion to enter the tent several times"
Non-verbal messages	omission or limitation of verbal communication	"(…) I just look at him and point my hand at the quiet zone (…)" "I can "keep silent" together with the student". "(…) I do not enter into a discussion and wars of words"

In the statements of the respondents in the category of *verbal/non-verbal messages*, basically no expressions regarding the content of verbal messages were found, and even those concerning non-verbal messages were vague, they only referred to the tone of the conversation with the student or – which we do not know, but which, due to the specificity of the outbreak, we can assume – the monologue/ instructions of the intervening persons.

Among the effective communication behaviours described by the respondents, two trends can be noticed. The first of them, included in the category of verbal messages, is an individual, calm conversation with the student, during which the teacher monitors their emotional tension (*"calm", "patient", etc.*). The second trend relates to the omission or significant limitation of verbal communication (*"keep silent," "just look", "I do not enter into a discussion"*), conventionally classified as *non-verbal communication*. However, it should be noted that in the "communication" code there is a clear shortage of teachers' statements found in the study, and those formulated only signal a certain state. The categories included in the code of *activities*, which initially (but without any particular certainty due to the type of verbs used in the statements of the respondents[25]) were divided into *activity* and *passivity*, and which relate to the relationship with the student during their outbreak, are similar.

Table 5. Activities undertaken by adults during effective interventions according to the teachers

Category	Specified activities	Statements of the respondents (original spelling)
Activity	sitting next to the student, approaching the student,	"the support teacher (…), it is often enough that they sit down in front of the child and cover the rest of the class with themselves (…)" „(…) the support teacher stands or sits next to the child", "(…) or the support teacher, approach the child." "(…) I just sit next to him on the bench and I do not say anything, just sit.", "(…) and then I slowly embrace the student, if they do not struggle we stand like this, and if they try to escape, I let them go (…)"
Passivity	observing the behaviour of the student	"(…) I observe the behaviour of the student and until he attacks others (…)", "(…) I look at the student, but I do not approach them immediately (…)", "(…) I stay calm, I try to focus on me the attention of the other students (…).

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[25] They include verbs describing a change in the state of the performer of an activity resulting from their conscious action, i.e. verbs denoting movement (stands, sits down, moves), and denoting another activity not associated with movement (observe, stand, see, etc.)

The specified activities consistently seem to show the emotional calmness of adults in the relationship with the student, suggest a "slowed down" pace of action. It is not known how it is possible to slow down the rush, described in Table 2 by the terms *"usually/ comes running", "runs"*. It can be assumed with great caution that the rush accompanies the search for people to support the teacher, while the relationship that is being established shows features of emotional silence of teachers and, apart from one statement (*"I embrace the student"*), the lack of physical contact with the child.

From the point of view of searching for a strategy of effective coping with the outbreak of impulsive aggression of the student, it was interesting to investigate on what rules: systemic (applied within the school, therapeutic, or even based on pedagogical theories) or personally developed by experience, teachers base the structure of their actions. For this purpose, within the code "adopted rules", the categories of *systemic rules/ personal rules* were initially distinguished. However, when analysing the statements of the respondents, in which the sources or the affiliation of these rules to specific theories/systems are not visible, this division was abandoned and the category visible in Table 7 was chosen.

Table 6. Rules on which teachers base action during effective interventions, according to the teachers

Category	Specified rules	Statements of the respondents (original spelling)
General rules adopted	Controlled ignoring, redirectting the attention of the student to another subject/ situation	"I use a system of positive reinforcements.", "I believe in the effectiveness of persuasion", "Consistent implementation of arrangements" "(…) keeping calm and firmly defining the limits of acceptable behaviour (…)", "(…) it is necessary to create a space for releasing anger in a safe way." "the most important thing is to allow the student to calm down outside the place of the incident, without the participation of people involved in the difficult situation", "controlled ignoring.", "The adopted rule is the isolation of the aggressor", "Redirecting attention to another topic", "(…) the basis should be to understand the child", "(…) avoiding situations triggering aggression"

It would be an abuse to refer the content of the statements of the respondents to specific systems or pedagogical theories/ therapeutic principles. The terms of *"positive reinforcement system", "releasing anger", "calming down", "redirecting attention"* may only suggest basing interventions on behavioural theories, but it is not known whether they result from knowledge or from experience or intuition of the respondents.

The statements of the respondents also included expressions more typical of assumptions than adopted rules, e.g. *"I expect help from others", "cooperation with parents must be undertaken", "learning how to react", "psychological support for the teacher is needed"*.

Ineffective interventions in the statements of the respondents

In the statements concerning ineffective intervention strategies against an outbreak of aggression, no specific people are indicated, in fact, the statements are impersonal. In the raw results, only one statement which indirectly indicated the person was found: "(…) *confrontation with the headmaster right after the incident*". The statements about places of the incident are similar. The attention of the respondents focused primarily on communication and undertaken activities, important statements can be assigned to the code of *rules*, although with a condition similar to the one specified earlier.

Table 7. Communication during ineffective interventions according to the teachers

Category	Specified types of communication behaviour	Statements of the respondents (original spelling)
Verbal messages	raised tone, shout undesirable message content	"(…) shout, verbal attack"; "raised voice"; "raising voice at the student at the moment of an attack of aggression"; "Discussion in the course of the aggressive behaviour."; "(…) threatening to lower the conduct mark" "(…) request for improvement at the time of attack"; "humiliation", "moralization"; "Directing comments and talking during an escalation of undesirable behaviour".
Non-verbal messages	-	no statement

In the statements of the respondents, expressions suggesting the "aggressive" content of the messages (*"threatening", "request", "humiliation"*), implicitly formulated by the intervening persons, appeared. The indicated *"raised tone", "shout"* show the emotional tension of the intervening people, and may indicate a sense of helplessness or an actual lack of competence in managing the outbreak situation.

"Aggressiveness" also refers to the description of ineffective interventions.

Table 8. Activities undertaken by adults during ineffective interventions according to the teachers

Category	Specified activities	Statements of the respondents (original spelling)
Activity	aggressive behaviour, confrontation	"teacher's aggression in response to student's aggression" "confrontation with the headmaster right after the incident" "physical violence (...)", "overpowering the student (...)", "(...) jerking the child", "(...) holding the aggressive student"
Passivity	Not undertaking actions	"waiting until the attack is over"

Table 9. Rules on which teachers base action during ineffective interventions, according to the teachers

Category	Specified rules	Statements of the respondents (original spelling)
General rules adopted	Punishment, a system of regulatory punishments and consequences, exclusion, use of non-professional actions	"applied punishments"; "the existing system of regulatory consequences and punishments"; "(...) attempts to exclude a child from education, e.g. by forcing individual teaching"; ""pseudo-therapy" at the time of the incident"; "mediation before releasing anger"

On the basis of the statements of the respondents, it can be noticed that the system of punishments adopted in the school may not fit the needs of students with SEN. With a large margin of error, it can also be assumed that as a result of the application of regulatory punishments/ consequences, an (open or hidden) attempt to exclude a child from the school community takes place. It is positive that the teachers indicated these actions as ineffective, and it is sad that they take place at school. Additionally, in one of the statements the *"evaluation of the situation with reference to the disability of the child"* was indicated as an ineffective strategy, which contradicts the general principle of individualisation of the education process and seems to be a discriminatory action.

Principles of inclusive education and the approach of the teachers to students with SEN presenting behaviour of impulsive aggression nature?

A three-point scale (no/ I have no opinion/ yes) with a space to extend a positive statement was used in the question contained in the interview to confirm the existence of the above-mentioned relationship. 9 respondents stated no such relationship, 11 had no opinion, and the remaining teachers (11) confirmed the relationship, formulating negative and positive opinions, as well as indicating certain deficiencies. The negative opinions included the following examples: *"The number of challenging behaviours has increased"; "They constitute* (…) *a problem for other students in school teams, both in terms of safety and the possibility of taking full advantage of the lesson unit"; "*(…) *other students do not understand the situation of a student with a disability and SEN, which creates conflict situations"*.

A positive relationship was indicated in statements such as: *"*(…) *inclusive education enables the development of positive role models in aggressive students with a disability and SEN"; "If actions undertaken against outbreaks of aggression are carried out professionally, with full conviction and knowledge, success is guaranteed"*. Opinions suggesting deficiency include the following ones: "(…) *inclusion works, but the catalogue of support in the aid regulation should be clearly specified and extended to students with aggressive behaviour"; "*(…) *the implementation of the idea of inclusive education requires a change in teachers' thinking* *and breaking stereotypes of reacting to aggressive behaviour of students"; "(…) however, it is also necessary to think about assistants for children with aggression in non-public, private institutions".*

Conclusions

Based on the statements of the group of respondents, it is possible to formulate only a general framework of effective and ineffective interventions against the outbreak of impulsive aggression of a student with SEN, and to perceive in them acceptance of the principles of inclusive education. Effective teacher's interventions require the presence of other people (a guidance counsellor and a support teacher), they take place in the classroom, where a place free from active stimuli has been intentionally isolated, they consist in silencing the emotions of the intervening people, their readiness to communicate using a calm tone, showing patience and using non-verbal messages, they contain an algorithm of activities physically distant from the student, are based on the principle of full understanding of the needs of the child. Ineffective interventions can be considered mainly those that contain a component of "aggression" of the intervening people, visible in the communication and undertaken actions, probably supported by a system of punishments and consequences that do not take into account the specific needs of a student with SEN.

The results of the study are basically declarations of the surveyed teachers and do not allow for the formulation of clear and exhaustive rules for effective interventions at the time of the outbreak of impulsive aggression of a student, thus making it impossible to specify a recommendation for educational practice. It is also difficult to compare them to the results of other studies because, as mentioned in the introduction, they only explain the actions of parents, with whom the child establishes a completely different type of contacts and emotional bonds in situations of outbreak of child aggression.

The formulated conclusions may constitute arguments for further research, among which such methods as observation and in-depth oral interview seem to be the most justified. In further research, it is also worth considering teachers' strategies of avoiding situations that provoke an outbreak of aggression, searching for models to follow.

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MONIKA SKURA
University of Warsaw, Poland

Positive behavioural support at schools via designing supportive learning environments[1]

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The following paper examines assumptions, application and efficacy of positive behavioural interventions and supports (PBIS) which have been widely used in the United States over the past two-decades. The author addresses a significant area of activities carried out within the framework of PBIS, which concerns engineering supportive learning environments. The author also aims to indicate the most important elements of the model that could be applied in the educational activities of the Polish school.

KEY WORDS: positive behavioural interventions and supports (PBIS), challenging behaviour, students with SEN, Polish school

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[1] The following article is an expanded discussion on the PBIS subject, based on the text titled: *Zastosowanie Modelu Pozytywnej Interwencji i Wspierania Zachowań w pracy edukacyjnej i wychowawczej z uczniami ze specjalnymi potrzebami edukacyjnymi*, M. Skura, J.J. Wheeler, published in: *Niepełnosprawność. Dyskursy Pedagogiki Specjalnej*.

Introduction

Numerous teachers describe dealing with improper behaviour of students as very difficult. The majority of them, on a daily basis, faces situations which disrupt their lessons, threaten the safety of the students and teachers themselves, and are related to peer violence.[2] Teachers have fears and doubts regarding the correctness of own reactions against a student's aggresive behaviour, whether it is caused by a neurological disorder or is simply an effect of a provocation. Unfortunately, it often occurs that the portion of teachers 'reactions is ineffective, or even perpetuates undesired behaviour. Moreover, teachers indicate that studies which prepare them for their profession, fail to provide them with practical knowledge on how to deal with similar situations.[3] Part of them is suggesting the need for training at their place of work, with the support of a supervisor, in a particular educational situation in class.[4]

Challenging student behaviour is the factor, which discourages teachers from working. Schools display an increasing phenomenon of aggression, violence and students bullying their pears at schools, which is demonstrated by international data. The UNESCO Global Education 2030 Agenda states that almost one in three students (32%) was harassed by his peers at school at least once during the last month, more than one in three students (36%) took part in a fight with another student, and almost one in three students

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[2] J. Pyżalski (2012), Agresja elektroniczna i cyberbullying jako nowe ryzykowne zachowania młodzieży. Kraków: Oficyna Wydawnicza „Impuls".

[3] J. Prucha (2006), Pedeutologia. In: B. Śliwerski (ed.), Pedagogika. T. 2: Pedagogika wobec edukacji, polityki oświatowej i badań naukowych. Gdańsk, Wyd. GWP; Gajdzica Z. (2011), Sytuacje trudne w opinii nauczyciela klas integracyjnych, Oficyna Wydawnicza „Impuls", Kraków; Gajdzica Z. (2020), Uczeń z lekką niepełnosprawnością intelektualną w szkole ogólnodostępnej. Nauczyciele o (nie)zmienianej sytuacji w kontekście kultury szkoły inkluzyjnej, PWN, Warszawa.

[4] M. Skura (2018). Relacje nauczyciela wspomagającego i nauczyciela wiodącego – temat wciąż otwarty, [in:] Niepełnosprawność. Dyskursy Pedagogiki Specjalnej, no. 1(29), pp. 66–86.

(32,4%) was physically attacked at least during last year.[5] School societies, are increasingly facing threats against the security of students and teachers, therefore it is important for schools to have a preventive system of reacting to problematic student behaviour. The example of such action is applying the Positive Behavioural Interventions and Supports Model (PBIS), which has been universally applied in the United States for twenty years.

One of the advantages of the Positive Behavioural Interventions and Supports[6] model is that it can be applied as a general strategy of preventing difficulties in the entire school, in classes for students that are at risk of displaying problematic situations, and those who require support, but also at the level of particular students, who require more specialist intervention[7]. The aim of the article is to briefly present the origins, the structure, and the premises of the model that is not very well known in Poland. Moreover, the text is an attempt to highlight a significant area of activities conducted within the framework of PBIS, which is related to designing learning supportive environment and indicate its most important elements that would find application in the educational activities of the Polish school.

However, the analysis of the model should be preceded by the adopted definition of the "challenging behaviour" term. In Polish literature we may find different definitions regarding a student who causes educational challenges: "student with difficult behaviour", "student with behavioural disorders", "student violating discipline". The adopted definitions also posses internally diversified categories and depend on the scientific area in which they are applied. In the following article, in accordance with the source litera-

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[5] M. Eck, J. Naidoo, M. Sachs-Israel (2016), The New Global Education Agenda: Education 2030: Developing the New Education agenda: An Inclusive, Comprehensive and Country-owned Process. Globaalikasvatuksen ilmiöitä luokkahuoneessa Suomessa ja maailmalla, p. 33.

[6] Positive Behavioral Interventions and Supports (PBIS), https://www.pbis.org (2020).

[7] Positive Behavioral Interventions and Supports (PBIS), https://www.pbis.org (2020).

ture,[8] it has been assumed that challenging behaviour is "any repeated pattern of behavior (…) that interferes with or is at risk of interfering with optimal learning or engagement in pro-social interactions with peers and adults".[9] It is worth highlighting that the definition of PBIS adopted in the source literature is related to a difficulty, which is understood as a challenge for the environment of the child/youth, and not with a limitation or a student's disorder.

Origins, components and the principles of the Positive Behavioural Interventions and Supports Model (PBIS)

The field of the applied behaviour analysis (ABA) came from works by Burrhus F. Skinner, and was a science dedicated to the study of human behaviour in the conditions of practical action. As noted by Baer, Wolf and Risely[10], the basis of ABA includes the study on essential and socially significant behaviour occurring in natural environment. Additionally, the scholars highlighted, that the procedures applied should be observable and measurable, as well as, faithfully applied in such a way, so that they could be repeated. At the end of the process, the effort is focused on intervention causing perpetual and generalised behavioural change, which in time perpetuates in the behaviour of a given person, and becomes the "behaviour generalisation", regardless of the place of stay.

ABA had significant impact on improving work with persons with developmental disorders, by developing efficient therapy methods that would improve the ability to learn and changed

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[8] Positive Behavioral Interventions and Supports (PBIS), https://www.pbis.org (2020).

[9] B. Smith, L. Fox (2003), Systems of service delivery: A synthesis of evidence relevant to young children at risk of or who have challenging behavior. Center for Evidence-based Practice: Young Children with Challenging Behavior. Available: www. challengingbehavior. org (Smith & Fox, 2003, p. 6).

[10] D.M. Baer, M.M. Wolf, T.R Risley (1968), Some current dimensions of applied behavior analysis. Journal of applied behavior analysis, 1(1), pp. 91–97.

the lifestyle of these persons[11]. Additionally, ABA efficiency was acknowledge in reference to the persons with autism therapy based on credible evidence.[12] Also, application of this approach progresses beyond the area of education, and is universally applied in interdisciplinary studies combining behavioural sciences with other disciplines of medicine.[13]

Evolution of ABA led to the appearance of the Positive Behaviour Support model (PBS). PBS was created due to the works of Horner and accomplices[14], who advocated for applying non-invasive procedures, aiming at supporting the behaviour of individuals with more severe disabilities. Dunlap, Kincaid, Horner, Knoster and Bradshaw[15] described the process of the change in terminology and in action, which places emphasis on training procedures highlighting respect and dignity of an individual. The most important aim of proceeding is to support significant social behaviour, with particular highlight towards improving the life quality of the pupil.

The Positive Behaviour Support (PBS) name was changed to Positive Behavioural Interventions and Supports (PBIS), when in 1997, USA introduced an amendment to the act regarding persons with disabilities, and there, parts referring to the need of supporting the behaviour of students at school. Dunlap and accomplices[16] indi-

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[11] C.M. Anderson, K.A. Freeman (2000), Positive behavior support: Expanding the application of applied behavior analysis. The Behavior Analyst, 23(1), pp. 85–94.

[12] H.S. Roane, W.W. Fisher, J.E. Carr (2016), Applied behavior analysis as treatment for autism spectrum disorder. The Journal of pediatrics, 175, pp. 27–32.

[13] A. Rich, K. Brandes, B. Mullan, M.S. Hagger (2015), Theory of planned behavior and adherence in chronic illness: a meta-analysis. Journal of behavioral medicine, 38(4), pp. 673–688.

[14] R.H. Horner, G. Dunlap, R.L. Koegel, E.G. Carr, W. Sailor, J. Anderson, E.E. O'Neill (1990), Toward a technology of "non-aversive" behavioral support. Journal of the Association for Persons with Severe Handicaps, 15, pp. 125–132.

[15] G. Dunlap, D. Kincaid, R.H. Horner, T. Knoster, C.P. Bradshaw (2014), A comment on the term "positive behavior support". Journal of Positive Behavior Interventions, 16(3), pp. 133–136.

[16] G. Dunlap, D. Kincaid, R.H. Horner, T. Knoster, C.P. Bradshaw (2014), A comment on the term "positive behavior support". Journal of Positive Behavior Interventions, 16(3), pp. 133–136.

cate that the change in name reflects the belief that PBIS is a multilevel system that can be applied individually to students depending on their specific needs.

Three-tiered structure of behavioural support

PBIS is a three-tiered structure of behavioural support, aiming at preventing challenges in behaviour and to level their results regarding school, classroom and particular students, or at all three tiers. Tier I, called *Universal Prevention* or *Basic Prevention* aims at preventing the threat of challenging behaviour and/or challenging behaviours and is related to the entire school, and all students in a given school society. Most often, 85–90% of the students population realise it with success. The example of such activity is the procedure code applied in schools, obligatory for all students, which contains expectations regarding their behaviour. The role of school and its staff is to create a favourable atmosphere, which reflects the promoted values and strengthens the students in obeying the rules in motion.

The aim of the school-wide positive behavioural interventions and supports (SWPBIS) is not to establish what the student should not do in particular, but to indicate and teach actions which are expected. Therefore, in educational institutions, there are 3–5 positive, simple expectations defined, which support the positive atmosphere promoted by the school. The aforementioned encompassed desired behaviour for the entire school, which is clearly defined and easily remembered by any student. The example of such defined expectations for the Rippleside Elementary School in Minnesota is: “We are respectful”, “We are very safe”, “We have an excellent attitude”. The PBIS tier I team decides, how students learn behaviours, that are related to acquiring knowledge and social skills.

The coherence of priorities supports the behaviour of all students. Teachers explain, what the expectations of the school society are, in classrooms during particular lessons. All principles that discipline students include definitions of behaviour that negatively affect the success of student within the scope of acquiring knowledge and social development. The tier I team defines, how to evaluate students positively in regard to appropriate behaviour. Schools adapt a token system, to praise and give rewards to students who behave in accordance with expectations.[17]

The information gathered regarding the challenges at PBIS tier I and practical applications of the model affect all remaining tiers. Before a school begins to take actions from tier II and III, they must create the premises of promoted behaviour at tier I. Therefore, the universality of the tier is the basis providing regular, proactive support aiming at preventing unwanted behaviour. Tier I places emphasis on pro-social skills and expectations via indicating and promoting the appropriate behaviour of students.

Tier II is referred to as *Targeted Prevention* and is related to the more specialised group interventions aimed at children that do not react to basic prevention. In general, it is 15% of the school populace. The activities are directed towards students who experience difficulties within the scope of behaviour related to social and educational skills, and are accomplished in group during school activities.

According to the SWPBIS model, at tier II, the school staff is subject to activities that aim at training their professional skills. Acquiring competencies should be coherent, continuous, in accordance with needs, diversified and based on scientific research. Teachers and school staff are provided with access to practical activities, feedback and coaching. Acquiring knowledge regarding the latest research results and methods of working with students is made possible due to the collaboration with universities. Support at tier I is still applied in the case of students delegated for support at tier II. However, activities at tier II are based on directed intervention towards those who do not achieve success at tier I, despite the applied measures promoting desirable behaviour. At tier II, the emphasis is placed on aiding students threatened with the appearance of more severe issues, before they actually occur. Moreover, the team respon-

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[17] Positive Behavioral Interventions and Supports (PBIS), https://www.pbis.org (2020).

sible for classifying students for additional support, provides aid not only to students but is also responsible for conducting training for school staff, as well as, supports the parents 'activities at home.[18]

Regardless of providing support on the basic tier, actions at the *Targeted Prevention* tier encompass providing students with additional instruction regarding key social, emotional and/or behavioural skills. The result of tier II intervention is a situation where students may independently decided on when, where and under what circumstances they may apply particular skills. Positive reaction to intervention means, that students know how to control own actions and manage own behaviour. Additionally, tier II support encompasses intensified, active control (super-revision) accomplished in a positive and pro-active way. Adults may be asked to shift more, engaging in interactions with some students if required. The ability to monitor the situation during classes may be planned by applying simple changes in the classroom environment organisation.

It is very important to understand why students engage in particular behaviour. Without determining the cause of challenging behaviour, tier II interventions will not be adjusted adequately to the needs of pupils. After determining what motivates students for particular behaviour, teachers may aid them in finding an alternative for the undesired behaviour. Some students who receive behavioural support at tier II, may also need additional help at studying. Often, the challenging behaviour of a student is a result of his difficulties in learning the material provided within a particular phase of education. Therefore, teachers focus on supplementing knowledge or repetition of the material with which the student has difficulties. They attempt to apply strategies that support desired behaviour by introducing various educational games that support proper behavior.[19]

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[18] Positive Behavioral Interventions and Supports (PBIS), https://www.pbis.org (2020).

[19] H.H. Barrish, M. Saunders, M.M. Wolf (1969), Good behavior game: effects of individual contingencies for group consequences on disruptive behavior in a classroom, Journal of Applied Behavior Analysis, (2), pp. 119–124.

Tier III, or *Intensive, Individual Prevention* (*Third Level Therapy*), is applying individual intervention for approximately 5% of students who require long-term and specialist support in cases of *chronic and severe forms of challenging behavior*.[20] Activities within the PBIS structure are addressed particularly to this group of students, whose behaviour within the school space is hazardous or destructive, and severely impede their continued learning process, and exclude them from the social environment. At tier III, students receive very intensive, individualised support, aiming at improving their behaviour and learning results. Tier III strategies usually encompass working with students with developmental disabilities, autism, emotional and behavioural disorders, as well as, those who were not diagnosed.

Tier III activities result from the proper support at tiers I and II. After applying the principles of both tiers, schools organise interdisciplinary teams, in order to support students with more intensive needs. Apart from actions taken earlier, the key task at this level is to perform a *Functional Behaviour Assessment* (FBA), to answer, what the causes of the student's behaviour are. Additionally, FBA allows to indicate the proper selection of the school staff team, the interventions of whom will respond the best to the needs of the student. Further actions resulting from the FBA process include such strategies as: preventing undesirable behaviour, teaching proper behaviour, positive supports of proper behaviour, taking away privileges for undesirable behaviour, providing safety to students. The aim of the team is always to support the possibility of "transferring" the student on to tier I or II, which are characterised by a lower intensity of support.[21]

Understanding the causes of the student's challenging behaviour is the basis for providing aid. Within the FBA process, an important strategy is to provide holistic support including the cooperation of the student with adults important in their life, that may

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[20] J.J. Wheeler, D.D. Richey (2019). Behavior management: Principles and practices of positive behavior supports (4th ed.). Pearson.

[21] Positive Behavioral Interventions and Supports (PBIS), https://www.pbis.org (2020).

influence the improval of their behaviour. Additionally, activities of the tier III team, aim at organising a non-formal supportive system, which, through knowing about the weaknesses and needs of the student, will be able to affect his results. Therefore, the plan encompasses both formal aid, based on a diagnosis, as well as, support provided by friends, family, and other persons from the student's environment.

The possibilities of promoting positive behaviour via designing supportive learning environments

During the last 20 years, a change has appeared in special education in the United States, towards the efficient way of preventing challenging behaviour of students. Emphasis was made then, on the better understanding of causal relations that affect behaviour. Since the creation of the PBIS model, the conducted research have contributed to raising awareness among specialists, regarding the relations between events mostly related to *setting events* that cause challenging behaviour (i.e. physical, social and environmental variables), and the preceding stimulus – the *antecedent* which is its direct cause.[22]

Understanding and managing antecedents of challenging behaviour is a departure from classic practices, when the specialists would often place larger emphasis on events that occurred after the appearance of improper behaviour, as well as, applied punishment and drew consequences in order to prevent them. Along with the appearance of PBIS, specialists began to deal with challenging behaviours pro-actively, with the consideration of management strategy as a mechanism of preventing challenging behaviour. These possibilities of intervention include the way in which the teacher

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[22] R. Iovannone, C. Anderson, T. Scott (2017), Understanding Setting Events: What They Are and How to Identify Them, Beyond Behavior, Vol. 26(3), pp. 105–112; J.J. Wheeler, D.D. Richey (2019), Behavior management: Principles and practices of positive behavior supports (4th ed.). Pearson.

presents the student with tasks to be done during the lesson, i.e. a type of hints which he applies when presenting tasks, the ability of the student to make choices, and the provided level of support, allowing to maximise the student's result and use his individual strong points of learning better.[23]

Sugai and accomplices[24] noted that schools which successfully promote such learning environment reflect the model of interaction between adults and students, with four times more positive than negative feedback being provided. This model of behaviour between the teachers and the students at schools reflects the statement, that positive perception of a child's behaviour will increase or decrease to the level of expectations set before the student, and the amount of support provided in order to accomplish the aim being the change in behaviour.

Jolivette, Scott and Nelson[25] prescribed using two primary strategies that aim at designing school environment that would promote the desirable behaviour among students: changing the environment in the direction of increasing the probability of success, and minimising the probability of failure. These strategies are best achieved by monitoring the external factors of the educational process, the presence and particular actions of participants and planning tasks for students. Minimising the probability of failure is the primary aim of the actions, and may be achieved best by removing barriers that prevent the appearance of an expected behaviour in a particular situation in the classroom and at school.

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[23] J.J. Wheeler, D.D. Richey (2019), Behavior management: Principles and practices of positive behavior supports (4th ed.). Pearson; R.H. Horner, G. Sugai, C.M. Anderson (2010), Examining the evidence base for school-wide positive behavior support. Focus on Exceptional Children, 42, pp. 1–15.

[24] G. Sugai, R.H. Horner, G. Dunlap, M. Hieneman, T.J. Lewis, C.M, Nelson, B. Wilcox (2000), Applying positive behavioral support and functional behavioral assessment in schools. Journal of Positive Behavioral Interventions, 2, pp. 131–143.

[25] K. Jolivette, S. Barton-Arwood, T.M. Scott (2001), Functional behavior assessment as a collaborative process among professionals. Education and Treatment of Children, 24, pp. 298–313.

The appearance of challenging behaviours is often related to the lack of lesson structure and of organisation of classroom work. It may be caused by factors that appear in the classroom environment: overcrowded class, noise, temperature (too hot or too cold), as well as, lack of clear principles in presenting tasks of precise requirements regarding the students. For a portion of children, these circumstances may pose a serious challenge, which results in the appearance of challenging behaviours that disrupt learning, and in relation to their indesirable actions – situations that impede the work of other students.[26] It is worth highlighting that such behaviour is often caused by simultaneous occurrence of limitations in psychosocial competencies of the student, and releasers that are present in the school environment. Studies show that in the case of students with autism the structure of the learning environment may compensate for some of their difficulties. Therefore, the following is essential: established organisational structure, behaviour models in assigned tasks, and support in progressing from one activity to the other.[27]

Considering the significance of the learning and behaviour environment, teachers should understand how the classroom space may affect the shaping and social functioning of children and youth. One observable and measurable indicator, that should be significant to the school administration is the estimation of the level of the environment stimulating the behaviour of students. Each teacher who organises the learning of his students should reflect on two issues: are the students engaged in their work or their assigned actions, and, whether they like their classroom, and what they do in it. It is

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[26] T.M. Scott, K. Lee Park, J. Swain-Bradway, E. Landers (2007) Positive Behavior Support in the Classroom: Facilitating Behaviorally Inclusive Learning Environments, International Journal of Behavioral Consultation and Therapy, 3 (20), pp. 223–235; J.J. Wheeler, D.D. Richey (2019), Behavior management: Principles and practices of positive behavior supports (4th ed.). Pearson.

[27] C. Lord, E. Schopler (1994), TEACCH services for preschool children. In S. Harris, J. Handleman (Eds.), Preschool education programs for children with autism (pp. 87–106). Austin, TX: PRO ED.

important for the layout and design of the student's work place to stimulate his learning efforts. One must consider the level of noise, temperature, number of students in class, desk and chair layout, the ability to navigate the classroom and establishing an optimal work place for the child. It is also imperative to turn attention to social interactions between students and the teacher, and visual pointers that help the student regulate his behaviour.

Challenging student behaviour in the school environment may be directly tied to the curriculum and prescriptions regarding knowledge absorption and desired behaviour, which the student receives from the pedagogical staff. Studies have demonstrated a correlation between variables such as issuing instructions by the teachers and their influence on the students' behaviour in the educational environment.[28] Challenging behaviours that occur during lessons are often caused by issuing inappropriate instructions to the performed tasks, the way of formulating instruction, the quality of the teacher-student interaction, as well as, the general atmosphere at school. The cause of challenging behaviour may lie in the way the teacher is instructing the student during lesson, as well as, in the quantity and difficulty of tasks given, and the lack of coherence between instructions and the learning style, and student's abilities.

There are also areas which must be considered before the teacher issues pointers to the student regarding learning and behaviour, and which create the student profil. It is his weak points and ways of absorbing knowledge, and issuing instruction, which were successfully applied in the previous work with the child. Moreover, one must known on the child's identified challenges in learning or disability, and learn, what the child likes to do, what are the child's interests, what are the child's favourite subjects and activities. Practice demonstrates, that challenges related to learning and student behaviour are often undertaken from the viewpoint of the necessity

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[28] G. Dunlap, L. Kern (1996), Modifying instructional activities to promote desirable behavior: A conceptual and practical framework. School Psychology Quarterly, 11, pp. 297–312.

of "fixing" educational problems of the student, without considering his strengths. Each student has skills and attributes, which after being identified, may aid in teaching and giving him hints for work, therefore may be used in supporting the student to achieve success at school.[29]

Conversations with previous teachers of the child, as well as, parents are necessary, as they may help identify the style of learning, searching pointers regarding efficient ways of dealing with the child, communication models, i.e. ability to process such signals as gesture, image and sound, preferred types of answers, verbal or by gesture. Undeniably, one must also consider age, occurring difficulties in learning, or disability and other individual student's needs. In designing actions supportive for desirable behaviour, information regarding what subjects the child likes and what activities in school (e.g. exercises, instructions, support, forms of navigating and absorbing the surroundings) are most and least preferred by the student, are helpful. Additionally, it is important to learn activities, which the student prefers during play and rest beyond the classroom, i.e. fun and games, and sports and art activities.[30]

The curriculum and the method of teaching may play a significant role in the behaviour of students during lesson and their involvement in tasks suggested by the teacher. They may also constitute a releaser of problematic behaviour. The PBIS model proposes research-based[31] strategies of modifying instructions that precede the task as a method of minimising the frequency of challenging

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[29] A.P. Hershfeldt, K. Pell, R. Sechrest, E.T. Pas, C.P. Bradshaw (2012), Lessons Learned Coaching Teachers in Behavior Management: The PBIS plus Coaching Model, Journal of Educational and Psychological Consultation, 22: 4, pp. 280–299; J.J. Wheeler, D.D. Richey (2019), Behavior management: Principles and practices of positive behavior supports (4th ed.). Pearson.

[30] J.J. Wheeler, D.D. Richey (2019), Behavior management: Principles and practices of positive behavior supports (4th ed.). Pearson.

[31] J.P. Stichter, G.M. Sasso, K. Jolivette (2004), Structural analysis and intervention in a school setting: Effects on problem behavior for a student with an emotional/behavioral disorder. Journal of Positive Behavior Interventions, 6(3), pp. 166–177.

behaviours. They are presented in two major categories: designing tasks, and presentation. Strategies may be applied for children of different age and different learning environments.

When designing tasks for students, one must adjust them to age, level of development, as well as, ensure that they are socially significant and functionally related to the needs or interests of the student. Planned lesson activities should also be adjusted to the level of skill of the student. Practice shows, that in other cases, they often cause frustration and associated challenging behaviours. Additionally, it is very important to ensure the ability to select tasks, as it gives the student the feeling of co-creating the lesson, therefore, nullifying challenging behaviours. Therefore, we are talking about achieving the aim of the task and giving a choice, e.g. three out of five tasks from the proposed list. The length of activities is also of much significance and it should be adjusted to the age group and skill level. Particular tasks in the classroom should have a defined structure and predictability, as well as, be diversified and alternate, so that it is possible to manage the boredom and tiredness of the students.[32]

Also, the model indicates the significance of employing a task schedule and a student's individual curriculum as important elements of the learning environment. Studies confirm the efficiency of such intervention instruments as means of promoting positive behaviours.[33] Schedules can be set up for the entire class or be dedicated to the work of an individual student. They should contain estimated time for accomplishment of a task, and written, as well as image hints regarding tasks planned for the day. Such visual refer-

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[32] E.T. Pasa, A.H. Cashb, L. O'Brennana, K.J. Debnama, C.P. Bradshaw (2015), Profiles of classroom behavior in high schools: Associations with teacher behavior management strategies and classroom composition. Journal of School Psychology, 53(2), pp. 137–148; J.J. Wheeler, D.D. Richey (2019), Behavior management: Principles and practices of positive behavior supports (4th ed.). Pearson.

[33] N. Gayle Massey and John J. Wheeler Education and Training in Mental Retardation and Developmental Disabilities Vol. 35, No. 3 (September 2000), pp. 326–335.

ence serves both the teacher and the student. Individualised work plans may also be helpful in promoting independent work management of the student during class, and for the purpose of strengthening his engagement in assigned tasks.

The way in which tasks are presented to students may also trigger their challenging behaviour. The teacher, when presenting a subject, should use clear and coherent instructions, particularly while teaching new content. The aforementioned should also be adjusted to the needs of a particular student. It is worth remembering to combine verbal instructions, gesture and examples of actions, that support the explicitness of the message. Within the PBIS model is also indicated, that applied instructions for working with a student, that contain reference to desired behaviour, were "built in" within the proposed tasks. Therefore, the teacher may teach recognising information contained in a performed task, that will serve as a visual model for proper behaviour of the student.[34]

PBIS model premises are also supported by factors that improve life quality, often omitted in designing interventions aiming at preventing challenging behaviour of students. The teacher has less impact on the process, but the area is important for the functioning of a child during class. During the last thirty years, many studies have appeared in the United States, highlighting the significance of life quality factors in the life of persons with disabilities. Schalock[35] was one of the first authors, who initiated such studies. In his analysis he proposed eight indicators of life quality, which are still up to date: emotional welfare, interpersonal relations, material situation, personal development, physical comfort, self-determination, social inclusion, individual's rights. The PBIS model supports designing the learning environment as a key success factor for the students, and an element of preventing undesirable behaviour. Therefore, in

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[34] J.J. Wheeler, D.D. Richey (2019), Behavior management: Principles and practices of positive behavior supports (4th ed.). Pearson.

[35] R.L. Schalock (2000), Three decades of quality of life. In:Mental Retardation in the21st Century (eds M.L. Wehm-eyer, J.R. Patton), pp. 335–356. Pro-ed, Austin, TX.

their educational activities, teachers should monitor the attitudes of students oriented towards functions related to the quality of life in the family environment and closest surroundings.[36]

Student with challenging behaviour in a country of „multiple educational paths"

Three educational paths present in Poland, display a slightly different approach towards student's difficulties, and different ways of accomplishing educational tasks. Special education is based on specialist instructions and primarily compensates, corrects and improves the disordered psychological and physical processes of the student.[37] The integration model aims at maximum inclusion of children and youth with difficulties in functioning, into the group of able peers.[38] In principle, inclusive education supports a diversified classroom and intends to remove all obstacles and barriers which stand in the way, to a situation where children learn together at school, which is closest to their place of residence.[39] Teachers working within a particular educational model display different competencies, qualifications and tasks. In source literature, one may find particularly much about predisposition, and even a desired person-

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[36] J.J. Wheeler, D.D. Richey (2019), Behavior management: Principles and practices of positive behavior supports (4th ed.). Pearson; A. Biglan (2015), The nurture effect: How the science of human behavior can improve our lives and our world. Oakland, CA: New Harbinger.

[37] H. Borzyszkowska (1985), Oligofrenopedagogika. Warszawa: PWN; I. Stawowy-Wojnarowska (1989), Podstawy kształcenia specjalnego. Warszawa: WSPS; S.J. Salend (2016), Creating Inclusive Classrooms: effective, differentiated and reflective practices. Boston: Pearson.

[38] Z. Gajdzica (2011), Sytuacje trudne w opinii nauczyciela klas integracyjnych, Oficyna Wydawnicza „Impuls", Kraków.

[39] G. Lindsay (2007), Educational psychology and the effectiveness of inclusive education/mainstreaming. British Journal of Educational Psychology Vol. 77, pp. 1–24; S.J. Salend (2016), Creating Inclusive Classrooms: effective, differentiated and reflective practices. Boston: Pearson.

ality of a special pedagogue.[40] Additionally, we may familiarise ourselves with sources referring to the work of a supportive teacher[41], as well as, tasks and necessary competencies of a mainstream school teacher for working with children with SEN.[42] Regardless of the type of school, all teachers undertake tasks related to their teaching, class integration activities, diagnostic, educational and supportive activities for all participants of the integration process.

In the case of working with SEN children, the responsibilities of teachers primarily include undertaking increased activities related to supporting their educational, emotional and social difficulties, but also, creating comprehensive documentation and undertaking activities with institutions that collaborate with the school. Students under the need of special education in Poland may accomplish tasks in a way that is adjusted to their needs, based on the individual educational and therapeutic curriculum, which is realised in the classroom, within groups up to five individuals, or individually at

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[40] M. Grzegorzewska (1996), Listy do młodego nauczyciela. Vol. I–III. Warszawa: WSPS; R.B. Lewis, D.H. Doorlag (2003). Teaching Special Students in General Education Classrooms. New Jersey: Merrill Prentice Hall; Z. Palak A. Bujnowska (2008), Kompetencje pedagoga specjalnego. Aktualne wyzwania teorii i praktyki. Lublin: UMCS.

[41] J. Bąbka (2001), Edukacja integracyjna dzieci pełnosprawnych i niepełnosprawnych. Założenia i rzeczywistość. Poznań: Fundacja 'Humaniora'; J. Kędzierska (2010), Planowanie pracy rewalidacyjnej z dziećmi niewidomym i słabowidzącymi w szkołach ogólnodostępnych. In: T. Żółkowska (ed.), Dajmy szansę niewidomym i niedowidzących. Poradnik metodyczny dla nauczycieli. Szczecin: OR TWP; Z. Gajdzica (2011), Sytuacje trudne w opinii nauczycieli klas integracyjnych. Karków: Oficyna Wydawnicza 'Impuls'; D. Apanel (2014), Teoria i praktyka kształcenia integracyjnego osób z niepełnosprawnością w Polsce w latach 1989–2014. Toruń, Adam Marszałek.

[42] B.B. Lewis, R.B., Doorlag (2003), Teaching Special Students in General Education Classrooms. New Jersey: Merrill Prentice Hall; B. Malm (2009), Towards a new professionalism: enhancing personal and professional development in teacher education. Journal of Education for Teaching: International research and pedagogy, 35(1), pp. 77–91; A. De Juanas Oliva i in. (2009). Comparative study of the evaluation of professional competencies by experienced and trainee Spanish primary teachers. European Journal of Teacher Education, Vol. 32, Issue 4, pp. 437–454.

school premises. In mainstream schools with integration units, and integration schools, teachers are employed who possess qualification within the special pedagogy area, who help organise the educational process with the consideration of prescriptions included in the ruling on the need for special education. Among students with special educational needs, i.e. behavioural and emotional disorder, autism and intellectual disabilities, often appear actions and attitudes, which through their strength and frequency, or prolonged lasting may threaten their safety, or the safety of other individuals. School practice shows, that even one child with behavioural disorders in the classroom, regardless of the cause, may lead to severe limitations in conducting a lesson.

Polish school, similar to schools in other countries, aims at creating proper educational conditions, shaping attitudes that benefit the individual and social development of the student. In principle, the school takes educational and preventive actions, aiming at eliminating threats and strengthening appropriate behaviour. Schools design trainings, educational curricula or/and procedures for difficult and crisis situations, school grading systems, and the principles of evaluating student behaviour. Most often, the documents contain records regarding: requirements, grade mode, grade scale: exemplary, very good, good, satisfactory, unsatisfactory, failed, and criteria of promoting to next class. Therefore, they define the principles of grading students regarding behaviour, and applying procedures against occurring threats, while they contribute little to the active promotion of attitudes and behavioural models of students.

School should model desirable student behaviour not only be executing principles, reprimand and punishment, but by using a clear and student-friendly system of rewarding e.g. by acknowledgement or praise. Moreover, the pool of rewards should be relatively the same, as the pool of drawn consequences. Polish students often do not know school systems of supporting desired behaviour, as well as, of their rights and obligations which are not included in the statute or the rulebook of the school which they attend. To the majority of students, they are only unclear tasks which were written down on one of the boards in the school corridor. The standards established by schools, and striving to guarantee the best conditions for work and security, both in classroom, and in the corridor during breaks to the students, rarely offer elements of promoting their positive behaviour, in comparison to clearly specified expectations included in the PBIS model premises, that support the positive school atmosphere.

In Poland, students who, due to disability, social maladjustment or the threat of social maladjustment, as well as, those who require special work organisation and work methods, may choose a the special, integration and inclusive paths. The suggested form of special education is indicated in a report by a the constative team, however the final decision belongs to parents. Public psychological and pedagogical clinics offer aid to children, their parents and teachers. Specialists employed there, form a report or opinion that initiate the process of offering support in an educational institution, as well as, provide help in form of counsel, consultation, workshops. It is worth noting, that these documents are created often without the sufficient evaluation of the situation of challenging behaviour of the student, as they appear in the educational institution. Furthermore, In the case of all SEN students, not only those who possess a document issued by the clinic, the support received takes place outside of school. A group of students with behavioural and emotional disorders, autism and intellectual disabilities participate in individual and group therapies outside of the place where the difficulties in behaviour, and difficulties in learning (which are often associated), occur at most.

Students under the need for special education may take classes in a way adjusted to their needs on the basis of the individual educational and therapeutic programme (IEaTP). IEaTP is created based on the opinion/report by specialists from psychological and pedagogical clinics, and is assorted of an educational and therapeutic part. Unfortunately, the latter is often realised narrowly and only by individuals who work with the student. Moreover, the specialists who write the opinion/report does not come in contact with the student at school on a daily basis, causing his prescriptions included in the document to not encompass social relations of the student at school and are separated from the therapies in which the child participates outside of school, and have no continuation in the family home. One must also mention a group of students who have no opinion/report on the need for special education, however, they require intensive support due to their behavioural challenges. These include children and youth with attention deficits, emotional, psychological disorders, as well as, students who were neglected due to family pathology, received improper behavioural models, are harmed, or were victim to psychological trauma.

Teachers who work at Polish schools, have varying qualifications, competencies and task, in regard to what type of school they work at. Studies graduated by a special pedagogue are related to a multi-profile knowledge regarding the problem of persons with a particular type of disability. Supportive teachers possess qualifications regarding special pedagogy, and are employed in order to help organise integrated education. Leading teacher graduates higher education with a given profile, or higher education in primary education. While the standards of education preparing to perform the profession of a teacher are related to contents such as psychology, pedagogy, they do not encompass the specifics of teaching SEN students. New regulation (Ministry of Science and Higher Education of 3 August 2019), expands the competencies and knowledge of the candidate with methodological background for working with SEN students, however, it is worth asking, whether the curriculum premises for educational standards, can prepare the future teachers to manage class effectively, and model the behaviour of students in the school and classroom environment. As shown by studies[43] difficulties at work caused by student behaviour are one of the primary factors that leads teachers to quit work, particularly among the younger staff.

It seems, that understanding the causes of challenging behaviour among students and the ability to model their actions are cru-

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[43] S. Brill, A. McCartney (2008), Stopping the revolving door: Increasing teacher retention. Politics & Policy, 36(5), pp. 750–774.

cial in the work of every teacher.[44] The knowledge regarding designing the student's environment should include the skill to acquire information regarding child's attributes and difficulties, creating infrastructure and lesson schedule, including preparation and presentation of tasks. Therefore, primarily, the teacher should be equipped with competencies that will allow him to foresee circumstances that trigger challenging behaviour and the skills of selecting the most optimal form of issuing instruction and presenting the planned material for working with a student.

Summary

PBIS is a practical model based on research, the main aim of which is intervention and prevention against challenging behaviour. Applying this trilevel systemic approach turned out to be an efficient model, universally applied in US schools, aiming at satisfying the needs within the scope of supporting the behaviour of children and youth.[45]

PBIS model expanded the concept of designing learning environment which would yield positive results, and may assume a broad (school) perspective or a more concentrated one (individual classroom), depending on the aim. The most visible areas of the school environment, that encompass the philosophy of positive behaviour and support, are the school culture and school atmosphere.[46] Schools with effective culture and atmosphere yield better

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[44] S.W. Bijou (1970), What psychology has to offer education-now, Journal of Applied Behavior Analysis, 3(1), pp. 65–71.

[45] R.H. Horner, G. Sugai (2015), School-wide PBIS: An Example of Applied Behavior Analysis Implemented at a Scale of Social Importance, Behavior Analysis in Practice, 8, pp. 80–85; S.E. Pinkelman, R.H. Horner (2019), Applying Lessons from the Teaching-Family Model: Positive Behavioral Interventions and Supports, Behavior Analysis in Practice, 42(2), pp. 233–240.

[46] L. Darling-Hammond, Ch.M. Cook-Harvey (2018), Educating the Whole Child: Improving School Climate to Support Student Success. Palo Alto, CA: Learning Policy Institute.

effects of preventing problematic student behaviour, and school teams for promotion and pro-active interventions have a larger impact on the increased learning results and the quality of life of all children. These circles also place emphasis on team approach to problem solving, have active and engaged administration support, as well as, direct their effort towards multi-systemic solutions, which include the following environments: school, classroom, outside of school, family, and student's surroundings.

The positive results of the implementation of PBIS premises in the United States and the increasing popularity of the model in Europe (Great Britain, Germany) indicate the need for a broader learning of the proposed strategies in Poland as well. There is a lack of research regarding the ability to learn the experiences of examined teachers in work with difficulties in student behaviour, within the area of a systemic structure of schools operations, classroom environment, and particularly, those striving for answers regarding support sources, being instructions that support educational institutions and parents. The theoretical premises and practical instructions of the PBIS model could support the Polish school in activities encompassing active teaching of socially important and significant behaviours, directed at improving the educational experiences of students, as well as, affect the improvement of the life quality of students and their parents. The conducted research dedicated to the PBIS premises on three levels of support could expand the capabilities of schools in satisfying the needs of all students in terms of supporting their behaviour.

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OLGA CHRZANOWSKA

University of Pennsylvania, Philadelphia
Lodz University of Technology, Poland

Universal Design Principles for Older People and Older People with Disabilities During the COVID-19 Pandemic

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This study aims to investigate the existing situation of the COVID-19 pandemic from an architectural and urban perspective. The problem analyzed in the study was whether and how universal design could be a useful tool in creating a meaningful response to social repercussions caused by COVID-19. Of the various issues faced today, this study focused on solving the issue of isolation and reducing infections in elderly and elders with disabilities by introducing architectural and spatial modifications. This research showed that all seven universal design principles when introduced at the architectural and urban levels can solve various issues that elderly people face today during the pandemic. It is executed through administrative and institutional push toward better accessibility and inclusion in a build environment that also works for general public interest.

KEY WORDS: Universal Design, Isolation, COVID-19, Older People, Disabilities

Introduction

This research aims to investigate the existing situation of the COVID-19 pandemic from an architectural and urban perspective. The problem analyzed in the study is whether and how universal design can be a useful design philosophy in creating a meaningful response to social repercussions caused by COVID-19. Of the various groups of people affected by the pandemic, this study focused on elderly people and elders with disabilities. To address this problem, the following questions were posed to understand whether the universal design could help elderly people during the pandemic. Can any of the seven principles of the universal design provide opportunities to solve the isolation of elderly people in senior care facilities? Can the universal design modify public spaces so that the elderlies are less excluded and face lesser risk being infected by COVID-19?

Specific objectives

The whole study is a form of comparison. It listed seven principles of universal design; then, the chosen social repercussions caused by COVID-19 were presented alongside. It is meant to show whether and how universal design can solve the current social problems that the pandemic poses on elders' lives. The study tested the validity of an existing contemporary architectural and urban design philosophy of universal design in the realm of the existing situation of pandemic. This was intended to provide solutions to the listed problems of social distancing and subsequent isolation of elders. This helped document and interpret the application of universal design philosophy in response to the pandemic. Two parts of the study addressed its specific objectives.

In the first part, universal design was presented as a possible response to the isolation of elders during the COVID-19 pandemic in senior care facilities. The principles of universal design were listed and commented on. Subsequently, the study checked which of the seven universal design principles could help elderly people and elders with disabilities feel less isolated during the pandemic. The report considered as an example was the American Institute of Architects' (AIA) *Strategies for Senior Living Communities*. Finally, the principles of universal design that best address elders in senior living communities during the pandemic are listed.

The second part of the paper consists of the interview with accessibility in architecture expert Stanis Smith. The question posed was whether universal design can help reduce COVID-19 infections among elders in public spaces. Universal design principles and their utterances in architecture were presented and compared to the AIA's report suggestions.

Background and hypothesis

Aging is an alarming issue across the globe. "People worldwide are living longer. Today, for the first time in history, most people can expect to live in their sixties and beyond. By 2050, the world's population aged 60 years and older is expected to total 2 billion, up from 900 million in 2015".[1] Thus, research on various aspects of the life of elders is important—their number is growing. When the structure of age in the whole population shifts, it generates consequences in all aspects of life. Eventually, many of us at some point in our lives will experience the aging consequences, maybe even in the form of a disability or will live with someone who becomes disabled.

Even prior to the pandemic, according to World Health Organization (WHO) data "there is, however, little evidence to suggest that older people today are experiencing their later years in better health than their parents. While rates of severe disability have declined in

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[1] https://www.who.int/news-room/fact-sheets/detail/ageing-and-health [27.11.2020].

high-income countries over the past 30 years, there has been no significant change in mild to moderate disability over the same period. If people can experience these extra years of life in good health and if they live in a supportive environment, their ability to do the things they value will be little different from that of a younger person. If these added years are dominated by declines in physical and mental capacity, the implications for older people and for society are more negative".[2]

The issue studied here was the isolation of elders because of health risks due to COVID-19. As of October 2020, many countries around the world recommended seniors to stay at home and limit their exposure to other people who could possibly be infected. These recommendations and restrictions differed statewide, and they changed in time according to the number of COVID-19 cases and casualties.

The restrictions and recommendations imposed were a form of structural isolation, which means it is an objective limitation of face-to-face social contact. "Social isolation (the objective state of having few social relationships or infrequent social contact with others) and loneliness (a subjective feeling of being isolated) are serious yet underappreciated public health risks that affect a significant portion of the older adult population".[3] "People who are 50 years of age or older are more likely to experience many of the risk factors that can cause or exacerbate social isolation or loneliness, such as living alone, the loss of family or friends, chronic illness, and sensory impairments".[4]

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[2] https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

[3] *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*, "National Academies of Sciences, Engineering, and Medicine. Consensus Study Report", The National Academies Press, Washington, DC 2020, p. 1, https://www.nap.edu/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the [27.11.2020].

[4] *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*, "National Academies of Sciences, Engineering, and Medicine. Consensus Study Report", The National Academies Press, Washington, DC 2020, p. 1, https://www.nap.edu/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the [27.11.2020].

"Research indicates that social isolation and loneliness increase the risk of mental disorders, but less is known about the distinct contributions of different aspects of isolation".[5] "Social network structure and function are strongly intertwined with anxiety and depression symptoms in the general population of older adults. Public health initiatives could reduce perceived isolation by facilitating social network integration and participation in community activities, thereby protecting against the development of affective disorders".[6]

Due to the COVID-19 pandemic, there were restrictions on movement, sheltering in place orders, and other legal and advisory rules that imposed isolation on society. One of the features of isolation is less frequent social interaction. Less frequent social interaction is linked with social disconnectedness, perceived isolation, depression, and anxiety.[7] Therefore, in the reports of WHO[8] and AIA[9]

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[5] Z.I. Santini, P.E. Jose, E.Y. Cornwell, A. Koyanagi, L. Nielsen, C. Hinrichsen, C. Meilstrup, K.R. Madsen, V. Koushede, *Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): a longitudinal mediation analysis*, "Lancet Public Health", Elsevier, London 2020, pp. 62–70, 27.11.2020.

[6] Z.I. Santini, P.E. Jose, E.Y. Cornwell, A. Koyanagi, L. Nielsen, C. Hinrichsen, C. Meilstrup, K.R. Madsen, V. Koushede, *Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): a longitudinal mediation analysis*, "Lancet Public Health", Elsevier, London 2020, pp. 62–70, 27.11.2020.

[7] Z.I. Santini, P.E. Jose, E.Y. Cornwell, A. Koyanagi, L. Nielsen, C. Hinrichsen, C. Meilstrup, K.R. Madsen, V. Koushede, *Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): a longitudinal mediation analysis*, "Lancet Public Health", Elsevier, London 2020, pp. 62–70, 27.11.2020.

[8] *Guidance on Covid-19 for the care of older people and people living in long-term care facilities, other non-acute care facilities and home care updated 23 July 2020*, "Institutional Repository for Information Sharing", World Health Organization. Regional Office for the Western Pacific, Manila 2020, https://iris.wpro.who.int/bitstream/handle/10665.1/14500/COVID-19-emergency-guidance-ageing-eng.pdf [27.11.2020].

[9] *Strategies for Senior Living Communities*, The American Institute of Architects, Washington DC 2020, http://content.aia.org/sites/default/files/2020-06/AIA_COVID-19-Building-Type-Report-Senior-Living_2020-0629.pdf [27.11.2020].

on the COVID-19 response in relation to older adults, two major topics were taken into consideration: reducing infections and solving the issue of isolation. In both cases, the organizational recommendations were based on various types of actions. There were suggestions for creating a supportive environment for introducing elders to high-tech equipment for connection, and there were ideas on reshaping activities and creating new forms of social intervention. There were also architectural and design suggestions.

One of the things WHO suggested in their report was to "avoid stereotyping older people as frail and vulnerable".[10] Individual needs of elders and elders with disabilities are important to take into consideration and generalizing is working against that. Stanis Smith of the Rick Hansen Foundation certifying accessibility in the build environment, suggested the ability to navigate one's environment and dealing with basic needs in the most dignified way possible and needing the least amount of assistance was a fundamental objective of universal design. The universal design idea relies on concrete changes in the environment, not an ad hoc social intervention. Creating an age- and disability-friendly physical environment is an important step in both preparing for future crises and dealing with the current one. This study focuses on the architectural and urban aspects of physical space. Identifying the strain of architecture that could help in this pandemic is considered a vital part in creating a multi-sector response to the crisis that we face. The hypothesis tested in this study was that the more widespread implementation of universal design in architecture and urban planning can solve for the problem of isolation of the elderly caused by the COVID-19 pandemic.

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[10] *Guidance on Covid-19 for the care of older people and people living in long-term care facilities, other non-acute care facilities and home care updated 23 July 2020*, "Institutional Repository for Information Sharing", World Health Organization. Regional Office for the Western Pacific, Manila 2020, https://iris.wpro.who.int/bitstream/handle/10665.1/14500/COVID-19-emergency-guidance-ageing-eng.pdf [27.11.2020].

Methods and Data

In this study, qualitative research methods were used. The first was a documentative research with a focus on literature review and policy research aimed at defining current responses to the COVID-19 pandemic. Second, this study presents literal quotations from expert interviews showing the technical, process, and interpretative knowledge of the subject of universal design in relation to the pandemic. "Especially in the exploratory phase of a project, interviewing experts is regarded as more efficient and concentrated method of generating data than, for instance, participatory observation".[11]

The reason for choosing these methods was the scope of the research. COVID-19 as a novel problem has generated, to date, only limited literature concerning its topic. Even less literature addressed the rapid responses to the social crisis we face today as the pandemic unfolds. As of October 2020, no monograph on the social consequences of this pandemic in the field of architecture has yet been written. The rapid responses in the form of journal articles and institutional reports were being prepared and implemented just as this paper was being written. The key gray literature material chosen for this study was the American Institute of Architects' (AIA) *Strategies for Senior Living Communities*.

Therefore, this study used gray literature produced by organizations concerning governance. It "typically includes both policy documents of a traditional form and reports on research done in relation to the issue. The policy documents outline rationales and the present proposal. They can be regarded as traditional primary sources".[12] Additionally, in this situation, access to knowledgeable experts in the field of universal design in architecture and a chair of

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[11] A. Bogner, B. Littig, W. Menz, *Generating Qualitative Data with Experts and Elite,* "The SAGE Handbook of Qualitative Data Collection", SAGE Publications, New York 2018, p. 655.

[12] D. Byrne, *Reviewing the Literature: What Is Grey Literature?*, "Project Planner, SAGE Research Methods", SAGE Publishing, New York 2017.

organization that provides assessment for accessible sites and buildings is a vital part of the research. The expert chosen for this study was the architect Stanis Smith, a Board member of the Rick Hansen Foundation (RHF), which certifies accessibility of buildings and sites and provides other forms of engagement and innovative solutions for people with disabilities. The Foundation established in 1988 "is a registered Canadian charity (…) that creates and delivers innovative solutions that lead to a global movement to remove barriers and liberate the potential of people with disabilities".[13]

Stanis Smith is a consultant and advisor for various initiatives, one of them being a universal design. Apart from that, Stanis Smith has over 35 years of experience as a corporate executive and architect. He was a leader at Stantec, an international professional services company in the design and consulting industry, including Executive VP for Stantec's Buildings Group, leader of Stantec's Airport Group, and Executive VP for Creativity and Innovation. His expertise in innovation, design, and accessibility as well as leadership, experience in architecture, and current position in RHF made him suitable for providing technical, process, and interpretative knowledge about universal design in relation to the COVID-19 pandemic.

The interview was conducted on November 4th, 2020, at Vancouver, British Columbia, Canada through zoom call with video and audio recording. The interview format was an online face-to-face conversation structured around questions that the interviewee got earlier. The length of the interview was about 45 minutes, and the interviewee provided written brief answers to the questions and included additional material in the form of a slide showing presentation and links to additional reports and documents. The audio of an interview was transcribed by an interviewer and later reviewed by an interviewee to supplement the inaudible parts, edits in grammar, and clarification of meaning.

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[13] https://www.rickhansen.com/about-us/faq [27.11.2020].

Results

Seven Principles of Universal Design and Recommendations from AIA's Report

United Nations (UN) in their Convention on the Rights of Persons with Disabilities presented the definition of universal design as follows "'Universal design' means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. 'Universal design' shall not exclude assistive devices for particular groups of persons with disabilities where this is needed".[14] Then, the UN Convention in Article 3 of General principles stated "The principles of the present Convention shall be: (a) Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; (b) Non-discrimination; (c) Full and effective participation and inclusion in society; (d) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; (e) Equality of opportunity; (…)".[15]

Architect Ronald Lawrence Mace pioneered the universal design concept by helping develop an accessible building code in North Carolina in 1973. His history was entwined with one of the previous epidemics that occurred in the twentieth century. He happened to be a polio victim at the age of nine and used a wheelchair since.[16] Mace also created the Center for Accessible Housing (later

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[14] *Convention on the Rights of Persons with Disabilities and Optional Protocol,* United Nations, New York 2006, p. 4, https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf [27.11.2020].

[15] *Convention on the Rights of Persons with Disabilities and Optional Protocol,* United Nations, New York 2006, p. 5, https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf [27.11.2020].

[16] W. Saxon, *R. L. Mace, Designer of Buildings Accessible to All,* "New York Times", New York 13 July 1998, https://www.nytimes.com/1998/07/13/us/ronald-l-mace-58-designer-of-buildings-accessible-to-all.html [27.11.2020].

Center for Universal Design in North Carolina State) and was a president of Barrier Free Environments Inc., a consulting company that offered help in making buildings accessible.[17] The universal design principles mentioned earlier are a set of seven basic rules listed by the Center for Universal Design (CUD) at North Carolina State University in 1997. These rules were formulated by Bettye Rose Cornell, Mike Jones, Ronald Mace, Jim Mueller, Abir Mullick, Elaine Ostroff, Jon Stanford, Ed Steinfeld, Molly Story, and Gregg Vanderheiden. Seven principles address the architectural and urban environment as well as other forms of interaction with designed entities. Here are the principles with examples provided by Sheryl Burgstahler.

1. "**Equitable use**. The design is useful and marketable to people with diverse abilities. For example, a website that is designed to be accessible to everyone, including people who are blind and use screen reader technology, employs this principle.
2. **Flexibility in use**. The design accommodates a wide range of individual preferences and abilities. An example is a museum that allows visitors to choose to read or listen to the description of the contents of a display case.
3. **Simple and intuitive**. Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level. Science lab equipment with clear and intuitive control buttons is an example of an application of this principle.
4. **Perceptible information**. The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities. An example of this principle is captioned television programming projected in a noisy sports bar.
5. **Tolerance for error**. The design minimizes hazards and adverse consequences of accidental or unintended actions. An ex-

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[17] W. Saxon, *R. L. Mace, Designer of Buildings Accessible to All,* "New York Times", New York 13 July, 1998, https://www.nytimes.com/1998/07/13/us/ronald-l-mace-58-designer-of-buildings-accessible-to-all.html [27.11.2020].

ample of a product applying this principle is software applications that provide guidance when the user makes an inappropriate selection.

6. **Low physical effort**. The design can be used efficiently, comfortably, and with minimum fatigue. Doors that open automatically for people with a wide variety of physical characteristics demonstrate the application of this principle.
7. **Size and space for approach and use**. Appropriate size and space are provided for approach, reach, manipulation, and use regardless of the user's body size, posture, or mobility. A flexible work area designed for use by employees who are left- or right-handed and have a variety of other physical characteristics and abilities is an example of applying this principle".[18]

The report of the American Institute of Architects' (AIA) *Strategies for Senior Living Communities* was one of the latest publications prepared by the AIA's Design For Aging Knowledge Community. It was part of the AIA's *COVID-19 emerging research and public health data*. The Design For Aging (DFA) mission is "to foster design innovation and disseminate knowledge necessary to enhance the built environment and quality of life for an aging society. This includes relevant research on characteristics, planning, and costs associated with innovative design for aging. In addition, DFA provides outcome data on the value of these design solutions and environments".[19]

In the *Strategies for Senior Living Communities*, the authors emphasized the hazards of isolation of elders. "Long periods of isolation among residents sheltering-in-place, in a restricted access area, or deprived of something as small as having their hand held or the embrace of a grandchild can negatively impact mental health and,

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[18] S. Burgstahler, *Universal Design: Process, Principles, and Applications*, "DO-IT (Disabilities, Opportunities, Internetworking, and Technology)", University of Washington, Seattle 2004, http://washington.edu/doit/universal-design-process-principles-and-applications [27.11.2020].

[19] https://network.aia.org/communities/community-home?communitykey=a83686b6-4432-4ac2-a3a1-b91a6808a014&tab=groupdetails [27.11.2020].

by extension, physical well-being. Reduced access to meaningful activities that provide social connection, personal fulfillment, and exercise can degrade one's physical, emotional, and mental well-being".[20]

The universal design's logic focuses on providing access to include all people in social life despite their various changing needs. Accessibility is one of the main issues addressed by universal design. It is also a problem that people with disabilities and people with disabilities because of old age face in their everyday lives. In Eric Emerson's research conducted in August 2020 on the loneliness of working adults with disability[21], there was an insight into this problem. The study's aim was "for a nationally representative sample of adults (age 16–64) with/without disability, to examine exposure to three indicators of low social connectedness (loneliness, low perceived social support, social isolation), and to evaluate the association between low social connectedness and wellbeing. To test whether disability status moderated the relationship between low social connectedness and wellbeing".[22] The study showed that "people with disabilities experienced loneliness, low perceived social support, and social isolation at significantly higher rates than people without disability. Effect sizes were significantly greater for loneliness".[23]

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[20] *Strategies for Senior Living Communities,* The American Institute of Architects, Washington DC 2020, http://content.aia.org/sites/default/files/2020-06/AIA_COVID-19-Building-Type-Report-Senior-Living_2020-0629.pdf [27.11.2020].

[21] E. Emerson, N. Fortune, G. Llewellyn, R. Stancliffe, *Loneliness, Social Support, Social Isolation and Wellbeing Among Working Age Adults with and Without Disability: Cross Sectional Study*, "Disability & Health Journal", American Association on Health and Disability, Rockville, MD August 2020.

[22] E. Emerson, N. Fortune, G. Llewellyn, R. Stancliffe, *Loneliness, Social Support, Social Isolation and Wellbeing Among Working Age Adults with and Without Disability: Cross Sectional Study*, "Disability & Health Journal", American Association on Health and Disability, Rockville, MD August 2020.

[23] E. Emerson, N. Fortune, G. Llewellyn, R. Stancliffe, *Loneliness, Social Support, Social Isolation and Wellbeing Among Working Age Adults with and Without Disability: Cross Sectional Study*, "Disability & Health Journal", American Association on Health and Disability, Rockville, MD August 2020.

The role of the design of the environment in social inclusion is not overlooked. "Design that does not cater for a diverse range of ages, abilities and cultures restricts people's access to, and use of, domestic or public premises. Universal design is an approach that acknowledges diversity of populations and encourages designers to create objects and places that are usable by the greatest majority of users".[24] In the Preamble of the UN Convention on the Rights of Persons with Disabilities there as point made on (v) Recognizing the importance of accessibility to the physical, social, economic and cultural environment, to health and education and to information and communication, in enabling persons with disabilities to fully enjoy all human rights and fundamental freedoms (…).

Inclusion in build environment is also stated in Article 9 on Accessibility "1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia: (a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces; (…)".[25]

The AIA's report provided possible strategies to reduce the additional isolation that is now a consequence of COVID-19 infection in elderly care facilities. Many of the suggestions were of use in

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[24] V. Watchorn, H. Larkin, D. Hitch, S. Ang, *Promoting Participation Through the Universal Design of Built Environments: Making It Happen,* "Journal of Social Inclusion", School of Human Services and Social Work, Griffith University p. 87, Nathan, QLD 2014.

[25] *Convention on the Rights of Persons with Disabilities and Optional Protocol,* United Nations, New York 2006, p.4, https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf [27.11.2020].

housing and public spaces. Among others, there were advices to "Find ways for residents to connect with neighbors, visitors, family, and friends to help them maintain vital emotional and social bonds. Arrange virtual visits on laptops or smartphones. Incorporate testing protocols for prospective visitors and arrange small gatherings in outdoor areas like gazebos or where there are benches. Provide alternatives for meaningful activities that prevent risk. When the communal risk is low enough, seating can be arranged so small-group conversations can be heard through masks when physically distanced. Accommodations for the hearing impaired should be made".[26]

The report also showed examples of tactics to solve isolation and reduce infections in senior living facilities. They suggested small fixes within the way people use existing sites. They mentioned to "Open assembly areas with restricted occupant loads. Provide more exterior activities in limited groups. Control access to areas to limited small groups assigned to each area. Limit areas of public visitation. Add handwashing stations. Provide exterior entrance to some units to limit public access to all residents. Provide in-room dining area for family visitation. Open up wing entrances to limit location of outside visitors. Increase building pets".[27]

Several of the AIA's recommended strategies for solving isolation of elderly could be achieved at a site when the first, second, and seventh universal design principles were in place, that is, equitable use, flexibility in use, and size and space for approach and use. Arranging, re-arranging, and accommodating the existing space is an example of flexibility and equity of use in the design. This can relate to the changes in the layout of the space itself, as spaces may need to be enlarged, joined, moved, or divided to ensure a safer meeting

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[26] *Strategies for Senior Living Communities,* The American Institute of Architects, Washington DC 2020, http://content.aia.org/sites/default/files/2020-06/AIA_COVID-19-Building-Type-Report-Senior-Living_2020-0629.pdf [27.11.2020].

[27] *Strategies for Senior Living Communities,* The American Institute of Architects, Washington DC 2020, http://content.aia.org/sites/default/files/2020-06/AIA_COVID-19-Building-Type-Report-Senior-Living_2020-0629.pdf [27.11.2020].

environment. Equity is reflected in adaptations for specific needs, such as in the example of physically distanced meetings in masks by adding accommodations for the hearing impaired. Changes introduced to the functioning of the space, such as entering and leaving rooms and modifying other aspects of one's behavior in rooms, require both flexibility of use and size and space for approach and use from the design itself.

There were three universal design principles that could help solve the isolation of elders and elders with disabilities in elderly care facilities, but what about other principles of universal design? Are they of use in sites other than senior care facilities and other scenarios where people enter the public space during the COVID-19 pandemic?

Universal design features for reducing infections

Reducing infections among seniors in elderly care facilities was also considered possible by architectural and design interventions according to the AIA's report. Some of the solutions were closely bounded by the universal design philosophy. For reducing infections, suggestions were "If possible, replace water fountains with touchless water dispensers".[28] When entering and leaving common areas, solutions, including sliding doors activated by elbow were encouraged. Grab-and-go items, touchless payment systems, and reducing shared exercise equipment were suggested as ways to control the transmission of COVID-19 by limitation of surface touching.

Touchless solutions for low physical effort in universal design could work for better hygiene in various public spaces. Low physical effort is sixth of the seven universal design principles. The idea

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[28] *Strategies for Senior Living Communities*, The American Institute of Architects, Washington DC 2020, http://content.aia.org/sites/default/files/2020-06/AIA_COVID-19-Building-Type-Report-Senior-Living_2020-0629.pdf [27.11.2020].

of *"touchless travel experience"*[29] at the airports also corresponds to that issue. Stanis Smith explained it as a concept *where from the moment you get out of your vehicle and go through the front door, all the way through the airport to your aircraft at the gate. everything will be touchless. With the current pandemic, there is much more emphasis on this concept because there is currently a health reason to do it not just a convenience reason or universal design reason. So, I believe that the touchless travel experience will become an expectation, touchless door openers, touchless washroom fixtures, touchless passport readers, etc.*[30]

When orientation in and usage of public space is easier, quicker, and in need of less assistance, there are health benefits to it. The more convenient the signage and use of space, the less time inside is required and less confusion is caused. Airports are among the few examples of intricate, very well thought through public spaces, solving issues of safety, undisturbed flow, and heavy load of people. Stanis Smith lists options for solutions originating from universal design. *Then there are hearing loops, visual displays, and high contrast tactile signs for people with auditory challenges. Many other things in the airport are quite subtle, for example, using floor patterns and lighting as wayfinding devices.*[31]

AIA's report encouraged reducing infections in entryways, lobbies, circulation spaces, and restrooms as follows. "Designate a separate entrance and holding area for deliveries. Provide signage and floor markings throughout the building to encourage physical separation of residents, staff, and visitors. Separate seating and other work surfaces a minimum of six feet or further, depending on the activity. Install transparent sneeze guards in the reception area". Signage and floor marking solutions are intended to limit the error of residents, delivery, staff, and visitors running into each other

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[29] *Interview with Stanis Smith, Universal Design in the Era of Covid-19,* Vancouver BC, 4 November 2020.

[30] *Interview with Stanis Smith, Universal Design in the Era of Covid-19,* Vancouver BC, 4 November 2020.

[31] *Interview with Stanis Smith, Universal Design in the Era of Covid-19,* Vancouver BC, 4 November 2020.

while wandering around the site. Tolerance for error is the fifth universal design rule. Transparent sneeze guards protect from immediate and direct exposition on uncovered sneezes or coughs of others.

For dining areas, AIA's recommends "Implementing floor markings to locate tables. Reducing the amount of equipment to provide more spacing. Menu on chalkboard on the wall and/or disposable menu and braille menu; alternatively, provide menu on the reservation system. TV screens for facility safety reminders, program schedule, and entertainment. Provide regular seating for couples and shared households, if desired. Tables reserved for those not in the same household should provide additional distancing". These solutions utilize the third and fourth principles of universal design of simple and intuitive use and perceptible information. Making navigation through the environment more easy, and therefore, the whole time spent in public or common space more efficient and safer is vital in this pandemic.

This study showed examples where three out of seven principles of universal design can address the isolation of elders in assisted living communities. By implicating the three rules that are equitable use, flexibility in use and size and space for approach and use, the rearrangements and changes of functioning of the spaces, such as those recommended by AIA's report, are more achievable. By certain reorganization of the layout and functioning in the spaces in elderly care facilities, solving the issue of isolation of elders in the COVID-19 pandemic is expected.

Apart from solving the isolation issue, universal design principles when applied in the architectural and urban environments of public spaces could also reduce infections. The third and fourth principles of simple and intuitive use and perceptible information are making navigation through to the environment more easily, and therefore, the whole time spent in public space is more efficient. The fifth and sixth rule of tolerance for error and low physical effort could minimize accidents, fatigue, and the need for help and support on the site. Touchless travel experience in airports or public transportation systems could reduce contact with surfaces and the need for additional assistance, thereby increasing hygiene.

This makes all seven universal design principles that are implementation of universal design in architecture and urban planning capable of solving the problem of isolation of elderly or for reducing their chances of being infected during the COVID-19 pandemic. There are various examples in existing sites built in the spirit of universal design, and in recommendations from top institutions, showing that the philosophy of universal design can create a meaningful response to social repercussions caused by COVID-19.

Discussion

Widespread implementation of universal design can be highly beneficial to society, even without a pandemic. Elderlies with preexisting health conditions and older people with disabilities have already had limited access to public spaces. They were already isolated when accessible sites were not provided or were not in proximity. When the site was not easy to navigate through and many of its functions could not be approached by the elderlies, it excluded them from social life in that area. It has become an alarming issue in aging societies, making numerous people each year in need of accessibility improvements. As Stanis Smith points out, *I think universal design is more of a philosophical and moral imperative, for us to find ways that everybody can contribute to society. If there are ways to make the built environment more accessible, that obviously helps people who have disabilities, but it also helps society as a whole.*[32]

In the Preamble of the UN Convention on the Rights of Persons with Disabilities, there were points made on "(…) (m) Recognizing the valued existing and potential contributions made by persons with disabilities to the overall well-being and diversity of their

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[32] *Interview with Stanis Smith, Universal Design in the Era of Covid-19,* Vancouver BC, 4 November 2020.

communities, and that the promotion of the full enjoyment by persons with disabilities of their human rights and fundamental freedoms and of full participation by persons with disabilities will result in their enhanced sense of belonging and in significant advances in the human, social, and economic development of society and the eradication of poverty, (n) Recognizing the importance for persons with disabilities of their individual autonomy and independence, including the freedom to make their own choices, (…)[33]

The current pandemic makes isolation of elders even more severe as another factor was introduced—risk of being infected with COVID-19. The rate of this additional isolation and its consequences are not yet known. Activities were disrupted in both public spaces and semi-public or semi-private spaces in everyday environments, where interactions between people frequently occurred. Many of the sites remain or are temporarily closed like museums and theaters. However, social interactions also take place in markets, common areas of stairwells and corridors of housing units, public squares, or senior care facilities, most of which cannot be closed. Research in the architectural and urban planning sector is highly needed, so the physical environment can address life in the realm of this and other upcoming crises.

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[33] *Convention on the Rights of Persons with Disabilities and Optional Protocol,* United Nations, New York 2006, p. 4, https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf [27.11.2020].

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Ewa Kos

University of Lodz, Poland

Forms of therapy of a child with selective mutism in the environment outside the family, embedded in a behavioral therapeutic approach

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The aim of this study is to present the forms of work and guidelines concerning the treatment of children with selective mutism in the light of the hypothesis that selective mutism should be perceived as an anxiety disorder that appears in childhood. On the basis of a thorough review of the literature, the Author discusses the forms of educational and therapeutic interaction that can be used in the treatment of children with selective mutism in accordance with the behavioural approach, and marginally with the psychodynamic approach.

Key words: Selective mutism, selective mutism therapy, children with selective mutism at school and kindergarten

Introduction

A disorder of the nature of selective mutism (SM) was first described in the 19th century. Then, in 1877, Clifton Kussmaul, describing the case of a child who refuses to speak, called the disorder voluntary aphasia (aphasia volentaria), thus emphasising the voluntary refusal to speak in certain situations. In the early 1930s the name of the disorder was changed to elective mutism. Both terms did not accurately reflect the specific nature of the disorder, as they emphasised the deliberate, elective or voluntary nature of the refusal to speak. In 1994, the described condition was described as selective mutism in DSM-IV. Selectivity refers here to selected situations in which the child cannot speak, and not, as suggested by the previous terms, to the intended refraining from speaking in certain situations.[1]

Selective mutism is a relatively rare[2] and quite complex anxiety disorder that usually affects children at preschool and early school age. The symptoms of selective mutism usually appear between the ages of three and six, and the diagnosis is made between the ages of five and eight, most often after the child starts school.[3]

SM is characterised by the fact that the child cannot speak in certain social situations (usually perceived as uncomfortable), despite the acquired and preserved ability to speak and demonstrating it in the family environment.

SM has been included in the latest Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric

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[1] P. Wong (2010), Selective Mutism: A Review of Etiology, Comorbidities, and Treatment, Psychiatry, 7(3), pp. 23–31.

[2] It is worth mentioning that it is difficult to clearly define the scope of this problem in the population for many reasons. However, based on the epidemiological studies performed in Western Europe, the United States, and Israel it results that SM (it concerns its extreme form – the so-called severe mutism) is a disorder, wóhich is observed in the population with a prevalence of 0.03–0.76% (Kopp, Gillberg 1997, pp. 257–262 as cited in Bystrzanowska 2018, Ford, Sladeczeck, Carlson, Kratoch, Will 1998, Bergman, Piacentini McCracken 2002, Elizur, Perednik 2003, pp. 1451–1459 as cited in Bystrzanowska 2018) up to 1.9% in Finland (Kumpulainen et al. 1998, pp. 24–29 as cited in Bystrzanowska 2018). Such a wide range of data reflects, first of all, the lack of uniformity in establishing the diagnosis of SM, and the differentiation of the image of the disorder in different individuals.

[3] W. Sharp, C. Sherman, M. Alan (2007), Selective Mutism and Anxiety: A review of the current conceptualization of the disorder, Journal of Anxiety Disorders, 21, pp. 568–579.

Association, in the category of anxiety disorders diagnosed in infancy, childhood or adolescence. The diagnostic criteria of SM according to DSM-5 are:

a) Observed failure to speak only in specific situations.
b) The disturbance interferes with educational achievement of the child.
c) The duration of the disturbance is at least 1 month.
d) Knowledge of the spoken language.
e) The disturbance is not better accounted for by a communication disorder such as stuttering or other speech impediments.
f) The failure to speak is not due to a lack of knowledge.[4]

In ICD-10, the currently valid International Statistical Classification of Diseases and Related Health Problems, the SM criteria are defined in a similar way:

a) Language expression and comprehension, as assessed on individually administered standardised tests are within the 2 standard deviation limit, for the child's age.
b) Demonstrable evidence of a consistent failure to speak occurs only in specific social situations, despite speaking in other situations.
c) Duration of selective mutism that exceeds 4 weeks (excluding the first month of the child's stay in the new educational environment).
d) Absence of a pervasive developmental disorder.
e) Absence of a lack of fluency in the language that is expected to be spoken in the situation.[5]

The literature indicates probable causes of SM, but the aetiology of this disorder has not been clearly identified and defined.[6] Selec-

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[4] DSM-V, Diagnostic and Statistical Manual of Mental Disorders, 5th ed., American Psychiatric Association, 2013.

[5] ICD-10, International Statistical Classification of Diseases and Related Health Problems, 10th Revision, volume I, 2008.

[6] It is not the intention of the Author to discuss the causes of SM in detail in this study. It is worth mentioning, however, that in the literature, apart from the genetically conditioned anxiety component, numerous reasons for the activation of this disorder (including biological, genetic, sociocultural factors) are indicated. There-

tive mutism, for various reasons (including small populations of research samples, low prevalence of the disorder), is not a frequently discussed issue in scientific, especially empirical, studies in Polish literature. Recently, however, studies covering this issue have appeared.[7] They focus on the description of SM, indication of diagnostic criteria, and discussion of the difficulties of children with SM at the early stages of education. Based on a thorough review of the literature (both Polish and foreign), it can be noted that only a few studies and reports describe various and mostly uncontrolled methods of support and therapy for children with SM. They also usually do not contain observation-related information that could prove to be a valuable source of data.

In this text, options for reducing the symptoms of SM (only non-pharmacotherapeutic interventions), which focus on the anxiety component of this disorder will be discussed. In the further part of the study, the techniques of therapy within the behavioural approach will be presented.

Selected factors contributing to overcoming the fear of speaking in the educational environment

As mentioned, it can be concluded that the prevalence rate of SM in the population is quite low, but the impact of this difficulty

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fore, the reasons can be explained, among others, from the point of view of the relationship between SM and social phobia, social anxiety, response to trauma, neurological and audiological deficits, from the perspective of family systems.

[7] Selected positions on selective mutism include Holka-Pokorska J., Piróg-Balcerzak A., Jarema M. (2018), The controversy around the diagnosis of selective mutism – a critical analysis of three cases in the light of modern research and diagnostic criteria, Psychiatria Polska, 52(2), pp. 323–343; Bystrzanowska M. (2018), Mutyzm wybiórczy. Poradnik dla nauczycieli i specjalistów, Impuls, Kraków; Bawolska A. (2019). Dziecko z mutyzmem wybiórczym – charakterystyka zjawiska oraz sposoby przeciwdziałania trudnościom. Niepełnosprawność – Dyskursy Pedagogiki Specjalnej, (33), pp. 204–212; Rozenek E., Orlof W., Nowicka Z. (2020), Opis zaburzenia i etiologia: czy wybiórczy brak mowy jest zaledwie wierzchołkiem góry lodowej?, Psychiatria Polska, 54(2), pp. 333–349.

on the functioning of the individual is ubiquitous and may pose a serious threat to the mental health, social development, well-being of students in an educational institution (as a result of difficulties experienced by students with SM, they may show reduced effectiveness in achieving educational success, and problems in establishing relationships with peers, teachers).[8]

The disorder may be present for several months or persist for several years, although most SM symptoms tend to self-extinguish for unknown reasons.[9] However, despite apparent remission, the activities associated with the necessity to speak are still carried out reluctantly by the individual, and isolation, social phobia, and other anxiety disorders may persist.[10]

For this reason, it is important that systematic educational, preventive and therapeutic interventions are undertaken at the earliest possible stage of child development. The results of the available studies indicate that children treated for SM at a younger age show faster progress in therapy than older children. These results were similar in a longer term.[11,12]

The effectiveness of the actions focused on overcoming the fear of speaking depends, however, on whether all people from the environment of the child at home and at school fully understand the nature of SM.[13] Because of the fact that the symptoms of SM are

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[8] W. Langdon, M. Starr (2019), Collaboration between a speech and language pathologist (SLP) and a marriage and family therapist (MFT) in treating selective mutism: a case study report, Listy klinické logopedie, 3(1), pp. 83–86.

[9] A.G. Viana, D.C. Beidel, B. Rabian (2009), Selective mutism: A review and integration of the last 15 years, Clinical Psychology Review, 29(1), pp. 57–67.

[10] K. Kumpulainen (2002), Phenomenology and treatment of selective mutism. Therapy in Practice, 16, pp. 175–180.

[11] B. Oerbeck, M. Stein, T. Wentzel-Larsen, O. Langsrud, H. Kristensen (2014), A randomized controlled trial of a home and school-based intervention for selective mutism – defocused communication and behavioural techniques, Child Adol Ment H-Uk, 19(3), pp. 192–198.

[12] B. Oerbeck, M. Stein, A. Pripp, H. Kristensen (2015), Selective mutism: follow-up study 1 year after end of treatment, Eur. Child Adolesc. Psychiatr., 24(7), pp. 757–766.

[13] M. Bystrzanowska (2018), Mutyzm wybiórczy. Poradnik dla nauczycieli i specjalistów, Oficyna Wydawnicza "Impuls",Kraków, p. 65.

most fully manifested in the environment outside the family, those who are primarily responsible for the therapeutic and educational activities for a child with SM, and for the identification of comorbid conditions are teachers.

It is worth mentioning that full understanding of the specific nature of the disorder, which is SM, is crucial for the progress in the therapy of a child with SM. This should be emphasised also because of the fact that an analysis of the statements of parents, members of the support group of the Polish Selective Mutism Association, active in the on-line space on Facebook, indicates that sometimes teachers and specialists have incorrect beliefs about SM. This is because they express the conviction that failure to speak is a manifestation of oppositional behaviour, rebellion, being stubborn, and willing to manipulate the environment, failing to notice that in fact it is a manifestation of overwhelming social anxiety[14,15]. Such beliefs result in inappropriate therapeutic, educational and didactic practices.

Therefore, in the case of a child showing the symptoms of SM, a multifaceted, individualised plan of therapeutic and educational activities at school, which would include a joint effort of teachers, specialists and parents, is recommended.[16]

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[14] S. Cohan, D. Chavira (2008), Refining the Classification of Children with Selective Mutism: A Latent Profile Analysis, Journal of Clinical Child & Adolescent Psychology, 37(4), pp. 770–784

[15] For example: "…After the interview, the comment of the psychiatrist: 1. Such children do not speak because of interestedness and only honour some people with conversation (…) 3. Her behaviour is so that everyone pays attention to her, because if she sits in the corner with her head down, she will attract attention of the teacher…") (https://www.facebook.com/groups/mutyzm.wybiorczy, date of access 18.09.2020).

Based on the analysis of the posted comments of the members of the support group of the Polish Selective Mutism Association, active in the on-line space on Facebook, it can be noted that these are marginal cases.

Instead, a tendency of teachers and specialists to report their lack of knowledge in the field of supporting a child with SM and requests for training, support, methodological materials can be observed.

[16] S. Dow, B. Sonies, D. Scheib, D. Moss, H. Leonardm (1995), Practical, Guidelines for the Assessment and Treatment of Selective Mutism, Journal of the American Academy of Child & Adolescent Psychiatry, no. 34(7), pp. 836–846.

Forms of therapeutic and educational support intended for children affected by SM

The main goal of therapeutic and educational activities with children affected by SM is to reduce their anxiety levels (getting rid of the fear of speaking) and to restore nonverbal communication as soon as possible. The therapeutic process is quite long (on average it includes 72 hours of therapy, assuming no other disorders are present. However, the effects of therapeutic work in the place where mutism is present are visible after 2 weeks of work – 3 times a week 30 minutes in the institution, and, in addition, therapy with parents at home and outside home).[17]

The therapeutic process is most often organised according to 3 complementary, intertwining therapeutic approaches (behavioural, cognitive, psychodynamic).

One of the options to help children affected by SM is therapeutic intervention according to the assumptions of the psychodynamic approach. It is relatively rarely used. This is because behavioural techniques are used as the first line therapy (these techniques can be used by parents, teachers, specialists). In psychodynamic therapy, conducted only by a specialist – a psychologist, a child is supported to overcome internal limitations, as well as identify and understand their sources. Some therapists, looking for subconscious problems of a child, use psychodynamic therapy techniques (including the analysis of products, e.g. drawings of a child). In the case of children with SM, it may be beneficial to use elements of supportive therapy (elements of counselling, expressing specific views on reality by the therapist, psychoeducation). In the literature, reports on the possibility of using individual play therapy in children can be found. This form of work is conducted by an actively engaged therapist who allows the child to express themselves while playing. It is an extremely time-consuming technique and must include a com-

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[17] M. Bystrzanowska (2018), Mutyzm wybiórczy. Poradnik dla nauczycieli i specjalistów, Oficyna Wydawnicza "Impuls", Kraków.

prehensive analysis of the child's functioning before and during therapy. It is difficult to determine the effectiveness of the psychodynamic approach in the treatment of children with SM, because to date only a few cases where this approach was used have been analysed.[18]

In Poland, the most frequently conducted interventions, best described in the literature, are those embedded in the behavioural trend. In this study, first of all, techniques derived from the behavioural approach will be discussed, but it should be remembered that therapeutic interactions conducted within this trend are in practice enriched with elements of cognitive interaction techniques. Introduction of the elements of cognitive therapy, according to the principle that cognitive change is the foundation in the process of changing the functioning of an individual[19], is reasonable in the case of older children.

Behavioural techniques, behavioural techniques with additional parent-child interaction therapy

Behavioural therapy has its roots in a behavioural trend in psychology known as behaviour analysis. It is the science concerning behaviour, but above all the environmental factors that shape it. Applied behaviour analysis is part of behaviour analysis. The scope of this science is the creation of procedures to model adaptive behaviour. In Polish literature, the term "behavioural therapy" is used to mean all therapeutic techniques that are based on basic learning processes (classical and operant conditioning, imitative learning). Behavioural therapy is considered to be one of the most effective

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[18] V. Krysanski (2003), A brief review of selective mutism literature, The Journal of Psychology: Interdisciplinary and Applied, 137(1), pp. 29–40.

[19] A. Popiel, E. Pragłowska (2009), Psychoterapia poznawczo-behawioralna – praktyka oparta na badaniach Empirycznych, Psychiatria w Praktyce Klinicznej, no. 2(3), pp. 146–155.

forms of therapeutic interaction.[20] According to the assumptions of behavioural therapy, the failure to speak in certain situations is a learned, undesirable pattern of behaviour. The purpose of the intervention is to extinguish this maladaptive behaviour, activate the desired behaviour and ultimately "generalise and maintain the effects of therapy after its completion".[21]

In order to explain the course of the therapeutic process, embedded in the behavioural concept, it is necessary to understand, how a neutral stimulus can activate a defensive reaction in the form of refraining from speaking (silence, which, according to the theory of behaviourism is shaped by negative reinforcements).

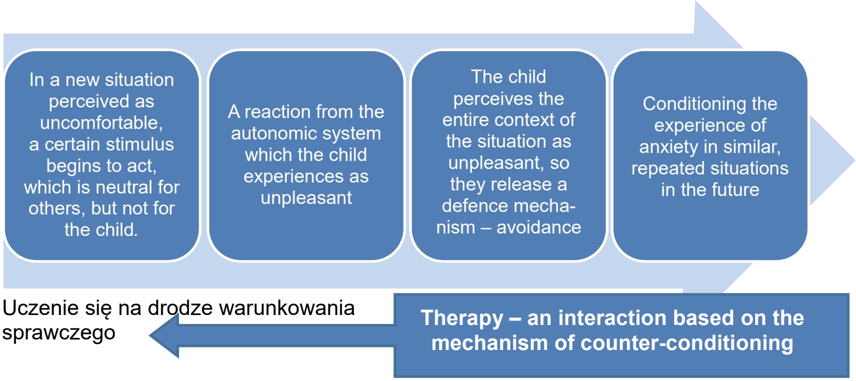

Fig. 1. The process of releasing a defensive reaction, e.g. in the form of refraining from speaking

Source: own elaboration

Based on the analysis of the literature, it can be concluded that techniques based on the behavioural approach and those with additional parent-child interaction therapy effectively alleviate the

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[20] P. Bąbel, A. Ziółkowska (2014), Terapia behawioralna zaburzeń lękowych, Postępy Psychiatrii i Neurologii, 23, pp. 3–9.

[21] P. Bąbel, A. Ziółkowska (2014), Terapia behawioralna zaburzeń lękowych, Postępy Psychiatrii i Neurologii, 23, pp. 3–9.

symptoms of SM.[22,23] According to the family systems theory, it is recognised that many children with SM experience "neurotic" relationships with their parents, who unconsciously develop in the child dependence on themselves, a belief about risk from the outside world, and show an excessive need to control their child. As a consequence, children of neurotic parents experience anxiety in social situations. So far, it has not been explained what mechanisms influence the success of therapeutic interventions in children with SM. However, it can be suspected, that parental factors (including parenting style, dysfunctional parental behaviour) are important.[24] It is for this reason that the emphasis in SM therapy is on parent – child interaction therapy aimed at modifying relationship patterns in the child's family.

Behavioural therapy is usually a multi-method approach, which should consider the specific nature of the child's functioning in a broader context (it is worth determining, among others, the quality of the child's social interactions, their communication needs, the ability to make friends, the motivation to establish social relationships, the level of inhibition in expressing emotions). For this reason, before the start of the educational and therapeutic interaction, it is necessary to perform a functional analysis, set therapeutic goals, organise time and space, and write a therapy plan.

This is because therapeutic interaction should be based on the skills already acquired by the child and use its potential. Behavioural

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[22] B. Oerbeck, M. Stein, T. Wentzel-Larsen, O. Langsrud, H. Kristensen (2014), A randomized controlled trial of a home and school-based intervention for selective mutism – defocused communication and behavioural techniques, Child Adol Ment H-Uk, 19(3), pp. 192–198.

[23] C. Pereira, J. Ensink, J.K. Kees, M. Guldener, K. Kan, M. de Jonge, R. Lindauer, E. Utens (2020), Effectiveness of a behavioral treatment protocol for selective mutism in children: Design of a randomized controlled trial, Contemporary Clinical Trials Communications, no. 19, article no. 100644.

[24] B. Oerbeck, M. Stein, T. Wentzel-Larsen, O. Langsrud, H. Kristensen (2014), A randomized controlled trial of a home and school-based intervention for selective mutism – defocused communication and behavioural techniques, Child Adol Ment H-Uk, 19(3), pp. 192–198.

techniques that are used in the therapy of mutism include: positive reinforcement technique, symbolic procedures, problem situation management, self-modelling, response initiation, desensitisation, stimulus extinction, modelling.

The positive reinforcement technique complements other therapeutic activities. It is an effective tool, often used intuitively, shaping specific, desired behaviours, reactions. In the process of educational and therapeutic interaction with a child with SM, it is "rewarding" for verbal activity (of course, it is not only about praising, it should be remembered that excessive praise, excitement of a guardian or a teacher with the child's verbal activity may additionally increase tension). The aforementioned technique corresponds to all symbolic procedures, in the course of which the child receives rewards of symbolic nature (e.g. stickers, stamps, badges, beads), which can subsequently be "exchanged" for specific privileges.

A technique that strengthens the performance of verbal activity by a child with SM is shaping the ability to identify and teaching to cope with a problem situation. A child may use a specific pattern of behaviour, a ready pattern of expression in a situation that is/will be uncomfortable.

Self-modelling is one of the techniques that involves a repeated display to the child specially edited videos (with the child in the lead role) modelling the appropriate behaviour. The child observes a situation in which they receive a specific reward for speaking in front of the group and the teacher using an audible and clear tone.[25]

Another behavioural technique, called response initiation, consists in creating a situation enabling individual conversation between the child and the teacher or the therapist, in the environment in which SM is manifested. The assumption is that two people are left alone, can spend even a whole day together, and the child should speak before going out. This is possible because of the fact that an adult quickly develops a relationship with a child through

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[25] M. Bray, T. Kehle, K. Lawless, L. Theodore (2003), The relationship of self-efficacy and depression to stuttering, Am. J. Speech Lang Pathol., 12(4), pp. 425–431.

non-verbal play, empathy statements, and engaging games. The empathetic attitude, supporting the child, providing encouragement, and clear expression of expectation that the child will say at least one word before leaving are necessary. After any verbal activity, the child is rewarded and can come back home. It is worth mentioning that children, in whom this technique was used, usually start a conversation within one to two hours, rarely more than four hours are needed.[26]

In Polish literature[27,28], the best known and best described are three behavioural techniques that allow a child with SM to activate speech which include: desensitisation, stimulus extinction, modelling.

The "sliding-in" method derives from the stream of behavioural therapy. It was developed by Maggie Johnson.[29] It is an interaction based on a counter-conditioning mechanism. Sliding-in is a method based on the process of desensitisation/gradual acceptance by the child of the anxiety-generating stimulus and, over time, the possibility of speaking. It consists in the gradual, regular exposure of the stimulus, that initially causes anxiety in the child – and a gradual increase in the communication load. In practice, without exerting pressure, circumstances in which the child should be verbally active are created. In other words, the child is accustomed to situations that cause their fear, failure to speak, emotional rigidity, tension, anxiety. The optimal situation is when these activities take place in the educational environment, or in the place where the symptoms of SM appear (initially with the participation of the parents).

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[26] D. Krohn, S. Weckstein, H. Wright (1992), A Study of the Effectiveness of a Specific Treatment for a case for Elective Mutism, Journal of the American Academy of Child and Adolescent Psychiatry, 31(4), pp. 711–718.

[27] J. Bala, M. Cabała, K. Giese-Szczap, A. Kiepiela-Koperek, J. Miękina-Pindur, I. Młynarska, A. Pilch, S. Szczęśniak, K. Szyszka (2017), Mutyzm wybiórczy w praktyce terapeutycznej, Oficyna Wydawnicza "Impuls", Kraków.

[28] M. Bystrzanowska (2018), Mutyzm wybiórczy. Poradnik dla nauczycieli i specjalistów, Oficyna Wydawnicza "Impuls", Kraków.

[29] M. Johnson, A. Wintgens (2016), The Selective Mutism Resource Manual, Speechmark, London, United Kingdom.

It is important to obtain verbal messages as soon as possible (the initial success is to obtain onomatopoeias, phones, then words, phrases, expressions, sentences). Therapy of a child consists of consecutive stages. The first is to create a situation in which the child can talk to a teacher or therapist in an empty room (initially in the presence of the parent). Then the child is asked closed-ended questions, and subsequently open-ended questions (first questions in which the answer requires the use of one element, and with time more and more elements). Next, a situation in which the child should talk to unknown people is created. Arranging a situation, in which it is possible to talk to known people, to whom the child has not spoken is another therapeutic task. Talking to a group of children (1–3) in the kindergarten or school is the next difficult task for the child with SM. Therefore, in the final stage of sliding-in, the child should be let communicate with a small number of peers, which then should be increased in such a way that it is possible to participate in group activities.[30]

It is worth mentioning that the advantage of the method is that it can only be carried out in kindergarten or school. That is, in the environment, in which the problem is most apparent.[31]

In therapy of children with SM, techniques that activate the mechanism of "mutual inhibition" are sometimes effective. The main goal of these techniques is to inhibit anxiety reactions in situations requiring the child to speak and replace them with other behaviours (evoking other reactions after suppressing anxiety, which will occur as a result of the stimulus, that initially caused anxiety).

Another group of techniques derived from behaviourism activates the mechanism, which is present in the process of learning by observation (participatory modelling). Initially, the teacher or the therapist shows the child how to behave in a given situation, and

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[30] J. Bala, M. Cabała, K. Giese-Szczap, A. Kiepiela-Koperek, J. Miękina-Pindur, I. Młynarska, A. Pilch, S. Szczęśniak, K. Szyszka (2017), Mutyzm wybiórczy w praktyce terapeutycznej, Oficyna Wydawnicza "Impuls", Kraków, pp. 35–36.

[31] C. Pereira, J. Ensink, J.K. Kees, M. Guldener, K. Kan, M. de Jonge, R. Lindauer, E. Utens (2020), Effectiveness of a behavioral treatment protocol for selective mutism in children: Design of a randomized controlled trial, Contemporary Clinical Trials Communications, no. 19, article no. 100644.

then helps the child complete the task. Here, elements of "mock" activities with dialogues (initially very short), theatre games, in masks, initially in small peer groups are used. In addition, situations in which the child can complete a task together with a parent, teacher, or therapist (e.g. shopping) are provoked.

Video technology can be used to present a role model. Children speaking fluently in specific contexts are recorded, and then combined with a video of a child with SM as if this child was speaking fluently among unknown people, in kindergarten, or school. Holmbeck and Lavigne found it to be an effective technique for teaching children to communicate, which requires less involvement from therapists.[32] Blum et al. have also found that this technique may be effective for certain children. They perceive the short duration of recordings and the need for frequent playback in order to achieve the desired effect as a limitation.[33]

To sum up, it should be emphasised that techniques derived from the behavioural approach are effective in the therapy of the symptoms of SM. In the case of children older than 12 years of age, additional cognitive elements, which are used in traditional cognitive behavioural anxiety therapy, can also be optionally introduced.[34]

Family therapy is another option of interaction that can complement the use of behavioural techniques. It seems to be particularly important as family factors play a role in the potential development and consolidation of selective mutism (these factors were mentioned earlier in this study). The effectiveness of family therapy in reducing the symptoms of SM has not been empirically confirmed, yet including the family in the therapeutic process may play an important role. Cooperation, support, and empathetic attitude of

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[32] G. Holmbeck, J. Lavigne (1992), Combining self-modeling and stimulus fading in the treatment of an electively mute child, Psychotherapy: Theory, Research, Practice, Training, 29(4), pp. 661–667.

[33] N. Blum, R. Kell, H. Starr, W. Lender, K. Bradley-Klug, M. Osborne, P. Dowrick (1998), Case Study: Audio Feedforward Treatment of Selective Mutism, Journal of the American Academy of Child and Adolescent Psychiatry, 37(1), pp. 40–43.

[34] R. Bergman (2013), Treatment for Children with Selective Mutism: An Integrative Behavioral Approach, Oxford University Press, USA.

parents and siblings helps the child to reduce the level of tension and overcome anxiety in social situations.[35]

One of the behavioural approaches to SM therapy is a specific type of family therapy, abbreviated as PCIT-SM (Parent-Child Interaction Therapy in SM). It is a program created in 2009 (and so far successfully used) by S. Kurtz. PCIT is considered the gold standard in the treatment of SM, especially in the youngest children. The foundation of therapy is the intention to teach parents to be a therapist for their child. Parents are taught new behaviours to help their child learn to talk to others.[36] PCIT-SM seems to be an effective method in the therapy of children with SM aged from 4 to 10.[37]

To sum up, few scientific publications report research that covered the issue of the effectiveness of therapeutic interventions in SM and comorbid disorders. These reported, cited in this study, indicate the effectiveness of behavioural strategies. It is worth mentioning, however, that the multi-method approach, combining cognitive and behavioural strategies, can be rewarding. In 2016, Elisa Shipon-Blum analysed the results of the multi-method approach in a pilot study (the use of psychoeducation, techniques of gradual exposure to a stimulus causing anxiety, involvement of parents in the therapy as early as at the first therapeutic session). The author of the study indicated the effectiveness of this type of interaction on children aged 6 who participated on average 9 weeks in the therapy conducted by one therapist specialised in SM therapy.[38,39]

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[35] K. Kumpulainen (2002), Phenomenology and treatment of selective mutism. Therapy in Practice, 16, pp. 175–180.

[36] S. Kurtz, (2019), What is Selective Mutism?, (https://www.kurtzpsychology.com/selective-mutism/what-is-selective-mutism/, date of access: 21.09.20202).

[37] R. Catchpole, R. Young, S. Baer, T. Salih (2019), Examining a novel, parent child interaction therapy-informed, behavioral treatment of selective mutism, Journal of Anxiety Disorders, no. 66, article no: 102112.

[38] S. Cohan, D. Chavira (2008), Refining the Classification of Children with Selective Mutism: A Latent Profile Analysis, Journal of Clinical Child & Adolescent Psychology, 37(4), pp. 770–784.

[39] P. Muris, T. Ollendick (2015), Children Who are Anxious in Silence: A Review on Selective Mutism, the New Anxiety Disorder in DSM-5. Clin Child Fam Psychol Rev., 18(2), pp. 151–169.

Conclusion

Selective mutism is one of the childhood disorders. This is a peculiar, still not fully recognised problem that is of multidimensional nature. This results in various approaches to therapeutic management, as well as the aetiology of SM. Because of the fact that it is a relatively rare disorder in the population, research on SM constitutes a challenge, and most of the obtained empirical data come from small groups, descriptions of few cases.

In light of the above, the fact that theoretical and empirical studies that increase awareness of SM as a childhood disorder, which makes life of preschool and school children and their families difficult, have been conducted recently, is optimistic. However, considering the multidimensional impact of this disorder on the social functioning of an individual, further research to address the effectiveness of specific therapeutic approaches is needed. Nevertheless, it should be remembered that for planning educational and therapeutic activities for a child with SM, it is necessary to create an individual plan (including techniques from various therapeutic approaches), which will be adequate to the needs and level of functioning of a given child. It is also worth emphasising the need for the strongest impact in the environment, where mutism is present – therefore in the educational environment.

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HANNA GRZESIAK

University of Warsaw, Poland

Dwarfism in ancient times: from worship to rejection

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The objective of this paper is to outline some aspects of dwarfism in the Antiquity. The author focuses in particular on Ancient Egypt where one of the most prominent of gods – Bes – suffered from dwarfism. It was believed that little people were somehow connected to other Egyptians gods, which is why they were treated with respect and dignity. Different attitude towards little people can be seen in Ancient Israel where they were excluded from the society, as disability at the time was considered as a punishment from God. The paper also covers Ancient Greece. Aristotle was the first scholar to describe dwarfism. He noted in particular the intelligence of the little people, which according to him was not developed particularly well, compared to the rest of the society.

KEY WORDS: Achondroplasia, disability, Antiquity, culture

Since ancient times, the human kind has been dealing with otherness. That, what is different, alien and unknown has been arousing fear, anxiety, horror, but also fascination. Certainly, people with disabilities constitute one of such groups. These individuals have undoubtedly been, remain and will be an integral and inseparable part of this world. In all cultures, their members make forays into trying to explain the essence of disability – they want to know where it comes from, what it is and whether it can be prevented. Answering these questions very often determines how these people are treated by the rest of society, for disability is nothing more than a social and cultural construct. Its origin, causes and patterns of behaviour exhibited towards people with disabilities are understood and perceived differently in different cultures – for example dyslexia, which is considered a disability in many countries, is also underdiagnosed or remains undiagnosed in less developed countries, where access to basic education is very limited.[1]

The presented paper will outline the image of people affected by dwarfism in ancient times. We should start by noting that in spite of the fact that in contemporary times, a little person would certainly be deemed a person with physical disability, they would never be considered to be such in ancient times. The definition of disability, and even more so the classification of disabilities as physical, intellectual, hearing or visual impairment – something, which is a part of our contemporary life – simply did not exist at that time. An individual with any disorder or defect was treated as an "other" or an "alien". According to Zygmunt Bauman, "all societies create their own others, but at the same time, each of them creates the others in their own manner, based on their own image".[2] However, in order to understand the "other", we also need to understand who is not one, since the "other" does not exist in vacuum or in isolation, hence they should always be viewed in relation to someone else. As Ewa Głażewska points out, the division into categories of "them" and "us" does not necessarily have to be antagonistic in nature, since in many cases, the attitude towards another group can be ambivalent – in this case, in addition to negative features, one also sees the positives. What is more, the relationships between "us" and

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[1] Cf. H. Grzesiak, "Kulturowe aspekty niepełnosprawności", [in:] D.M. Piekut – Brodzka (ed.), *Zrozumieć odmienność*, Warszawa, 2011/2012, pp. 34–59.

[2] Z. Bauman, "Jak stać się obcym i jak przestać nim być?", [in:] Z. Bauman, *Ponowoczesność jako źródło cierpień*, Wydawnictwo Sic! s.c., 3nd edition, Warszawa, 2000, p. 35.

"them" do not have to be based on a binary approach based on a simple opposition – these relations are much more complex, opaque, ever-changing and multi-faceted, leading to situation where one of "us" can also be the "other", the "other" can be one of "us", there are enemies among "us" and friends among "them".[3]

Causes of growth deficiency

The definition of growth deficiency is purely conventional in nature and based on statistical data. Standards in medicine are usually defined as a value within ± 2 standard deviations from the average for a given characteristic, hence growth deficiency is usually defined as a height of less than two standard deviations from the average for a given age and gender.[4]

One of the most common forms of dwarfism is achondroplasia – this disease is a genetic skeletal development disorder, which results in impairment of intra-articular ossification. Achondroplasia results in the shortening of limbs, enlarged foramen magnum, narrow intervertebral foramen, and underdeveloped base of skull. The most characteristic symptom of this disease are shortened limbs, in particular their proximal parts. Women with achondroplasia, assuming the correct development of the torso, can have a height of 123 centimetres, while men can get taller and reach 132 centimetres. The prevalence of the disease is equal for both sexes.

It is estimated, depending on various statistics, that one in every 15,000 to 30,000 children is born with this developmental disorder. The disease stems from a mutation of a gene encoding the fibroblast growth factor receptor 3 (FGFR – 3), which is located on the short arm of chromosome 4. Achondroplasia is a familial disorder; how-

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[3] E. Głażewska, "Inny/obcy jako uosobienie diabła", *Kultura i historia*, 32/2017, p. 132.

[4] U. Oczkowska, "Definicja i przyczyny niskorosłości oraz kryteria diagnostyczne niedoboru hormonu wzrostu", *Endokrynol. Ped.*, vol. 9/2009, appendix 1, p. 6.

ever, it is usually caused by fresh mutations, and their likelihood increases with the father's age.[5]

Pathological causes of growth deficiency also include nutritional deficiencies – in particular microelements, such as zinc and iron, as well as chronic malnutrition. Other factors include hormonal disorders such as hypothyroidism and hypopituitarism. Another category includes chromosomal aberrations, comprising Turner syndrome, Down syndrome, Prader-Willi syndrome. These days, many of these diseases can be treated with growth hormone.[6] Achondroplasia is an exception to that rule. The only clinical intervention available for people with achondroplasia is surgical bone lengthening, which sparks many controversies.[7] In ancient times, however, these treatments did not exist at all.[8]

Dwarfism in Ancient Egypt

Ancient Egypt offers us a trove of knowledge about dwarfism. We have the data concerning little people thanks to well-preserved biological remains such as bones or entire skeletons. The list of source material also includes numerous works of art which have survived to the present day, showing people with deformations. However, there is no written testimony or medical papyrus that

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[5] Cf. M. de Mezer, "Historia badań nad genezą oraz rozwojem terapii achondroplazji", *Nowiny Lekarskie*, 2009, 78, pp. 5–6, pp. 368–370, B.M. Adelson, *Dwarfism. Medical and Psychosocial Aspects of profund short stature*. Baltimore, London: The Johns Hopkins University Press, 2005, pp. 17–21.

[6] Cf. U. Oczkowska, "Definicja i przyczyny niskorosłości oraz kryteria diagnostyczne niedoboru hormonu wzrostu", *Endokrynol. Ped.*, vol. 9/2009, appendix 1, pp. 6–7.

[7] S. Chilbule, V. Dutt, V. Madhuri, "Limb lengthening in achondroplasia", *Indian Journal of Orthopaedics*, 50(4), 2016, pp. 397–405.

[8] J.E. Molto, C.L. Kirkpatric, "How Short Is Short, and Why? A Probable Case of Proportionate Dwarfism From Egypt's Third Intermediate Period in the Dakhleh Oasis, Egypt", *International Journal of Osteoarchaeology Int. J. Osteoarchaeol*, 28(2018), p. 3.

would present and describe a person affected by achondroplasia.[9] Véronique Dasen points out that dwarfism was probably the most common form of physical deformity in ancient times[10] and the first biological source – an almost-intact skeleton, which confirms the existence of dwarfism, dates back to the Predynastic Period, around 4500 BC.[11]

The literal translation of the term *nmw* in ancient Egypt was "dwarf". It was accompanied by a pictogram depicting a little man with short limbs and slightly extended buttocks, suggesting that the depicted person suffered from lordosis, a spinal disease.[12]

It was believed that little people were somehow connected to other Egyptians gods, which is why they were treated with respect and dignity. One of the most interesting facts is that the pantheon of Egyptian gods included Bes – the Little God, who, despite not being commonly known at the beginning, became one of the most important among Egyptian deities over time.[13]

The etymology of his name remains unknown. He was depicted as a strange bearded dwarf with lion or cat ears, a tail, a large head with protruding eyes, a long tongue stretching out to his chin and enormous genitals. In many cases, his phallus was split or depicted as erect, which undoubtedly symbolised the powerful and life-giving power of nature. His head was often crowned with a crown of ostrich feathers, and he was wearing lion, leopard or panther skin. He was said to be responsible for the proper course of all life processes, he chased away evil forces and protected the sleeping people from nightmares. Another interesting aspect is the fact that

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[9] Ch. Kozma, "Dwarfs in Ancient Egypt", *American Journal of Medical Genetics*, 2006, pp. 303–304.

[10] V. Dasen, "Dwarfism in Egypt and classical antiquity: *Iconography and medical history", Medical History*, 32(1988), p. 254.

[11] Ch. Kozma, *Historical Review, American Journal of Medical Genetics*, 140A (2006), p. 303.

[12] V. Dasen, "Dwarfism in Egypt and classical antiquity: *Iconography and medical history", Medical History*, 32(1988), p. 258.

[13] A. Niwiński, "Bóstwa, kulty i rytuały starożytnego Egiptu", *Pro-Egipt*, Warszawa, 1993, p. 328.

in some works of ancient Egyptian literature Bes is presented as a giant dwarf that stands tall from the underground world to the sky. He was also a patron of games and music.[14] He also protected new-born children and their mothers.[15]

Ancient Egyptians also followed Beset, Bes' female counterpart, who was responsible for the same areas, and she was also depicted as a dwarf – just like Bes. For this reason they were sometimes said to be twins, twins and children of Shu and Tefnut. Shu represented the dry air and the foundations of the world, while Tefnut represented water – the key to existence.[16]

Although this deity had no temple in Egypt, there was a famous oracle in Abydos, who was tasked with explaining dreams for people from all over Egypt and other neighbouring countries.[17]

Certainly the image of Bes was born as a result of the ancient Egyptians' encounters with disability. According to Ewa J. Zgolińska: "The depictions of Bes, his history, his transformations and at the same time the permanence of his cult over so many centuries allow us to suppose that this god not only familiarised people with the phenomenon of disability, but above all allowed them to understand it, while bringing the worlds of gods and people closer together".[18] We should note that Bes was also a guardian god, safeguarding homes and families, not a god who brought people misery or disease. This leads us to a conclusion that disability was not sup-

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[14] W. Bator, *Religia starożytnego Egiptu,* Wydawnictwo WAM, Kraków, 2004, p. 167; G. Pinch, *Handbook of Egyptian Mythology,* ABC–CLIO, Santa Barbara, Denver, 2002, pp. 118–119.

[15] K. Nitka, "Przedstawienia Besa w zbiorach Muzeum Narodowego", *Rocznik Muzeum Narodowego w Warszawie,* vol. XIV, 1970, p. 22.

[16] G. Pinch, *Handbook of Egyptian Mythology,* ABC–CLIO, Santa Barbara, Denver, 2002, p. 118; W. Bator, *Religia starożytnego Egiptu,* Wydawnictwo WAM, Kraków, 2004, p. 205.

[17] W. Bator, *Religia starożytnego Egiptu,* Wydawnictwo WAM, Kraków, 2004, p. 168.

[18] E.J. Zgolińska, "Między groteską a metaforą – czyli starożytnych Egipcjan pojmowanie niepełnosprawności, [in:] J. Baran, S. Olszewski (eds.), *Świat pełen znaczeń – kultura i niepełnosprawność,* Impuls, Kraków, 2006, pp. 533–534.

posed to be seen as something evil or negative – instead, the goal was to integrate healthy individuals with persons with disabilities, just like Bes was bringing the family together.

Another noteworthy thing is that Bes was not the only deity with disabilities – this list also included Ptah (although not all preserved figures depict him as a little person), who – according to ancient Egyptian beliefs – made man out of clay and breathed life into him. His name means "to open" and he was revered as the creator of the universe and the god of regeneration. However, unlike Bes, who had many animal features, he was presented as a naked man with features of a little person.[19]

People of low stature were often depicted on amulets, which were supposed to protect against evil forces and bring luck. Some women also tattooed their bodies with the image of Bes, which symbolised fertility and served as a sexual symbol as well.[20] Numerous papyruses, in particular those from the New Kingdom of Egypt, contain invocations to dwarves, who were entrusted with the lives of the living, and who were supposed to protect them from evil powers or animals – in particular from snakes, of which there were many in Egypt. On one of the papyruses, we find the following invocation: "Oh, heavenly dwarf, oh, heavenly dwarf. Oh, you dwarf with a beautiful face, large back and short limbs. Oh, you wonderful pillar stretching from the sky to the underground world. Lord of the great body that rests in Heliopolis. Oh, great lord".[21]

Pregnant women also called upon dwarves, pleading for a quick and safe birth. As we read on one papyrus from Leiden, women uttered the following prayer: "Oh, good dwarf, come, on behalf of the one who sent you, may the placenta lower, may the placenta lower". This prayer was uttered four times over a clay statue of

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[19] Ch. Kozma, "Dwarfs in Ancient Egypt", *American Journal of Medical Genetics*, 2006, p. 308.

[20] G. Pinch, *Handbook of Egyptian Mythology*, ABC–CLIO, Santa Barbara, Denver, 2002, p. 118.

[21] Leitz, after: Ch. Kozma, "Dwarfs in Ancient Egypt", *American Journal of Medical Genetics*, 2006, p. 310.

a dwarf, which was then placed on top of the head of the woman giving birth.[22]

Dwarves were also painted in tombs during the Old Kingdom Period. Most of their images were found in Giza and Saqqara. The paintings show that these people were mostly making jewellery, selling animals, fishing or providing entertainment by dancing.[23]

It is therefore clear that people of short stature had a privileged position in society. What is more, it is worth mentioning at this point that unlike other ancient cultures, ancient Egypt is one of the few ancient civilizations where individuals with disabilities were treated with respect and cared for. In the Antique period, disability was treated as a punishment for sins, and people affected by it were ostracised and in many cases also deprived of their rights. Moreover, in Ancient Greece or Rome, people with disabilities were most often killed or left alone without any care. Even if they survived the first days of their lives, they died later, because there were no people willing to take care of a disabled child and make them a part of their family.[24]

Dwarfism in Ancient Israel

In Ancient Israel, there were no medical texts that would confirm the existence of dwarfism, which does not mean that it did not exist. In the Hebrew Bible, in the Book of Leviticus, we read the following passage:

"No man who has any defect may come near: no man who is blind or lame, disfigured or deformed; no man with a crippled foot or hand, or who

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[22] J.F. Borghouts, *The magical tests of papyrus Leiden*. Leiden, Brill Publishing Company, 1971, p. 29.

[23] Ch. Kozma, "Dwarfs in Ancient Egypt", *American Journal of Medical Genetics*, 2006, p. 309.

[24] Cf. A. Pankalla, *Psychologia mitu. Kultury tradycyjne a współczesność*, Eneteia, Warszawa, 2000, p. 110; R. Garland, *The Eye of the Beholder: Deformity and Disability in the Greco-Roman World*, Cornell University Press, New York 1995.

is a hunchback or a dwarf, or who has any eye defect, or who has festering or running sores or damaged testicles. No descendant of Aaron the priest who has any defect is to come near to present the food offerings to the LORD".[25]

Reading, at first glance, one can notice that the above fragment has no passage that would concern little people, but in reality, it does. The above translation, taken from the Millennium Bible, translates the Hebrew word דק (dak) as impaired. The reader immediately imagines intellectual disabilities or mental disorders, which are very often associated with this term, Thus, this term stigmatises individuals affected by these mental states. Meanwhile, this term, translated from Hebrew, means "thin" or "fine". In other words, it refers to a person whose body and not mind is impaired. It is therefore clear that this passage may concern people afflicted by achondroplasia.

The above passage concerned priests who made sacrifices in the days of ancient Israel when the Temple of Jerusalem still existed; and as such, they had the most important function in society. They were intermediaries between the entire Israeli society and Yahweh himself. Because Yahweh was a perfect god, the people who offered him sacrifices had to be clean, perfect and devoid of the slightest flaw. Achondroplasia therefore undermined and removed the afflicted person from the consideration.

In Talmud, which – in addition to the Torah – constitutes the foundation of Judaism, we read that a man of a short stature should not marry a woman of similar height. There was a fear that the offspring to be born from this relationship would also be short.[26]

In one of the Talmudic treaties we read Rabbi Yehoshua Ben Levi saying: One who saw a person with unusually black skin, a person with unusually red skin, a person with unusually white skin [lavkan], an unusually tall and thin person, a dwarf, or one with warts [darnikos] recites: Blessed… Who makes creatures dif-

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[25] Leviticus, 21, pp. 18–21.

[26] *Berakhot* 45b.

ferent. However, one who sees an amputee, a blind person, a flat-headed person, a lame person, one afflicted with boils, or spotted people recites: Blessed… the true Judge, not: Who makes creatures different![27] It seems to me that the above passage from Talmud does not imply the acceptance of people who were different. In ancient Israel, disability was treated as a punishment for sins.[28] People widely recognised disability as a consequence of failure to live by the commandments given by Yahweh. Those afflicted by disability were often stigmatised and chased away from the society, and what is more, they had no way to participate in the religious life of the community, which was undoubtedly the greatest punishment for every pious Jew. Thus, the author believes that the above passage was only meant to highlight that every being, both physically and mentally perfect and imperfect with clear body deformities, comes from Yahweh himself. Thus the words spoken in front of these people were to signify both the power of God – the Creator – and to instil fear of him. It was probably also meant to be a signal to every Jew that opposition or skirting the divine commandments could result in a visible impairment of their bodies, and as such, disability was meant to be treated as a warning to others.

Dwarfism in Ancient Greece

Ancient Greeks also knew dwarfism. However, in comparison with ancient Egypt, where the desert climate contributed to the good preservation of the remains, Greek fossil record is scarce, mainly due to the fact that cremation remained a popular form of burial.[29]

Aristotle was the first scholar to describe little people. He pointed out that people affected by dwarfism have a disproportionately

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[27] *Berakhot* 58b.

[28] Cf. H. Grzesiak, "Osoby głuche w świetle judaizmu", *Niepełnosprawność i Rehabilitacja*, 4 (2010), pp. 132–144.

[29] Cf. J. Musgrave, "Dust and Damn'd Oblivion: A study of cremation in Ancient Greece", *The Annual of the British School at Athens*, Vol. 85(1990), pp. 271–299.

large upper body part compared to the very small lower part. He also noted that – like mules – their genitals were much larger than average. The scholar also claimed that their large torso contributes to numerous metabolic disorders of the body, while suggesting that dwarves, like children, sleep longer than other people. This is due to the fact that the heat that is supplied by eating food is cooled down due to the large size of their torso. Then the cold moves down the body and thus paralyses the whole system, so that a person needs more sleep, compared to a healthy person. Aristotle pointed out that these people have enlarged genitals. He also thought that their intelligence is less developed, because the weight of the upper body impairs the functioning of memory.[30] These days, we know he was wrong because the intelligence of the little people is comparable to the average level of intelligence in society.[31]

Hippocrates also tried to explain the causes of dwarfism. In one of the treatises he describes how a child is born *leptos* (small) *asthenes* (weak) or *anaperos* (with disability). These disorders, according to him, were connected with foetal development. This is due to a too narrow or not very well closed uterus and a lack of appropriate nutrients during the foetal growth period. This process is compared to the growth of a cucumber in a vessel – the plant takes its shape and size from the vessel in which it is placed.[32]

Dasen points out the fact that apart from Aristotle and Hippocrates there were no further medical information on dwarfism. This may mean that these people were born relatively rarely and died quickly, or that dwarfism was not treated as an illness and did not require medical attention nor care.[33]

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[30] After Aristotle: V. Dasen, "Dwarfism in Egypt and classical antiquity: *Iconography and medical history", Medical History*, 32(1988), p. 268.

[31] Cf. B.M. Adelson, *Dwarfism. Medical and Psychosocial Aspects of profund short stature*. Baltimore, London: The Johns Hopkins University Press, 2005, pp. 118–125.

[32] After Hippocrates: V. Dasen, "Infirmitas or not? Short – statured persons in Ancient Greece", [in:] Krotzl C., Mustakallio K., Kuuliala J., *Infirmity in Antiquity and the Middle Ages. Social and Cultural Approaches to Health, Weakness and Care*. London, New York: Routledge, 2016, p. 33.

[33] V. Dasen, "Infirmitas or not? Short – statured persons in Ancient Greece",

In ancient Greece, the cult of beauty was particularly prominent, as human beings were supposed to be as beautiful and perfect as the gods who – as they believed – resided on Mount Olympus. For this reason, people with deformed bodies were not represented in art[34], as they aroused disgust and fear in the viewers. In many cases, such people were avoided, as it was believed that disability is a punishment for offences and can be contagious. Thus, when a child with a visible defect was born, it was often killed.

It is therefore surprising that people with achondroplasia were often depicted on ceramic products or on walls of houses, mostly dancing – individually or in pairs. Based on all the preserved materials, the depictions presented mostly men. The image of a little woman appeared only once. The author believes that it is very likely that due to their appearance, these people were supposed to be an attraction and entertainment for the society, because in many cases they were depicted as dancing and making other people smile. Their body was not deformed in any way – they were not missing any limbs or twisted, which could arouse fear and terror amongst others. Due to their short stature, they may have been perceived as agile, energetic and funny children, who are not to be feared, because they would not do any harm.

Unfortunately, apart from artworks and fragments of medical descriptions, mostly written by Aristotle, we do not have any information about the place of these people in social life and their functions.

Conclusions

The above historic-cultural outline shows that the attitude towards little people was ambivalent – from the marginalisation and

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[in:] Krotzl C., Mustakallio K., Kuuliala J. *Infirmity in Antiquity and the Middle Ages. Social and Cultural Approaches to Health, Weakness and Care*. London, New York: Routledge, 2016, p. 33

[34] Cf. V. Dasen, "Dwarfism in Egypt and classical antiquity: *Iconography and medical history", Medical History*, 32(1988), p. 254.

rejection encountered in the religion of ancient Israel, to worshipping seen in ancient Egypt.

These days, it may seem that the vast majority of society treats people with achondroplasia as equals, there are still individuals, for whom short stature is a reason for jokes or insults. Therefore, we should keep in mind that every person is a unique, and the way we interact with others shows what kind of people we are.

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MACIEJ MUSKAŁA
University of Adam Mickiewicz Poznań, Poland

Relapses in the process of desistence from offending

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Many offenders follow the „ zigzag path", interlacing many times criminal and non-criminal stages. The aim of this survey review is to show, on the example of the Self-Regulatory Model of Relapse Prevention analyses (SRM-r in modified version) the variety of ways and courses of action that an offender (mainly sexual) may follow in the process of desistance from offending.

KEY WORDS: relapses, Self-Regulation Model of Relapse Prevention, zigzag path

Foreword

Whereas some criminal careers are short-lived or even incidental and free of recidivism[1], other careers are persistent and with

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[1] It is worth noting the valuable observation made by T.E. Moffitt, who identified two groups of offenders: those who manifest antisocial behaviour throughout their entire lives (life-course persistent offenders) and those who commit offences only in adolescence (short-term adolescent offenders), incidentally or only once, see: T.E. Moffitt, *Adolescence-Limited and Life-Course-Persistent Antisocial Behavior: A Developmental Taxonomy*, "Psychological Review" 1993, vol. 100(4), pp. 674–701; A.R. Piquero, T.E. Moffitt, *Explaining the Facts of Crime: How the Developmental Taxon-*

numerous relapses to the path of crime. Thus, from a theoretical perspective – rather than thinking in simplistic, rigid offender/non-offender categories – D. Matza offered the image of "drift/tendency" to capture the instability of offending over time.[2] D. Glaser suggests that it is more appropriate to see criminality as a "zigzag path" consisting of crime and non-crime cycles. In his studies on former offenders, he proved that they "followed the zigzag path from non-crime to crime and to non-crime again. Sometimes, the sequence is repeated many times (…); sometimes these shifts are for a long duration or even permanent and sometimes they are short-lived".[3] Thus, the offender rehabilitation process, the change that takes place in the offender's life, the change that takes place in the offender, the withdrawal from criminal activity should be seen as a long and dynamic process. Along this process, there are numerous relapses to the "old" criminal behaviour that are more or less within the control of the individual concerned. Those relapses are triggered not by individual causes but rather by many different coexisting factors. G.A. Marlatt and J.R. Gordon[4] divided relapse-related situations into two categories. "The first is the category of intra-personal/environment factors that mainly include personal, internal factors and/or reactions to external events in the environment (…) The other category consists of interpersonal factors related to interpersonal events".[5]

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omy Replies to Farrington's Invitation, [in:] D.P. Farrington (ed.), *Integrated Developmental and Life-Course Theories of Offending*, New Brunswick 2005, pp. 51–72.

[2] D. Matza, *Delinquency and Drift*, New York 1964, after: J.H. Laub, R.J. Sampson, *Shared Beginnings, Divergent Lives: Delinquent Boys to Age 70*, Cambridge–Massachusetts–London 2003, p. 36.

[3] D. Glaser, *The Effectiveness of a Prison and Parole System*, Indianapolis 1969, p. 58, after: J.H. Laub, R.J. Sampson, *Understanding Desistance from Crime*, "Crime and Justice" 2001, vol. 28, p. 54.

[4] G.A Marlatt, J.R. Gordon, *Determinants of relapse: Implications for the maintenance of behavior change*, [in:] P.O. Davidson, S.M. Davidson (eds.), *Behavioral medicine: Changing health lifestyles*, Elmsford 1980, pp. 410–452

[5] G.J. Connors, C.C. DiClemente, M.M. Velasquez, D.M. Donovan, *Etapy zmiany w terapii uzależnień, Wybór i planowanie interwencji*, Kraków 2015, pp. 282–283

The purpose of this review is to show, on the basis of the Self-Regulation Model of Relapse Prevention (in the modified version SRM-R), the diversity of paths and means that an offender (specifically sexual offender) may follow in the process of desistence from offending.

Relapses – theoretical review

Most studies on relapses were associated with disorders caused by psychoactive substance abuse and dependence. Thus, some of the theories or theoretical models that explain the phenomenon of relapse focus on factors, desires and needs that induce the use of those substances.[6] This paper, offering a much more broader approach to the issue, covering all the problematic behaviours (also behaviours that are against the law), presents only the concepts that have or might have such broad, universal nature. They include models that focus on cognitive functions and are generally referred to as psychological models.

The model of self-efficacy and the expected outcome – which draws on A. Bandura's self-efficacy concept. The model considers two issues: the expected potential effects of one's own behaviour (the prediction that specific behaviour leads to a specific result) and own efficacy (the belief that one is able to accomplish such behaviour). "In this theory, self-efficacy is the resultant of an individual's repertoire of coping strategies and social skills. The more negative expectations an individual accumulates as a result of different experiences

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[6] The psychobiological models of relapse include: Ludwig and Wikler's model of hunger and loss of control, Solomon's model of opponent processes, Tiffany's model of craving and hunger, Mossberg et al's withdrawal syndrome model or post-acute withdrawal syndrome model. For more information on this issue, see: M. Wojnar, A. Ślufarska, A. Jakubczyk, Nawroty w uzależnieniu od alkoholu, część 1; Definicje i modele, Alkoholizm i Narkomania 2006, vol. 19, no. 4, pp. 386–390; G.J. Connors, C.C. DiClemente, M.M. Velasquez, D.M. Donovan, *Etapy zmiany w terapii uzależnień, Wybór i planowanie interwencji*, Kraków 2015, pp. 278–280 and the literature cited therein.

(…) and the lower their sense of control over those experiences and their own behaviour, the more likely the individual is to relapse".[7]

The cognitive assessment model – focuses on the subjective assessment of a situation. Reaction is defined as threatening not because of the fact that a certain situation occurred but because of a subjective feeling of being threatened by that situation. To some extent, this concept has the same theoretical bases as the former model, since it assumes that an individual's assessment of the significance of a given situation is to a large extent determined by whether or not the individual feels they have effective coping strategies.

The cognitive-behavioural model – in which relapse is triggered by an unsuccessful attempt to cope with a situation, defined by G.A. Marlatt and J.R. Gordon, the founders of the concept, as "high-risk situation". These situations constitute the interpersonal-environment factor of relapse. They include: pressure from others or interpersonal conflicts but also escalation of positive situation or experiences. The other triggering factor is internal, intra-personal and it mainly involves negative emotional states and giving in to temptations and whims. If an individual reacts successfully to an increased-risk situation, "their sense of self-efficacy grows stronger and it will protect them from future relapses in similar situations. If, however, an individual fails to resist (…), their self-esteem, sense of self-efficacy and coping skills diminish".[8]

The person-situation interaction model – which is only a modification of the cognitive-behavioural concept. "Relapse is determined by mutual interaction of the following three elements: situations that an individual sees as dangerous (i.e. high-risk situations), coping strategy resources adequate to a given situation and whether or not an individual considers those strategies to be relevant and effective".[9]

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[7] M. Wojnar, A. Ślufarska, A. Jakubczyk, *Nawroty w uzależnieniu od alkoholu, część 1…*, p. 385.

[8] M. Wojnar, A. Ślufarska, A. Jakubczyk, *Nawroty w uzależnieniu od alkoholu, część 1…*, p. 384.

[9] G.J. Connors, C.C. DiClemente, M.M. Velasquez, D.M. Donovan, *Etapy zmiany w terapii uzależnień, Wybór i planowanie interwencji*, Kraków 2015, p. 279.

The Self-Regulation Model of Relapse Prevention – SRM)

As has already been noted, even though most theoretical assumptions were based on and empirically verified in the context of behaviours related to psychoactive substance abuse and dependency, the concepts of relapse are also relevant to other problematic and criminal behaviours.

In mid 1980, a team led by W.D. Pithers started creating a model that would explain sexual offence relapse.[10] The main assumption was to identify the affective, cognitive and behavioural factors of relapse in order to ensure relapse prevention intervention. If offence is seen to be beyond the offender's control and if the abovementioned factors are not identified, effective intervention will be very unlikely.[11]

Although the model proposed by W.D. Pithers et al was an important step in the development of relapse prevention with sexual aggressors, it was widely criticised for its limited perspective and oversimplification of the prevention process. The proposed single path did not explain all the possible patterns of criminal behaviour. These and other limitations in W.D. Pithers' relapse prevention model were addressed in a number of crucial models developed at the turn of the century. One of the most important of those models was the multipath *Self-Regulation Model of Relapse Prevention – SRM*) developed by T. Ward and S.M. Hudson.[12]

"The model is founded on the theory of self-regulation, which is seen as a set of internal and external processes that allow and en-

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[10] Cf.: W.D. Pithers, J.K. Marques, C.C. Gibat, G.A. Marlatt, *Relapse prevention with sexual aggressives: A self-control model of treatment and maintenance change,* [in:] J.G. Greer, I.R. Stuart (eds.), *The sexual aggressor: Current perspectives on treatment,* New York 1983, pp. 214–239.

[11] More on this issue: J.A. Keeling, J.L. *Rose, Relapse Prevention with Intellectually Disabled Sexual Offenders*, "Sexual Abuse: A Journal of Research and Treatment" 2005, vol. 17(4), p. 409.

[12] T. Ward, S.M. Hudson, *A self-regulation model of relapse prevention,* [in:] D.R. Laws, S.M. Hudson, T. Ward (eds.), *Remaking relapse prevention with sex offenders*, Thousand Oaks 2000, pp. 79–101.

courage an individual to participate in goal-directed behaviour. The goals are described as cognitive scripts that are stored as behavioural scenarios, enabling an individual to interpret their own actions or the actions of others and are ultimately linked with positive and negative emotions. The goals of self-regulation are the states that an individual wants either to avoid or to achieve. Self-regulation is concerned with more than inhibiting unwanted behaviour, and can also include the enhancement and maintenance of positive emotional states and behaviour".[13]

Self-regulation problems may increase the probability of relapse in sexual offenders. Three styles of problematic self-regulation have been identified. The first is when an individual does not control their thoughts, feelings and behaviour, which leads them to a sexual offence. Secondly, an individual may try to control their behaviour, but the strategies he or she uses are inefficient or insufficient, so the individual cannot effectively manage their behaviour. Finally, an offender may be capable of efficient self-regulation but in a dysfunctional way, because he or she self-regulates themselves in order to achieve goals that are associated with improper sexual behaviour.

Initially, the model consisted of nine phases, but its current revised version SRM-R covers ten phases that are fluid and represent different stages in which an offender may intervene and end the relapse process by applying relevant coping strategies.

The Self-Regulation Model of Relapse Prevention (modified as SRM-R) is an integrated model and it was developed on the basis of the theoretical assumptions and conceptual apparatus of the broader theory of offender rehabilitation approaches developed by T. Ward and called the Good Lives Model – GLM. The Good Lives Model (GLM) represents the latest theoretical framework of offender rehabilitation approaches. Unlike the models that focus on risk management, GLM draws on positive psychology and focuses on developing the strengths and potential of socially maladjusted individuals. Without disregarding the achievements of the "what works" move-

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[13] J.A. Keeling, J.L. Rose, *Relapse Prevention…*, p. 410.

ment, GLM empowers an offender by promoting their needs and goals in life.[14]

Because the founders of the SRM-R model make frequent references to the GLM conceptual apparatus, it is necessary to briefly describe the most important assumptions of the GLM concept.[15]

Based on psychological, social, biological and anthropological studies, GLM assumes that as human beings, offenders have the same preferences and basic needs as other people and are naturally predisposed to seek out certain goals or primary human goods that constitute the fundamental values and life goals of an individual. T. Ward and his colleagues proposed the following eleven primary goods: (a) life (including healthy living and functioning, ensuring one's safety), (b) knowledge (learning and getting to know oneself and other people or gaining knowledge about other issues that one considers to be important and interesting), (c) excellence in play, (d) excellence in work, (e) excellence in agency[16] – i.e. autonomy and self-directedness (fulfilling the need for independence and subjectivity), (f) inner peace (i.e. freedom from emotional turmoil and stress), (g) friendship (including intimate, romantic, and family relationships), (h) community (belonging to a social group or community that shares the same values and interests), (i) spirituality (in the broad sense of finding meaning and purpose in life), (j) happiness and (k) creativity (understood the need to try something new, to

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[14] For more information on the dispute between representatives of the two theoretical schools see: M. Muskała, Odstąpienie od przestępczości…, p. 182 and ff.

[15] For more information on this issue in Polish literature, see e.g.: K. Biel, *Model ryzyka i model dobrego życia w readaptacji skazanych,* [in:] J. Kusztal, K. Kmiecik-Jusięga red. *Konteksty resocjalizacji i readaptacji społecznej*, Kraków 2014; E. Wysocka, *Diagnoza pozytywne w resocjalizacji. Model teoretyczny i metodologiczny*, Katowice 2015, M. Muskała, *Odstąpienie od przestępczości w teorii i praktyce resocjalizacyjnej*, Poznań 2016.

[16] The term 'agency' has multiple interpretations (and translations). In Polish literature, as K. Iwińska observes in her insightful analysis of the concept, 'agency' is the most frequently translated as: subjectivity, subjective agency or agency that is understood as intentional activity of an individual or free will of a subject, see K. Iwińska, *Być i działać w społeczeństwie*, Kraków 2015, pp. 25–59.

take on new challenges).[17] It should be noted, however, that "The problem with the concept of 'primary goods' in the Good Lives Model is that the 'good' does mean the 'goal'. 'Primary goods' are the state that we seek".[18]

Even though it is assumed that all individuals to some extent seek all those primary goods, the significance of and preference for respective goods reflect the particular values and priorities an individual has in life as well as the kind of person he or she is and the purposes they have. This is so-called vertical coherence, i.e. a hierarchical arrangement of goods characteristic of every individual. Horizontal coherence – the other relationship between goods described by T. Ward at al – means the reciprocity of goods: the fact that certain goods exist enables other goods to come into being.[19] Specific means and ways to achieve primary goods are, according to the founders of GLM, instrumental or secondary goods. In order to understand the relationship between the two types of goods, it is suggested to assume that secondary goods consist of specific roles, practices and actions that ensure attainment of primary goods. For example: life – pursuing a healthy diet, engaging in regular exercise, earning money to meet basic existential needs; knowledge – attending school, self-study, receiving advice from others; being good at play – participating in a sport arts and crafts; being good at work – being employed or volunteering, advancing in one's career; personal choice and independence – following through with life plans,

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[17] See, for example, T. Ward, T.A. Gannon, *Rehabilitation, Etiology, and Self-Regulation…*, p. 79; T. Ward, S. Maruna, *Rehabilitation…*, p. 113; T. Ward, P.M. Yates, G.M. Willis, *The Good Lives Model and the Risk Need Responsivity Model: A Critical Response to Andrews, Bonta, and Wormith (2011)*, "Criminal Justice and Behavior" 2012, vol. 39(1), p. 95.

[18] D.S. Prescott, Terapia osób, których zachowania seksualne krzywdzą innych. Motywacja, ustalanie celów, model dobrego życia, [in:] J.M. Jaraczewska, M. Adamczyk-Zientara (ed.), *Dialog Motywujący. Praca z osobami uzależnionymi behawioralnie*, Warszawa 2015, p. 185.

[19] M. Parvis, T. Ward, G. Willis, *The Good Lives Model in Practice: Offence Pathways and Case Management*, "European Journal of Probation" 2011, vol 3(2), p. 7.

expressing one's own opinion; peace of mind – any activities that help manage emotions, such as exercise or meditation, but also substances; friendships – Spending time with friends, having an intimate relationship with another person, also a relationship that may be hurtful for oneself or for others; community – belonging to a social organization or sports team, also being a member of a gang; spirituality – going to church or engaging in other religious activities; happiness – "most often, people attain this good when socialising with friends, watching movies, having sex, engaging in thrill-seeking activities, drinking alcohol, taking drugs"[20]; creativity – various types of artistic expression, participating in new or novel activities.

The SRM-R describes the progression of criminality. It provides for the aetiology of criminal behaviour, beginning with the life event that triggers the desire to commit an offence and ending with two post-offence phases when individuals evaluate their behaviour and formulate their expectations and attitude as regards their future criminality.

The model includes four separate pathways s delineating the progression to offending based on a combination of offence-related goals that may be based either on avoidance strategy or on approach strategy, or on a combination of the two (Phase five of the model).

The offenders whose goal is to *avoid* want to refrain from offending but they lack the necessary skills to achieve that goal. Their self-regulation is poor (the avoidant-passive path). When they have an opportunity to commit an offence, they utilize passive strategies, such as distraction of attention, to achieve that goal. The other group of offenders whose goal is to *avoid* also desire to avoid offending and they actively implement strategies that help achieve that goal (the avoidant-active pathway). This is a pathway of misregulated self-regulation. To avoid offending, an offender employs ineffective strategies that in fact increase the risk of offending. The other two pathways focus on the *approach*. These are: the *approach-*

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[20] D.S. Prescott, *Terapia osób…*, p. 189.

automatic pathway, where individuals do not want to avoid offending and react automatically to situational cues by activating deeply rooted scenarios; and the *approach-explicit* pathway, where self-regulation is intact and individuals actively employ strategies to commit an offence.[21]

The ten phases of the modified Self-Regulation Model of Relapse Prevention (SRM-R) are briefly described below.[22]

Phase 1: Preconditions to sexual offending

This is a new phase that was not included in the original SRM. It was added in order to acknowledge background and predisposing factors. The reason was the fact that for some individuals, the occurrence of a life event (see below) triggers a progression to sexual offending, whereas for other individuals, the same event will not trigger such a progression.[23] The difference between these individuals lies in differences in their developmental histories, and psychological, social, biological, and other factors. Thus, background factors will influence the manner in which individuals respond throughout the offence progression and, therefore, provide valuable information for understanding the different pathways to offending followed by individual offenders. This points to the importance of a comprehensive understanding of predisposing factors to offending, which was absent in the original SRM.

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[21] P.M. Yates, T. Ward, *Good Lives, Self-Regulation, and Risk Management: An Integrated Model of Sexual Offender Assessment and Treatment*, "Sexual Abuse in Australia and New Zealand" 2008, vol. 1(1), p. 7.

[22] The description of the respective phases of SRM-R is based on: T. Ward, S.M. Hudson, *A self-regulation model…* oraz P.M. Yates, T. Ward, *Good Lives, Self-Regulation, and Risk Management: An Integrated Model of Sexual Offender Assessment and Treatment*, "Sexual Abuse in Australia and New Zealand" 2008, vol. 1(1), pp. 3–20.

[23] This observation is a clear reference to the findings of the supporters of the narrative perspective in the process of desistance from offending, according to which it is not an event or a cumulation of events but rather their interpretation that matters, which suggests that internal factors are important. For more information on this issue, see: M. Muskała, *Odstąpienie od przestępczości w teorii i praktyce resocjalizacyjnej*, Poznań 2016, p. 159 and ff and the authors cited therein.

Phase 2: Life event

This stage begins when a specific life event occurs. It may be a relatively common event, such as a minor argument with a partner or co-worker, or a major life transition, such as loss of a relationship or the death of someone close to the individual. The individual appraises and evaluates the event relatively automatically, based on experience, cognitive schema, implicit theories, goals and interpersonal context in which the event occurs. Goals may be specific to a particular situation or there may be more abstract goals that are linked to the individual's self-concept and views of the world. In this phase, individuals interpret and appraise the event based on cognitive schema and underlying causal theories about the world and themselves that assist the individual to explain and make predictions about the world and events. The function of this process is to guide and direct behaviour, cognition, and affect in response to the life event. In the original SRM, the occurrence of the life event was presumed to trigger a desire for offensive behaviour, specifically among individuals attempting to remain "abstinent". In the reconstructed model, consistent with the GLM, the life event may trigger the desire to achieve primary goods and important goals that are not necessarily related to offending, and which may suggest flaws or problems in the individual's good lives plan. Thus, the occurrence of the life event that triggers the offence progression is viewed from a much broader perspective and does not focus solely on direct routes to offending or that can trigger goals other than specifically offence-related goals. Thus, in the SRM-R, the triggering life event may provoke various states: (1) the desire to obtain or to re-establish a particular primary good or other positive goal; (2) the desire to re-establish equilibrium; (3) the identification of flaws in the good lives plan and the desire to address these flaws; and/or (4) the desire to offend.

Phase 3: Desire in response to life event

The occurrence of the life event can trigger desires that result in offending as well as desires that are not deviant in nature Moreover, the desire triggered by the life event may be, in fact, an appropriate desire, as in those cases in which the individual seeks to obtain primary goods or other states in response to the life event. That is, the life event may trigger the desire to regain such states as autonomy, relatedness, or intimacy, thus re-establishing equilibrium in the individual's good lives plan In these cases, the desire for offensive or deviant sexual behaviour emerges later in the offence progression.

Phase 4: Goal establishment

In this phase, the goals are explicitly linked to desires triggered during the previous phase, with respect to offensive behaviour arising both from the desire to offend and to achieve the desired end. Thus, at this stage in the offence progression, goals may be established either to obtain primary goods or other desired states, or they may be offence-specific.[24]

The concepts of *approach* and *avoidance* goals are also expanded in this phase. The original SRM conceptualised these goals as the desire to refrain from offending (avoidance goals) or to seek out offending (*approach* goals). In the SRM-R, these offence-related goals remain; however, individuals at this stage may also establish pro-social or non-offending *approach* goals. For example, individuals holding avoidance goals with respect to offending, may also simultaneously hold *approach* goals with respect to other states or goods sought. That is, individuals who desire to avoid acting on offence-related desires may, at the same time, also desire to seek out a particular state of being that is non-offensive in nature. As in the original SRM, avoidance goals with respect to offending are generally

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[24] For example, for an individual for whom the life event triggered the desire to re-acquire the primary good of relatedness, the goal established at this stage will be directly in service of acquiring this good (e.g., re-establishing a relationship a secondary good), even though this ultimately results in behaviour that leads to the commission of a sexual offence. For some individuals, such as those following an indirect route to offending, the establishment of offence-specific goals occurs later in the offence progression. Conversely, for those individuals for whom the life event triggered an offensive or deviant desire, the goals established at this stage will be offence-related and the route to offending may be more likely a direct route.

associated with negative emotional states, whereas *approach* goals with respect to both offending and non-offending behaviour may be associated with either positive or negative emotional states depending upon the individual and what they seek to achieve.

Phase 5: Strategy selection

In this phase, the individual selects strategies to achieve the goal established in the previous phase of the offence progression. In the SRM-R, the selection of strategies follows the same processes as in the original model, and, in combination with offence-related goals, forms the four self-regulation pathways to offending (avoidant-passive, avoidant-active, *approach*-automatic, and *approach*-explicit). These pathways are specific to the offence process, although they may also reflect individuals' overall self-regulation styles. People typically tend to have similar self-regulation styles across various life areas, particularly offenders following the *approach* pathways. Moreover, the founders of the SRM-R suggest that individuals following avoidant pathways are more pro-social in other life areas than offenders following *approach* pathways, which is supported by research indicating that these individuals tend to have fewer prior convictions, demonstrate less general criminality and, consequently, be lower risk.[25]

This reconstruction of this phase therefore acknowledges that individuals may seek to obtain multiple goods via offending, either separately or concurrently, and may do so directly or indirectly. Furthermore, individuals may seek to achieve a desired state while simultaneously selecting strategies to avoid offending (an undesired state) and to attain a primary good (a desired state). It is proposed that offenders with less extensive criminal histories are able to man-

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[25] Cf. P.M. Yates, D.A. Kingston, *Pathways to sexual offending: Relationship to static and dynamic risk among treated sexual offenders*, "Sexual Abuse: A Journal of Research and Treatment" 2006, vol. 18(3), pp. 259–270; J.A. Bickley, A.R. Beech, *Implications for treatment of sexual offenders of the Ward and Hudson model of relapse,* "Sexual Abuse: A Journal of Research and Treatment" 2003, vol. 15(2), pp. 121–134.

age these life areas relatively well as a result of greater opportunities to obtain goods in non-offending ways. Finally, if the individual has not yet established an offence-related goal but rather has established a non-offending goal, the strategies selected at this phase will be in service of this goal, with the specific offence-related goal established later in the offence progression.

Phase 6: Opportunity to Achieve Goals

The SRM-R conceptualises this phase of the offence progression as one in which the opportunity to achieve goals is presented as a result of the goals and strategies established during Phases 4 and 5. This phase refers to the opportunity for the individual to achieve *approach* or avoidance goals, both with respect to offending and in relation to acquiring primary goods or other desired (non-offending) states. In terms of the affective states associated with this phase, for individuals holding offence-avoidance goals, the opportunity to offend signifies a failure to achieve goals and to control or inhibit behaviour, is predominantly associated with negative affective states, and may result in goal conflict. For individuals holding *approach* goals with respect to offending, the opportunity signals success and is predominantly associated with positive affective states. For individuals holding non-offending goals at this stage, the opportunity presented is to achieve non-offending goals or primary goods, and is likely to be associated with positive affective states. If the individual simultaneously holds offence and pro-social goals, affect is likely to be mixed.

Phase 7: Pre-offence behaviours

This phase is somewhat refined in the SRM-R compared to the original model. First, as in the original model, the occurrence of the opportunity to achieve goals (Phase 6) signals a failure to avoid offending among individuals following an *avoidant* pathway and success in achieving goals for individuals following an *approach* pathway. In addition, as indicated above, the SRM-R also allows for plans and strategies that are established in order to obtain primary goods. As such, the founders of the model propose that the opportunity to achieve goals (Phase 6) signals to the individual that these primary goods are available, and may therefore signal success, regardless of self-regulation pathway. That is, actions at this phase may continue to represent attempts to achieve the primary good or pro-social approach goal that became available during the previous phase. Actions at this phase of the offence progression may not represent offence-related behaviours *per se*, although they ultimately function to place the individual at risk to offend nonetheless. In the SRM-R, this state is therefore viewed as existing either independently of pre-offence behaviours or as co-existing alongside pre-offence behaviours. Thus, the individual may simultaneously abandon offence-avoidance goals as well as engage in behaviour to acquire the primary good; may abandon efforts to obtain the primary good and engage solely in offending behaviour; or may attempt to obtain the primary good via offending. Individuals who have not yet established an offence-related goal do so at this phase as a result of a lack of capacity or resources to obtain non-offending goals or goods via non-offending means.

Phase 8 – Commission of offence

This phase includes the interrelationships between offence-related goals and non-offending life goals. That is, the individual is hypothesised to commit the offence as a result of failure to achieve offence-avoidance goals (*avoidant* pathways) or success in achieving offence-related goals (*approach* pathways), as well as success or failure in obtaining primary goods and pro-social goals. As indicated above, the commission of an offence may represent the means by which primary and other goods and pro-social goals are obtained among individuals who lack the capacity to acquire these via non-offending means and who are predisposed by various factors to obtain these goods and goals via offending.

Phase 9 – Post-offence evaluation Adjustment of Good Lives Plan

In the SRM-R, this phase is refined compared to SRM to better reflect its temporal nature as the period of time immediately following the commission of the offence and the reinforcement for behaviour that occurs at this phase. P.M. Yates and T. Ward claim that in addition to affective responses and evaluations that are negative or positive based on the offence pathway the individual has followed, reinforcement for behaviour occurs as a function of gratification obtained, either via positive reinforcement (e.g., sexual gratification, achievement of intimacy) or negative reinforcement (e.g., removal of negative affect). This reinforcement necessarily serves to entrench offending behaviour as a means by which goals are achieved, regardless of pathway. In the SRM-R, this phase of the offence progression also includes evaluation of behaviour with respect to achieving the good lives plan in addition to an evaluation of offending behaviour. Thus, individuals who have successfully obtained a primary good, regardless of a success or failure experience with respect to offending, also experience reinforcement for offending as a means to obtain good lives and other non-offending goals.

Phase 10 – Future intentions and adjustments to good lives plan

In this phase, individuals utilise the offence experience to develop, refine, and formulate future intentions and expectations with respect to offending, and to entrench or alter attitudes regarding the acceptability of offending. It is assumed that individuals with *avoidance* goals reassert control and may resolve not to offend in future, but lack the requisite internal and external conditions and capacities to achieve this goal, whereas individuals with *approach* goals learn from the offence experience to refine strategies to achieve these goals. Through the processes of reinforcement described above in Phase 9, for all individuals, such behavioural scripts are reinforced by the offending process and will impact on future behaviour.

The difference between pathways lies in the evaluation of behaviour as positive or negative (success versus failure) in achieving the initial offence-related goals. Individuals following *avoidant* pathways will experience cognitive dissonance between their behaviour and goals, and, if the avoidant goal is retained at this phase, are likely to propose attributions which thus permit the individual to resolve to change behaviour and to refrain from offending in the future. Individuals following *approach* pathways will not experience cognitive dissonance (as there is no discrepancy between goals and behaviour), and will attribute behaviour in a manner which absolves them of responsibility (e.g. via blaming the victim). In addition, in the SRM-R it is proposed that individuals formulate future plans, intentions and expectations not only with respect to offending, but also with respect to achieving the good lives plan. As with offending, individuals may conclude that they lack the requisite capacities and opportunities to implement the plan and may adjust the plan so as to abandon specific elements or goals. Alternatively, individuals may conclude that they successfully achieved the element of the plan sought (i.e., the good lives goal) and, thus, in conjunction with reinforcement for behaviour, formulate intentions that include the offence experience as a means by which to obtain that particular primary good. In this case, the individual may make adjustments to the good lives plan and to behaviour that include the offence experience as a means by which to obtain primary goods and to achieve the plan.

Conclusion

The founders of the above multi-pathway *Self-Regulation Model of Relapse Prevention – SRM*, T. Ward and S.M. Hudson, use multiple intellectual inspirations. They themselves stress that the broadest theoretical framework is positive psychology and focus on building strengths and emphasising potentials. Accordingly, their deliberations, associated with offender rehabilitation models, reflect the T. Ward's Good Lives Model. Other inspirations may also be found in the SRM model, for example L. Festinger's theory of cognitive dissonance[26] (in fact, the entire *avoidant* pathway is founded on the idea of cognitive dissonance). Another major inspiration is the trans-theoretical model of change proposed by J.O. Prochaska and C.C. DiClemento[27], according to which relapses are a normal thing, since many individuals go through respective phases more than once before achieving a stable change.

The model presented in this paper gives completely new answers to basic questions about offending, desistance and relapse. What is relapse in the case of individuals whose problematic behaviour involves violation of the law? In the "old" understanding, without going into specific legal discussion, it may be called simply as recidivism. And that is something that triggers strong negative emotion. Recidivism is very problematic for offender rehabilitation practitioners and theoreticians as well as for the "designers" of criminal policies and it arouses fear in people. Recidivism should be stopped at all costs. But is such thinking justified? Perhaps the phenomenon of offensive relapse should not and does not have to trigger such emotions? Not only because, as T. Szymanowski notes, the problem of recidivism, considering the type or gravity of offences, is not so much dangerous as it is troublesome because of its repeatability, high costs and "marginalisation and exclusion of individuals with a criminal history from social life"[28]. But also because it is "in a sense a natural phenomenon in a society, the same as criminality in general"[29], and this fact should be reflected in offender rehabilitation models as well as in criminal policies. Beginning with a diagnosis of relapse in an individual case and of the stage the individual is at a given moment, through the process of interactions, focusing more on preventing than reacting to relapses. Thus, the Self-Regu-

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[26] L. Festinger, *Teoria dysonansu poznawczego*, Warszawa 2007.

[27] J.O. Prochaska, J.C. Norcross, C.C. DiClemente, *Zmiana na dobre, rewolucyjny program zmiany w sześciu stadiach, który pozwoli ci przezwyciężyć złe nawyki i nada twojemu życiu właściwy kierunek*, Warszawa 2008.

[28] T. Szymanowski, *Recydywa w Polsce. Zagadnienia prawa karnego, kryminologii i polityki karnej*, Warszawa 2010, p. 18.

[29] T. Szymanowski, *Recydywa w Polsce…*, p. 17.

lation Model of Relapse Prevention should also be applied in criminal policies and the resulting legal regulations and should be taken into consideration while defining the functions and tasks of the personnel of the offender rehabilitation system, in the broad meaning of the term.

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Bartosz Kułan

School of Criminology and Penitentiary Science
in Warsaw, Poland

The Junior Republic of William Reuben George (1866–1936) as an example of work with socially maladjusted young people in the United States

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This paper presents the assumptions put into practice by William Reuben George in the Junior Republic in the State of New York. The person of the founder of this pedagogical solution has not yet been widely known in Polish literature. The assumptions introduced in the Junior Republic were part of the so-called progressive approach in working with juvenile offenders in the United States. The paper presents the main assumptions used in working with young people, the idea of the Junior Republic and the daily activities of minors. The paper is concluded with a summary.

Key words: Junior Republic, juvenile offenders, William Ruben George, Freeville

1. Introduction

The history of work with juvenile offenders and methods of their social rehabilitation have been the subject-matter of many studies.[1] The researchers of the issue dealt with the topic of work

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[1] For more about historical reflections concerning the problem of minors both in Poland and in the USA See: E.J. Dukaczewski, A historical outline of the development of the care of a socially maladjusted child (juvenile offender) in Poland until the outbreak of World War II (*Rys historyczny rozwoju opieki nad dzieckiem niedostosowanym społecznie (przestępczym) w Polsce do wybuchu II wojny światowej*), [in:] *The social rehabilitation of minors. Experiences and conceptions* (*Resocjalizacja nieletnich. Doświadczenia i koncepcje*), ed. K. Pospiszył, Warszawa 1990, pp. 173–207; J.A. Mazur, *Care and social rehabilitation towards juvenile delinquency in the interwar period on the example of Lublin* (*Opieka i resocjalizacja wobec przestępczości nieletnich w okresie międzywojennym na przykładzie Lublina*), Kraków 2017, p. 325; A. Mogilnicki, *The child and crime* (*Dziecko i przestępstwo*), Warszawa 1925, p. 425; *Juvenile delinquency: theory and practice* (*Przestępczość nieletnich – teoria i praktyka*), ed. S. Ćmiel, Józefów 2011, p. 632; D. Raś, *On the improvement of culprits in prisons and juvenile institutions* (*O poprawie winowajców w więzieniach i zakładach dla nieletnich*), Katowice 2006, pp. 49–65, 105–146, 181–191; B. Kułan, *Education as a type of social rehabilitation of juvenile offenders in the Second Polish Republic* (*Edukacja jako forma resocjalizacji nieletnich przestępców w II Rzeczypospolitej,* [in:] *Selected areas of child upbringing and education from a historical perspective* (*Wybrane obszary wychowania i edukacji dziecka w ujęciu historycznym*), ed. B.A. Orłowska, B.M. Uchto-Żywica, K. Prętki, Gorzów Wielkopolski 2019, pp. 165–180; Z. Bugajski, *The minor in the light of valid penal acts in Poland* (*Nieletni w świetle obowiązujących ustaw karnych w Polsce*), "W Służbie Penitencjarnej", 1936, no. 3, pp. 5–6; H. Fish, *Our prison system for minors* (*Nasze więziennictwo dla nieletnic*), "Przegląd Więziennictwa Polskiego", 1935, no. 2, pp. 5–7; A. Golus, *Wreckers, stocks, shackles, or how youth was reformed: social history* (*Plagi, dyby, kajdany, czyli jak naprawiano młodzież: historia społeczna*), "Ale historia", 2017, no. 35, pp. 4–5; M. Grzegorzewska, *The upbringing of juvenile offenders* (*Wychowanie nieletnich przestępców*), "Przegląd Więziennictwa Polskiego", 1929, no. 10, pp. 2–3; A. Kołakowski, *The issues of juvenile delinquency in interwar Poland in "Przegląd Więziennictwa Polskiego"* (*Problematyka przestępczości nieletnich w międzywojennej Polsce na łamach "Przeglądu Więziennictwa Polskiego"*), Research Papers of the Jan Długosz Academy in Częstochowa (Prace Naukowe Akademii im. Jana Długosza w Częstochowie), 2017, v. 26, no. 2, pp. 317–333; E. Neymark, *Juvenile offenders in Poland* (*Nieletni przestępcy w Polsce*), "Gazeta Administracji i Policji Państwowej", 1924, no. 11, pp. 1006–1008; S. Sokołowski, *Correctional facilities for minors* (*Zakłady poprawcze dla nieletnich*), „Przegląd Więziennictwa Polskiego", 1933, no. 1, pp. 5–8.

with minors both from a practical and theoretical perspective. The first attempts to regulate the subject of juvenile offenders comprehensively in Poland date back to the Second Polish Republic. Along with the restoration of independence, the interest in Western ideas concerning the social rehabilitation of socially maladjusted young people also increased. Polish researchers analysed also American conceptions, which proved very interesting because of numerous experiments.[2] On that ground, the first papers describing the person of William Reuben George – the founder of the Junior Republic in the State of New York[3] – were published in interwar Poland. One of the first persons who undertook that topic was Zygmunt Bugajski[4] –

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[2] The interest in American solutions concerning work with juvenile offenders was popular among Polish researchers both in the interwar period and after World War II. From among the most important works dealing with these issues, note the following: See: S. Baley, *The issue of fight against juvenile delinquency in the context of contemporary experience in the United States of Northern America* (*Zagadnienie walki z przestępczością młodocianych na tle współczesnych doświadczen w Stanach Zjednoczonych Ameryki Północnej*), Warszawa 1948, p. 63; A. Barczykowska, S. Dzierzyńska-Brześ, M. Muskała, *The rehabilitative impact system of England and the United States of America* (*System oddziaływań resocjalizacyjnych Anglii i Stanów Zjednoczonych Ameryki*), Poznań 2016, p. 327; C. Czapów, *Will Johnny become a gangster? Remarks on methods of fight against juvenile delinquency* (*Czy Johnny stanie się gangsterem. Uwagi o metodach walki z przestępczością młodzieży*), Warszawa 1959, p. 187; A. Barczykowska, S. Dzierzyńska-Breś, *The social rehabilitation of minors in the United States of America* (*Resocjalizacja nieletnich w Stanach Zjednoczonych Ameryki*), "Resocjalizacja Polska" 2015, no. 9, pp. 27–42.

[3] See: Z. Bugajski, *The Junior Republic* (*Republika dziecięca*), "W Służbie Penitencjarnej" 1936, no. 14, pp. 7–9.

[4] Zygmunt Bugajski (1887–1940), a Polish lawyer and penitentiary expert. He was born in Dąbrowa Górnicza on 6th December 1887. As a young man, he engaged in the activity of the Polish Socialist Party – Revolutionary Faction. He took part in a school strike during the 1905 Revolution. Upon graduation from the Faculty of Law at the University of Moscow, he took up work in an institute for juvenile offenders. When the Bolsheviks came into power, he fled from Russia to avoid being arrested. He arrived in Poland in November 1918 and started working in the Ministry of Justice and later in the prison system. He was, among others, the warden in Mokotów and Pawiak prisons. In 1921, he returned to work in the Ministry of Justice and took part in the creation of the most important legal acts regarding the

a lawyer, a penitentiary expert and the creator of the Polish penitentiary system in 1918–1939. Apart from Z. Bugajski's works, it is impossible to find a broader reception of W.R. George's views in Polish scientific discourse.[5] Polish literature concerning the problem of juvenile delinquency from a nationwide perspective, i.e., the entire United States, looked slightly different. This topic was brought up both before and after World War II. From among outstanding minds of Polish pedagogy, this subject was handled, among others, by Stefan Baley[6], or Czesław Czapów.[7] In modern times, these issues have been analysed, among others, by Agnieszka Barczykowska and Sonia Dzierzyńska-Breś.[8] Judging from the above, we can

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Polish prison system. In September 1939, he was evacuated with employees of the Ministry of Justice to the Dubno-Kovel raion. Arrested by the NKVD, he was sent to the POW camp in Kozelsk. He was killed in Katyn in the spring of 1940. The text is based on: B. Kułan, *An unknown victim of Katyn. Zygmunt Bugajski (1887–1940), a lawyer and penitentiary expert* (*Nieznana ofiara Katynia. Zygmunt Bugajski (1887–1940) prawnik i penitencjarysta*), Kraków 2018, p. 394.

[5] One of the more important works in English regarding W.R. George's Junior Republic is a book by J.M. Holl. See: J.M. Holl, *Juvenile reform in the progressive era: Wiliam R. George and the Junior Republic movement*, Ithaca 1971, p. 348.

[6] Stefan Baley (1885–1952) a Polish psychologist, doctor and pedagogue. He graduated from the University of Lviv; he also studied in Paris, Berlin and Warsaw. Then he worked as a doctor in a psychiatric hospital in Lviv. In 1928, he returned to Warsaw and took up work at the local university and in the Central Institute of Physical Education and Sport. He specialised mainly in juvenile education. He died in 1952. The text is based on: E. Kosnarewicz, *Stefan Baley*, [in:] *A dictionary of Polish psychologists* (*Słownik psychologów polskich*), ed. T. Rzepa, R. Stachowski, Poznań 1992, pp. 19–21.

[7] Czesław Czapów (1925–1980), a Polish researcher, lecturer at the University of Warsaw, called the founder of the Warsaw social rehabilitation school. He was born in Grodno. He was a Home Army soldier and a repressed person in the times of the People's Republic of Poland. He wrote many works in the field of rehabilitative pedagogy. The text is based on: W. Kaczyńska, *Czesław Czapów 1925–1980. A testimony of three generations* (*Czesław Czapów 1925–1980. Świadectwo trzech pokoleń*, Warszawa 2003, p. 474.

[8] See: A. Barczykowska, S. Dzierzyńska-Brześ, M. Muskała, *The rehabilitative impact system…* (*System oddziaływań resocjalizacyjnych…*), p. 327; A. Barczykowska, S. Dzierzyńska-Breś, *The social rehabilitation of minors in the United States of America…* (*Resocjalizacja nieletnich w Stanach Zjednoczonych Ameryki…*), pp. 27–42.

say that a more detailed presentation of very interesting views of W.R. George and the history of the Junior Republic may serve as a supplement to the research done so far.

2. A description of work with socially maladjusted young people in the United States

The United States wrote a glorious chapter in the field of work with delinquent offenders. It was there that the first penitentiary system (called the separate system), assuming the reform of prisoners through rehabilitative impact, came into being. It was established in Philadelphia by Protestant Quakers.[9] Historically speaking, the United States and their system of fight with juvenile delinquency was strongly influenced by English thought. Thus, it is hardly surprising that views of such thinkers as John Locke[10] or William Blackstone[11], who jointly referred to children as beings who should

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[9] Quakers – a Protestant sect having its roots in Puritanism. It was relatively popular among American settlers coming from England. They are credited with the creation of the first imprisonment system (called the progressive system). They thought that a convict should be covered by the scope of rehabilitative work through reading of the Bible, labour and compulsory total silence. This system, although far from ideal, was the first form of programmatic impact on imprisoned persons. The text is based on: S. Walczak, *Penitentiary law* [*Prawo penitencjarne*], Warszawa 1972, pp. 109–113; H. Popławski, *Penitentiary Law* [*Prawo Penitencjarne*], Gdańsk 1984, pp. 146–148.

[10] John Locke (1632–1704), an outstanding English philosopher, one of the most important representatives of empiricism and liberalism. A member of the British Royal Society. Forced to leave England, he returned there only after the fall of the Stuart family and the Glorious Revolution. His output included many philosophical treatises that had a huge influence on subsequent philosophy. The text is based on: *John Locke Prophet of Common Sense*, New York 1967, pp. 138–140.

[11] William Blackstone (1723–1780), an English lawyer and philosopher. He studied at Oxford University and then practised the profession of lawyer. He specialised mainly in English law. He was a deputy of the British Parliament. He opposed the demands of American colonists willing to gain independence. He died in 1780. The text is based on: W. Blackstone, *Law and Letters in the Eighteenth Century*, Oxford 2008, pp. 1–12.

bear responsibility for their acts, prevailed in North America before the emergence of an independent state. Only a few dozen years later, in 1820 and 1830, were the issues concerning minors regulated in the USA. Also at that time, convicted minors were separated from adults, and the first houses of correction were established. These institutions were divided into those for neglected children and those for the children who have already committed an offence. The principle of indefinite sentences was also applied, i.e., the punishment was served until the child improved or reached the age of 21 years. An important factor was also the introduction of the Parens Patria idea, where parenting responsibilities were taken over by the state. Another significant problem was the institutional subordination of American correctional facilities. Sometimes they remained in private hands, where children were often used for slave labour and kept in conditions that were very similar to the prison ones. A contradiction of such facilities was W.R. George's Freeville, which became popular not only in America at the turn of the 20th century. It is worth emphasising that the founder of the Junior Republic was a merchant by education and never dealt with pedagogical thought; everything he used in his facility was based only on the observation of social life. At this point, it is worth presenting a brief summary of W. R. George's life and describe his life experiences that influenced the subsequent character of actions conducted in the Junior Republic.[12]

3. William Reuben George and his Junior Republic

W.R. George was born on a farm close to West Dryden in the State of New York on[13] 4th June 1866. He spent his childhood away from the urban bustle; as he recollected: 'I had a merry time of it,

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[12] W.R. George, *The Junior Republic History and Ideals*, New York 1910, p. 2.

[13] See: C.R. Reynolds, E. Fletcher-Janzen, *Concise Encyclopedia of Special Education*, New York 2002, p. 429. Cf: *Funk & Wagnalls Standard Encyclopedia of the Wolrd's Knowledge*, New York 1912, p. 60.

reading books, roaming the fields and killing imaginary Indians with wooden guns.[14] 'When he was 14 years' old, his parents moved to New York. In spite of the change of their residence, they frequently returned to their old village house. Being brought up on the farm and recognising the benefits of living in the countryside had a strong impact on the subsequent rules that W.R. George followed in his work with socially maladjusted young people. Ideas such as work close to nature, staying in the open air or learning the world through empirical experience emerged as a result of his personal experiences.[15] Before establishing the Junior Republic, however, the hero of this paper did various odd jobs. In the initial period of his adult life, he mainly engaged in trade. Staying in New York most of the time, he could observe the American society living in this large metropolis. In this way, he became familiar both with the mentality of persons living in cities and capitalism with its benefits and shortcomings. At this stage, W.G. George was mainly interested in the fate of children. He started paying the biggest attention to the most neglected children that roamed around the streets of New York.[16] Concerned with their fate, he started working with children of the street in the most impoverished districts of New York along with the local Protestant Church.[17] He also decided to organise various forms of recreation away from the city for this type of youth. In 1890, he gained financial support from the Fresh Air

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[14] W.R. George, *The Junior Republic History and Ideals…*, p. 2.

[15] Ideas of this kind were not isolated. Previously, they could be found, for instance, in J.J. Rousseau's works. These works contained numerous references to bringing children up through contact with nature. This was reflected, e.g., in the famous book *Emile, or On Education*. The author of the work, however, was far from the practical implementation of the presented principles. He put his children in an orphanage, refusing to take care of them. See: J.J. Rousseau, *Emile, or On Education*, v. 1–2, Polish translation: *Emil – czyli o wychowaniu*, Warszawa 1955, pp. 280, 453. Cf: S.E. Zawadzka, *Jan Jakub Rousseau*, Warszawa 2009, p. 324.

[16] W. Hull, *The George Junior Republic*, "Annals of the American Academy of Political and Social Science", 1897, v. 10, p. 73.

[17] See: C.R. Reynolds, E. Fletcher-Janzen, *Concise Encyclopedia of Special Education…*, p. 429.

Foundation[18], which allowed him to organise the first recreational camp for children from poor families.[19] Most of the first participants of this camp came from circles of W.R. George's friends. He decided to organise a trip for the children whose parents did not earn as much as he did. He chose Freeville as the location of the first camp; it is a village with a small railway station situated close to the rural house where he grew up.[20] The first trip organised for children from poor families was fully successful. During the subsequent few years, it was followed by other camps, but most of the children treated them as holidays and returned to New York after the end of them. W.R. George was somewhat disappointed with this form of recreation, because he had already thought of creating the "Junior Republic" for juvenile offenders and children of the street. His new idea was also financed by the Fresh Air Foundation. W.R. George was not able to finance the entire project.[21] He used the obtained funds for buying, e.g., tools necessary for work. However, because of the misbehaviour and large number of "children of the street" who took part in the first camp, W.R. George started reconsidering the sense of existence of the facility. In spite of the whole enthusiasm, pupils sometimes destroyed tools on purpose, stole them or sold them in the city.[22] Because of such behaviours, the founder of Freeville decided to close the facility. However, he suspended this decision for a year, wanting to complete farm works under way. At that time, William George hit upon the idea that not only saved his

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[18] Fresh Air Foundation – an organisation founded in 1877. Its aim is bring help to children from poor families and to organise holidays and summer camps for them. See: website of The Fresh Air Fund https://freshair.org/learn-about-us/ (access: 4th June 2020).

[19] For more about the role of the Fresh Air Foundation in the creation of the Junior Republic, see: J.M. Holl, *Juvenile reform in the progressive era…*, pp. 83–85.

[20] W.R. George, *Nothing Without Labor: being the motto of the Gorge Junior Republic located at Freeville New York*, New York 1922, p. 30.

[21] At a later time, the Junior Republic was financed, e.g., from charity donations, contributions from parents of children staying in Freeville and from sales of products created by pupils of the Junior Republic. See: Ibidem, p. 42.

[22] W.R. George, *The Junior Republic – history and ideals*, New York, 1910, pp. 24–25.

facility, but also changed its future. Seeing that his pupils did not understand the sense of labour, because they received food, accommodation and clothing regardless of its amount, he decided to deprive them of all comforts, leaving only farm tools at their disposal. The pupils initially rebelled and refused to work, but their resistance was broken after two days without clothing and food. As a consequence of this, they started appreciating labour and its products. After a few days, the pupils requested W.R. George to create an institution in the village that would protect their private property and the resources that they had managed to work out. This gave rise to the motto of William George's Junior Republic: 'nothing without labour'.[23] The first stay of minors from the lower social classes ended in Freeville in the autumn of 1894. The young people returned to New York, not only repaying the costs of the ticket and tools destroyed during the strike, but also with savings earned on the farm.[24] The success of the first camp reinforced W.R. George's belief in the effectiveness of the new approach and the usefulness of this kind of institution. In July 1895, another camp for minors took place.[25] 144 children took part in it. W.R. George's activity started to attract the attention of the New York press, which usually expressed favourable opinions on his work.[26]

In subsequent years, W.R. George, called "Daddy" by his pupils[27], modernised the system established in Freeville. Children arriving at the Junior Republic were divided into three categories. The primary aim was to prevent the dominance of specific groups of minors. The first group consisted of children from good homes and from families getting by in the society. They could spend their time

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[23] W.R. George, *Nothing Without Labor…*, p. 5.

[24] The first summer camp was organised by W.R. George in 1890–1895. Only later did they assume a permanent form known as the Junior Republic. See: W. Hull, *The George Junior Republic…*, p. 73.

[25] W.R. George, L.B. Stowe, *Citizens Made and Remade*, New York–Boston, 1912, p. 65.

[26] W.R. George, *Nothing Without Labor…*, p. 32.

[27] Idem, *The Junior Republic…*, p. 8.

in the Junior Republic by continuing their education or completing school internships. They constituted the healthy social tissue that showed others how to do the right thing. The second group included girls who were not demoralised and had been sent to the Junior Republic by associations protecting young girls. A stay in Freeville was supposed to help minors obtain education and learn a well-paid profession. Actions of this kind protected girls against dangers such as the prostitution of minors. The third group comprised boys with severe sentences. It was the largest and subject to special control. The main emphasis was laid on rehabilitating the minors who have entered the criminal path and restoring them to the society.[28] However, as W.R. George emphasised, each minor crossing the threshold of the Junior Republic had a clean sheet and was treated as a "carte blanche".[29]

W. R. George's Freeville was organised according to Republican principles that prepared pupils very well to cope in the American reality. Thus, a system of principles and rules called the Constitution of the Junior Republic[30] was established, actually corresponding to the political system of some democratic states. It is worth noting that the Montesquieu tri-partite division of power functioned quite efficiently in the Junior Republic.[31] Citizens of this youth quasi-state were children of both sexes at the age of 16 to 21 years.[32] They had electoral rights that allowed them to elect

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[28] Idem, *Nothing Without Labor…*, p. 19.

[29] Ibidem, p. 21.

[30] The text of the Constitution and laws prevailing in the Junior Republic was published. See: *Constitution and the General Laws of the George Junior Republic Freeville N.Y.*, New York 1922, p. 62.

[31] The traditional division of power into the judiciary, legislative and executive power in democratic systems, proposed by Charles Montesquieu. See: C. Montesquieu, *Spirit of the Laws*, Polish translation: *O duchu praw*, Warszawa 2009, pp. 14–15.

[32] It is worth stressing that the Junior Republic was founded in 1890 and awarded electoral rights both to minor boys and girls right from the beginning. This did not occur without certain disputes. In juxtaposition with this fact, it must be stated that American women obtained electoral women only in 1920, and the situation was changed by the amendment no. 19 to the constitution. The first state that introduced

a president and their representatives in the two-house parliament.[33] The congress convened in this way was the only legislative body in the Junior Republic and established the laws that all pupils had to observe. The most important competences of the parliament included, among others, the regulation of internal life in Freeville, economic issues, the election of authorities, specifying the obligations of young citizens and a system of punishment of defiant inhabitants of the Junior Republic.[34] The executive power was exercised by the president elected by pupils. This function was initially held by W.R. George, but later he handed over his competences to the inhabitants of Freeville.[35] The judiciary power was held by a jury consisting of pupils. If the culprit was caught red-handed, he was put in prison until the session of the court. The trial took place with the participation of the prosecutor and the defence attorney. The person suspected of the offence chose a barrister. The judgement was passed by the presiding judge upon consultation with the jury.[36] The children initially found it difficult to learn legal procedures, so necessary help was provided by students of law, who arrived in the Junior Republic as a part of their internship. Later, these responsibilities were taken over by minors themselves.[37] After the judgement had been passed, the pupil was imprisoned. A large cage was adapted to this purpose; the convict stayed there all night. During the day, he worked with other children and performed normal du-

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electoral rights of women was Wyoming in 1869. See: J. Adams, *Woman & The Vote – A World History*, Oxford 2014, p. 515. Cf: W.R. George, *Nothing Without Labor…*, p. 30. Cf: W. Hull, *The George Junior Republic…*, p. 74.

[33] T. Roosevelt, *The George Junior Republic*, "The Outlook", 1912, v. 100, p. 118.

[34] Z. Bugajski, *The Junior Republic…* (*Republika dziecięca…*), p. 8.

[35] For more about the powers of the president and the vice-president in the Junior Republic and other functions held by minors, see: W.R. George, *The Junior Republic…*, pp. 251–286. Cf: W.R. George, L.B. Stowe, *Citizens Made and Remade…*, p. 105.

[36] W. Hull, *The George Junior Republic…*, pp. 148–149.

[37] It is interesting to note that, according to W.R. George's idea, the judgement was passed by pupils themselves – the convict's colleagues. Sometimes children were concerned so much about the verdict announced by their colleagues that suicide attempts occurred.

ties. However, he had to wear a striped jacket that set him apart from others.[38] As a part of restrictions, the "convict" was not remunerated for his work.[39] The prison guards were mainly boys. Apart from supervision, they had to treat convicts without compassion so that the prisoner would feel the horror of the punishment. A separate arrest was designated for girls; they served their punishments in milder conditions because it was said that they should be 'punished more leniently because of their more delicate nature'.[40]

In the justice system of the Junior Republic, a very important role was played by the police, which also consisted of pupils.[41] Initially, many children were willing to perform this service due to its lucrativeness and the opportunity to earn extra funds. Because of this, special examinations were introduced for candidates, who had to prove their physical strength and intellectual capacity. Upon fulfilment of these requirements, a young citizen of the Junior Republic received a uniform and a police badge. However, he had to comply with the rules and the official hierarchy applicable in this force.[42] The truly democratic system of the Junior Republic was liked very much by the President of the United States Theodore Roosevelt[43], who visited Freeville in 1912. In an article published in the press, he wrote: 'Mr. George's theory is that any boy or girl, man or woman, of sufficient strength of character can by practical experience as

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[38] W. Hull, *The George Junior Republic…*, p. 77.

[39] Z. Bugajski, *The Junior Republic…* (*Republika dziecięca…*), p. 8.

[40] T. Roosevelt, *The George Junior Republic…*, p. 118.

[41] For more about the police's activity in the Junior Republic, see: W.R. George, *The Junior Republic…*, p. 8.

[42] W.R. George, *Nothing Without Labor…*, p. 17.

[43] Theodore Roosevelt (1858–1919) – an American politician, the president of the United States, a laureate of the Nobel Peace Prize. He was born in New York. He graduated from Harvard University. Later he engaged in a political career. He suspended it only for the time of the American-Spanish War, in which he fought as a cavalryman. After the assassination of William McKinley by a person of Polish descent, T. Roosevelt was elected president of the USA. He held this function until 1901. He died in 1919. The text is based on: M.R. Canfield, *Roosevelt in The Field*, Chicago 2015, p. 475; E. Morris, *The Rise of Theodore Roosevelt*, Chicago 2001, p. 920.

a responsible and independent citizen be taught, or, to speak more accurately, teach himself or herself, that good citizenship is the only kind of citizenship worth having, even from the individual's own standpoint'.[44]

Other very important factors of the functioning of the Junior Republic were the conditions of stay in Freeville and minors' daily activities. All children without exception were bound by the principle that they had to obtain all necessary items with their own work. This was consistent with W.R. George's principle and resulted in the payment of accommodation costs and other expenses from one's own funds.[45] It is worth noting that young people used their own currency in all transactions; it was made of aluminium disks and served as tender in the Junior Republic.[46] If pupils were in default with payments, e.g., for their accommodation, they were deprived of it. In such a case, they received the status of a vagrant and were put in arrest for the night or punished.[47] In the case of some works, such actions were regarded as excessively brutal, but, as T. Roosevelt noted down: 'No boy is forced to work; but if he does not choose to work, then he does not eat! It occasionally takes him some days to realize that this is a fact and not an abstract theory with which he is confronted; but he is taught the fact by actual hunger, and then he goes to work'.[48]

Minors in the Junior Republic were accommodated in wooden houses spread out across Freeville. Part of the buildings was intended for girls, and the other part for boys. In each hotel, there was an adult woman responsible for the supervision of minors.[49] She was the "guardian" of good manners; as W.R. George said, she was

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[44] T. Roosevelt, *The George Junior Republic…*, p. 117.

[45] In the Junior Republic, a special currency created for the needs of pupils was used for payments. These were metal disks of different values, by means of which minors paid for their needs. See: Z. Bugajski, *The Junior Republic…* (*Republika dziecięca…*), p. 9.

[46] W.R. George, *Nothing Without Labor…*, p. 6.

[47] Z. Bugajski, *The Junior Republic…* (*Republika dziecięca…*), p. 9.

[48] T. Roosevelt, *The George Junior Republic…*, p. 117.

[49] Ibidem, p. 118.

the combination of a mother and a housekeeper. Her tasks were to supervise housemates, to keep the place tidy and clean and to give instructions. If minors caused any problems, the woman residing in the house concerned could order an unruly housemate to be transferred to another house. Conditions in houses depended on pupils' behaviour. If they behaved well, they could deserve a transfer to a better house with more comfortable beds or with a more diverse menu. However, conditions in all households did not go beyond Puritan principles followed by W.R. George. In one of his works, he wrote: 'A boy residing in the Republic village, who had a poor home or no home at all before he came to the community as a citizen, may occupy one of the finest cottages by virtue of his thrift, while the son of a millionaire may be in jail for vagrancy'.[50]

The most important part of the social rehabilitation of minors in the Junior Republic was labour. Minors were employed mainly in farm works using, e.g., horses and two tractors.[51] From time to time, graduates of agricultural faculties from local universities visited Freeville to teach farming to pupils.[52] Methods of cultivation were so effective that later a very large percentage of minors worked on farms or had their own thriving farms.[53] Apart from that, pupils performed gardening and woodworking.[54] Particularly this second occupation was very valuable for the Junior Republic, because pupils engaging in this trade erected new buildings and made necessary repairs in rooms.[55] Work in the printing house was also very popular. The printing house was adequately equipped, e.g., with printing presses, which allowed pupils to learn the secrets of the trade. Products were sold within the borders of the Junior Republic, and the name of the shop was The Franklin Print Shop. The quality

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[50] W.R. George, *Nothing Without Labor…*, p. 11.

[51] W.R. George, *The Junior Republic…*, p. 156.

[52] Idem, *Nothing Without Labor…*, p. 6.

[53] Ibidem, p. 7.

[54] To read more about the carpentry shop, see: Idem, *The Junior Republic…*, p. 219.

[55] Idem, *Nothing Without Labor…*, p. 7.

of the enterprise and products was so good that they were sold also in local towns and villages, and the earned funds were spent on the maintenance of the Junior Republic.[56] In Freeville, there was also a bakery and a hydraulic plant, in which minors worked. They acquired the necessary skills that they could use in their adult life. Laziness or the improper performance of duties were not tolerated during work. This usually resulted in the loss of employment and funds indispensable to living in the Junior Republic.[57]

At this point, it is worth sketching a brief outline of the Junior Republic. The centre of the place was the shop in which goods produced by the children's community were sold. The shop was controlled entirely by minors, including salespersons. Their task was also to stimulate Freeville's economy by placing orders and making the community more active.[58] Another significant place was the eatery, where minors also worked. They prepared meals by themselves and collected fees for them. The quality of meals is reflected best by the fact that W. R. George liked dining in the eatery run by his pupils.[59] From among other important buildings erected by minors in Freeville, it is also worth mentioning the post office and the bank. Especially the second building played an important role, because it was responsible for issuing the currency used in the Junior Republic.[60] Another important place in the Junior Republic was the school. However, it functioned differently from the then education system in the United States. Teachers focused mainly on stimulating their pupils' initiative rather than passing knowledge to them within the scope of particular subjects. The role of the teacher was, e.g., to suggest books in which pupils could find information about the topic of their interest. And if minors did not show any interest or passion, the role of the teacher was to find at least one occupation

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[56] Ibid.

[57] T. Roosevelt, *The George Junior Republic…*, p. 117.

[58] W.R. George, *Nothing Without Labor…*, p. 7.

[59] Z. Bugajski, *The Junior Republic… (Republika dziecięca…)*, p. 9.

[60] See: W.R. George, *The Junior Republic…*, p. 9.

that would bring joy to the pupil. Not only the library, but also the theatre and the cinema served this purpose.[61]

Apart from labour and science, religion and sport also played a significant role in the Junior Republic. In Freeville, three religions existed on equal rights. Pupils were most often representatives of three leading religions: Catholicism, Protestantism and Judaism.[62] All masses, irrespective of the religion, were said in the same chapel built by pupils. Although participation in masses was not compulsory, most minors used that privilege. Protestants and Catholics were the largest groups among pupils.[63] The second element of impact on minors – sport – played an important part in the social rehabilitation of minors. They practised various sports, particularly basketball, football, tennis and baseball. Teams consisting of pupils of the Junior Republic competed very successfully with secondary school teams from local towns and villages. When Junior Republic teams played an away match, they were usually accompanied by a group of pupils supporting them on the stands. What W.R. George considered to be a sports success, was the fact that a few former pupils of the Junior Republic could subsequently boast good sporting achievements. They were, among others, players of university baseball teams, and two of them joined professional first-league clubs.[64] Events enlivening the daily existence of minors were also held occasionally in the Junior Republic. There were dances and visits by family members and friends.[65] Frequent contact between pupils and "normal society" became an idea that W.R. George cultivated. Its advantage was the minimised isolation of minors from life among other people.[66] It is worth noting that arriving guests could visit Freeville without previous notice. It was humorously remarked that each person willing to visit the Junior Republic could spend

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[61] Ibid.

[62] W.R. George, L.B. Stowe, *Citizens Made and Remade…*, p. 106.

[63] T. Roosevelt, *The George Junior Republic…*, p. 118.

[64] W.R. George, *Nothing Without Labor…*, p. 14.

[65] W.R. George, L.B. Stowe, Citizens Made and Remade…, p. 240.

[66] W.R. George, *Nothing Without Labor…*, p. 15.

there: ‘five minutes, five hours, five days, or as much longer as you desire’.[67]

Subsequent lives of pupils were a measurable success of the Junior Republic. Research has shown that the institution was attended by future doctors, lawyers, engineers, civil servants, social workers, soldiers or professional baseball players. From among them, we can distinguish Harvey E. Miller – a lawyer and a candidate for the Congress from Cleveland, Arthur T. Baker – a member of the Democratic Party and a lieutenant of the US Army, Charles B. Dawson – a journalist, or William F. McClelland – the principal of the state correctional school for boys in North Dakota.[68] A large part of citizens of the Junior Republic enlisted in the army. According to data from the World War I period, as many as 87% of conscriptable pupils of the Junior Republic joined the US Army. At least several of them died in combat, fighting in the ranks of French, Canadian or American troops. One of the pupils wrote down his memories in the frequently reissued book *A Yankee in The Trenches*.[69] The moral stance of pupils during World War II was a pride both for the Junior Republic and for W.R. George himself.[70] Their subsequent lives were evaluated for many years. They were contacted and received special questionnaires in which they specified the impact of the Junior Republic on their subsequent stances, and they were asked about their activity in adult life. One of them – the former president of the Junior Republic and a prosecutor in adult life – wrote: ‘stimulated in me the desire to improve my mind and my desire and capacity for leadership. … It made easy the transition from childhood and youth to the responsibilities of mature years’.[71] In another account written after many years by a boy coming from the lower social classes, we also read: ‘mentally alert boys and girls, especially those surrounded by an environment tending toward the develop-

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[67] Ibidem, p. 41.

[68] Ibidem, *Nothing Without Labor…*, pp. 36–37.

[69] See: R.D. Holmes, *Yankee in The Trenches*, Fairfield 2005, p. 160.

[70] W.R. George, *Nothing Without Labor…*, p. 34.

[71] Ibidem, p. 35.

ment of dangerous citizens… were taught knowledge, ways of earning money and respect for the authorities'.[72] The author of these words was the best example of this, because he finished legal studies at Ohio University and practiced as a lawyer in Cleveland.[73]

4. Conclusion

To sum up the activity of the Junior Republic, it is worth quoting T. Roosevelt's words – expressing his appreciation for work with minors in Freeville, he wrote: 'A boy who has gone wrong because he has too much steam in his boiler, so to speak, is admitted on a full equality with the boy who has never gone wrong at all; and the most extraordinary thing is that he is about as apt to turn out a first-class citizen, not merely of the Junior Republic, but of the larger republic, the republic of the American Nation, when he graduates into it'.[74] The system introduced by W.R. George was based on Republican and democratic values, which were strongly rooted in the Americans' mentality. However, it was not free of faults and criticism. The strongest claim against W.R. George concerned the use of minors for labour and the favourable sale of products manufactured by pupils.[75] It was also argued that the Junior Republic taught pupils only materialistic thinking, where money was the reward for each created good. This might result in the lack of social sensitivity in pupils and focusing only on economic goods in the future.[76] Was this criticism justified? It seems that W.R. George's activity was one of many ways of coping with juvenile delinquency in the United States. The best answer to the above arguments is the fact that R.W. George's Junior Republic stood the test of time and

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[72] Ibidem, p. 38.

[73] Ibid.

[74] T. Roosevelt, *The George Junior Republic…*, p. 117.

[75] The positive and negative arguments are discussed more broadly in J. Holl's work. See: J. Holl, *Juvenile reform in the progressive era…*, pp. 305–306.

[76] Z. Bugajski, *The Junior Republic… (Republika dziecięca…)*, p. 9.

exists in America until today.[77] The founder of Freeville died in 1933, leaving not only lasting achievements in the form of the idea of the Junior Republic and its activity. In the subsequent period of his life, he also disseminated knowledge about working with minors. He published a number of books in which he presented his views on the education of juvenile offenders.[78] Upon his visit to Freeville in the early 20th century, the US President Theodore Roosevelt called the Junior Republic 'a manufactory of good citizens'.[79]

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[77] See: https://gjr.org/ (access: 4th June 2020).

[78] See: W.R. George, *The Adult Minor*, New York 1937, pp. 192.

[79] T. Roosevelt, *The George Junior Republic…*, p. 118.

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MIROSŁAW MIELCZAREK[1]
University of Lower Silesia, Poland

Preparation of socially maladjusted youth located in youth educational centres for self-sufficient living

ABSTRACT: Mirosław Mielczarek, *Preparation of socially maladjusted youth located in youth educational centres for self-sufficient living*. Interdisciplinary Contexts of Special Pedagogy, no. 31, Poznań 2020. Pp. 7–31. Adam Mickiewicz University Press. ISSN 2300-391X. e-ISSN 2658-283X. DOI: https://doi.org/10.14746/ikps.2020.31.17

The article is of a theoretical and research nature. The theoretical part outlines the specificity of a social rehabilitation centres for minors and refers to the definition of self-sufficiency. The subject of the research was the empowerment of juveniles staying in youth educational centres. Their aim was to find out the answer to the problem: what methods and forms of work are used by youth educational centres to prepare minors for a self-sufficient life after leaving them in the following spheres: family, professional, social and civic? The project was carried out in three selected youth educational centres. The data was obtained using the pedagogical monograph method, for which the document analysis technique was selected, supplemented with an original data sheet acting as a research tool. The research was conducted in the mainstream of the qualitative approach identified with the interpretative paradigm, which allowed for the abandonment of hypotheses.

KEY WORDS: minors, socially maladjusted youth, self-sufficiency, preparation for self-sufficient life, youth educational centre

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[1] Mgr Mirosław Mielczarek – University of Lower Silesia, PhD student, pedagogue with a speciality in care and rehabilitation, years of practical experience in care and educational work, as well as, rehabilitation both with youth and adults, Stara Brzeźnica ul. Częstochowska 102, pp. 98–331, e-mail: mirek91.m@gmail.com.

Introduction

Socially maladjusted youth is defined as minors in Polish law.

According to the minor case act, the term will refer to persons who[2]:

- are not of 18 years of age, to which demoralisation prevention and combating rules apply;
- to persons who have committed a penal crime after finishing 13 years of age, but have not finished 17 years of age;
- to persons who have not finished 21 years of age, to which educational or correctional measures were adjudged.

The court may apply educational measures and the most severe – the correctional measure, by placing individuals in a correctional facility. One of the educational measures at court disposal, is to place an individual in a Youth Educational Centre (Młodzieżowy Ośrodek Wychowawczy – MOW). The indicated facility is a part of the institutional system of rehabilitation of minors, where socially maladjusted youth is directed. The role of the central system of directing youth to youth educational centres is played by the Education Development Centre (Ośrodek Rozwoju Edukacji – ORE) in Warsaw.[3] Youth educational centres are dedicated to children and youth that require special learning organisation, work methods and education.[4] Socially maladjusted youth is burdened with a high risk of social exclusion.[5] They are individuals who have difficulty in establishing and maintaining interpersonal relations and functioning in particular roles.

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[2] Minor case act, Journal of Laws of 1982, no. 35, pos. 228 with further changes, art. 1, § 1.

[3] D. Kukla, M. Mielczarek, *Przygotowanie młodzieży niedostosowanej społecznie do samodzielności zawodowej w młodzieżowych ośrodkach wychowawczych*, „Problemy Opiekuńczo-Wychowawcze" 2020 – after review, in print.

[4] M. Kranc, *Metodyka procesu resocjalizacji w młodzieżowych ośrodkach wychowawczych*, Oficyna Wydawnicza "Impuls", Kraków 2018, p. 17.

[5] K. Konaszewski, Ł. Kwadrans, *Zasoby osobiste młodzieży nieprzystosowanej społecznie. Uwarunkowania środowiskowe*, Oficyna Wydawnicza "Impuls", Kraków 2018, p. 46.

The essence of the activity of educational centres is to eliminate causes and manifestations of social maladjustment in minors, allowing them to acquire education, upbringing in the feeling of responsibility, as well as, teaching patriotic and pro-social values. It is also the ensuring of secure conditions for learning and upbringing, preparing for a self-sufficient life in accordance with universal legal or social norms. Youth educational centres are usually open. In their structure, they resemble universally available boarding schools. However, staying in them is related to the limitation of freedom and a certain level of isolation from the external environment. Minors have limited contact with peers from outside of the institution, as well as their freedom to leave the designated area. Institutions of such type are highly formalised, meaning that staying at them is regulated by proper prescriptions such as: statutes, instructions, educational programmes, activity schedules.[6] Within the educational centres, there are numerous schools operational such as elementary, vocational (following the reform), technical, and high schools.[7] The employees consist of varying staff: management, pedagogical (educators, teachers), psychologists, therapists, a social worker, nurse, and special curricula instructors.[8] Since 2004, youth educational centres have been under the competencies of the Ministry of National Education, after claiming them from the social policies department.

Each rehabilitation institution form minors conducts process of making pupils self-sufficient. The same occurs in youth educational centres. The majority of scholarly sources dedicated to the subject is

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[6] B. Stańkowski, *Efektywność resocjalizacji w salezjańskich Młodzieżowych Ośrodkach Wychowawczych w Polsce*, Wydawnictwo Naukowe Akademii Ignatianum w Krakowie, Kraków 2018, p. 31.

[7] J. Siemionow, *Rola i zadania pracownika socjalnego w Młodzieżowym Ośrodku Wychowawczym*, [in:] M. Teodorczyk (ed.), *Widzieć, rozumieć, pomagać. Przykłady rozwiązań stosowanych w codziennej pracy pracownika socjalnego*, Centrum Rozwoju Zasobów Ludzkich, Warszawa 2013, pp. 104–105.

[8] T. Kaniowska, *Funkcjonowanie młodzieżowych ośrodków wychowawczych i młodzieżowych ośrodków socjoterapii w systemie oświaty*, „TRENDY" 2015, no. 4, pp. 13–15.

focused on the institutional and legal aspects of preparing youth for life self-sufficiency. Much less attention was directed towards research analysing individual preparation of the pupils to leave the facility or on the methods and forms of pedagogical work that serve the aforementioned purpose. The following research fill this gap to a certain degree, as they encompass methods and forms of working with minors, that are performed in youth educational facilities in the process of making them self-sufficient.

Preparing for a self-sufficient life

Preparing the socially maladjusted youth to lead a self-sufficient live after leaving the facility is the final result of rehabilitation efforts. It is a long-lasting process tied to the system of specialist legal and educational actions, aiming at socialising the pupil.[9] It begins from the moment of accepting the minor to the institution, and lasts until the individual leaves the facility. Then, deliberate actions of educators and rehabilitation personnel, aiming at the pupil to reach self-sufficiency in the open environment are being taken. The preparation for life self-sufficiency is one of the key elements of the socialisation process. Without a doubt the process is incredibly complex, necessary and important.[10] Teaching the socially maladjusted youth, the basic features allowing to function self-sufficiently, is a difficult process, as it takes place in a closed environment. Such path is taken i.a. by pupils of the youth educational centres.

The pupils of rehabilitation institutions for minors often struggle with numerous severe disorders and shortcomings, that may pre-

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[9] I. Motow, D. Janułajtys, *Perspektywa skutecznej resocjalizacji nieletnich w kontekście procesu usamodzielnienia*, [in:] M. Walenciak, J. Hroncowa (eds.), *Pedagogika społeczna wobec procesów żywiołowych i zachowań ryzykownych*, Wydawnictwo Edukacyjne „Akapit", Toruń 2013, p. 375.

[10] M. Mielczarek, *Przygotowanie do samodzielności życiowej usamodzielnianych wychowanków placówek opiekuńczo-wychowawczych*, „Civitas Hominibus" 2018, no. 13, p. 159.

vent them from achieving self-sufficiency. The process of making the pupils self-sufficient in facilities should be characterised by actions supportive for their social reintegration, for their continued education, for building motivation, and preventing social exclusion.[11] Literature uses various approaches towards self-sufficiency, which indicates that the term may be interpreted in many ways. In behaviouristic theory, self-sufficiency is defined as the ability allowing an individual to perform certain actions regardless of the surroundings. It is shaped in result of social contacts and is identified with habit, as independent behaviour is approved by the environment and rewarded, which encourages repetition. In the humanistic theory, a self-sufficient individual performs actions to accomplish own aims, motivated by individual motives. Self-sufficiency perceived as such is related to responsibility, self-control, but also requires perseverance and the ability to deal in difficult situations. A slightly different approach is presented in cognitive theories. There, self-sufficiency is defined as acquiring experience during the entire lifespan. Individual experiences of an individual serve its development and predispose the individual towards particular actions.[12]

Self-sufficiency often spawns associations with self-service skills, however, it is much more worth to discuss its aspects in a much broader context. The proper understanding seems to be that, which treats it as autonomy in all spheres of the individual's functioning, independence from others within the limits of own predispositions, as well as, the ability for self-determination. On the other hand, self-sufficiency should not be identified with an assortment of competencies useful in action, but examined as a certain developmental mechanism.[13] The concept of self-sufficiency is identified with au-

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[11] M. Dobijański, A. Kamiński, *Niedostosowanie społecznie nieletnich. Profilaktyka i resocjalizacja*, Uniwersytet Przyrodniczo-Humanistyczny w Siedlcach, Siedlce 2020, p. 116.

[12] D. Domagała, *Postrzeganie samodzielności przez uczniów klas trzecich uczących się według koncepcji planu daltońskiego*, „Problemy Opiekuńczo-Wychowawcze" 2019, no. 1, p. 37.

[13] H. Kubiak, *Samodzielność małych dzieci z porażeniem mózgowym*, Wydawnictwo UAM, Poznań 2011, p. 17.

tonomy, maturity, independence and the ability to lead an independent life. Self-sufficiency is one of many features that are included within the personal structure.[14] It is intuitively perceived not only as a certain personality feature. Additionally, it results from the internal need of independent acquiring and gathering life experiences, necessary for the individual. Striving for self-sufficiency contributes to learning own limitations and capabilities. Achieving it is related to the ability to take responsibility and suffer consequences for own actions.[15] For the study, we adopted the understanding of self-sufficiency following G. Gajewska. According to the premises, a self-sufficient individual is characterised by the appropriate preparation for family, professional, social and civic life.[16] The categories listed are the four basic tasks, that should be realised by an institution in order to help the pupil to achieve self-sufficiency.

Methods

The object of performed study is the process of making minors self-sufficient, that are place in youth educational centres. The aim of the study was to learn the answer to the problem posed in the question object: what methods and forms of work are employed by youth educational centres in order to prepare minors for a self-sufficient life after leaving the facilities in spheres: family, professional, social and civic? The research procedure assumes a qualitative strategy associated with the interpretative paradigm, allowing to resign from hypotheses.[17] The realisation of research used the peda-

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[14] D. Ruszkiewicz, *Samodzielność życiowa dorosłych córek nadopiekuńczych ojców*, „Pedagogika Rodziny" 2018, no. 8(1), p. 88.

[15] Z. Woźniak, *Samodzielność życiowa osób z lekką i umiarkowaną niepełnosprawnością intelektualną w świetle danych uzyskanych za pomocą nowego narzędzia pomiaru*, „Niepełnosprawność i Rehabilitacja" 2017, no. 3, p. 63.

[16] G. Gajewska, *Pedagogika opiekuńcza i jej metodyka*, Wydawnictwo Naukowe Uniwersytetu Zielonogórskiego, Zielona Góra 2004, p. 109.

[17] T. Pilch, T. Bauman, *Zasady badań pedagogicznych. Strategie ilościowe i jakościowe*, Wydawnictwo Akademickie „Żak", Warszawa 2001, p. 279.

gogical monograph method, complemented by the document analysis technique. The research tool was based on the original data chart in form of a table, assorted of four parts considering the preparation for self-sufficiency: family, professional, social and civic. The constructed tool served the purpose of noting information from resource materials (educational work schedule, reports from centres' activities, archive documents). Studies were performed at the brink of May and June 2019 in three youth educational centres located in: Kraków, Radzionków, Namysłów. The selected centres are dedicated to socially maladjusted youth within the intellectual aspect. Two of them included girls (Kraków, Radzionków), while boys in one (Namysłów). The centres located in Kraków nad Namysłów have a non-public status, while the Radzionków facility is public. During the study, the personnel was deliberately not informed regarding what self-sufficiency areas would be subject to analysis.

Results

The process of self-sufficiency establishment in the **Radzionków Youth Educational Centre** is realised on the basis of broadly perceived self-governance and self-sufficiency of the pupils. The centre's staff would come to conclusions, that a restrictive system based on punishments and rewards with difficult youth is ineffective, and, moreover, its effects last short and expire when the restrictions cease. The model applied in Radzionków serves the purpose of integrating educational actions within the area of re-adaptation to the social environment.

The effort taken is to correct improper and hazardous social attitudes of the minors, develop skills in terms of interpersonal relations, improve faith in own abilities and self-assessment, nullify the demanding attitude, develop the feeling of responsibility and awareness in terms of controlling own fate. The work is realised based on independent educational groups, pupils' community, local government, collaboration with minors' parents and support institutions.

The primary programme premises regarding working with groups of achieving self-sufficiency in the Radzionków Youth Educational Centre are based on developing the girls' ability to function independently in society, in family, and particularly:

- the development of the ability to independently organise own living conditions: independent management of financial resources, cooking, task planning and accomplishment, related to everyday living needs (groceries, keeping the living space clean);
- development of interpersonal relations necessary in everyday social life, particularly related to the optimisation of interhuman relations, assertiveness, proper communication, conflict solving;
- shaping the ability to evaluate own resources and limitations, developing self-awareness and acquiring the ability to independently create own development, particularly in areas such as: learning and using own resources, selecting social and emotional models, developing motivation for changing unfavourable models, developing independency in decision processes, taking responsibility for own choices.

To a certain degree, the self-sufficiency group, allows for self-sufficient household management. Minor females that remain in such groups have a monthly food budget at their disposal. Along with the educator, the pupils plan their weekly menu and independently make purchases of the groceries. The group has its own kitchen at disposal, where they make their own meals. This creates the potential to acquire skills of managing a household in a self-sufficient manner. This way of functioning allows to shape the skills of planning, cooperation, and moreover, it shapes responsibility attitudes. Minors are taught to spend their funds rationally, segregate waste, save energy, water, food, and are familiarised with the rules of healthy feeding. The task of the educator is to provide partner support, aid in tasks to be accomplished, and in difficulties encountered, to give hints, and strive to create an atmosphere of cooperation and kindness.

In preparation for self-sufficiency it is also important to strengthen the hobbies of pupils. In the centre indicated, it is being accomplished by encouraging reading youth literature and press, participation in hobby groups organised on-site, cooperation of minors in editing the centre newspaper, watching entertainment and information programmes. Minors are encouraged to participate in voluntary work and to take up income work as a possibility to interact with the environment. Additionally, motivation is deployed for the pupils to work for the good of the local society, supporting and helping in taking up extracurricular trainings and courses in order to improve personal competencies.

Minors from the Radzionków centre participate in individual activities from the programme titled "My first step on the labour market" and "ZnajdźPracę.pl". The activities features such as: recognising own traits and hobbies, the analysis of own potential (weaknesses and strengths, values and expectations), the development of interpersonal communication, acquiring skills of stress and change management, overcoming own weaknesses and limitations, shaping of the ability to make decisions, the development of positive thinking and self-acceptance, shaping the ability for self-presentation. Additionally, the activities help in learning different forms of employment, indicate the sources to look for employment, they teach how to establish contact with the employer, and how to deal during a job interview. The pupils receive information regarding the employment market, how to establish own company, and learn the rights and obligations of an employee, and are presented with employment cards.

The girls learn approximate knowledge regarding civil rights and obligations. During their stay at the centre, they participate in meetings with employees of the Couinty Centre for Family Aid, County Labour Office, Voluntary Labour Corps, Police and State Fire Service, in order to familiarise them with the specifics of these institutions' operations. Minors participate in the "Closer to democracy" action along with other local educational institutions and are observers of the Radzionków City Council proceedings. Minors participate in local patriotic holidays (co-organisers of the Wujek Coal Mine pacification).

The **Kraków Youth Educational Centre**, also referred to by the staff as the House of Charity, also conducts different actions towards the girls, coherent with the adopted rehabilitation model. These actions aim to discover values, talents, develop hobbies and prepare minors for proper and self-sufficient life in the society. Implementing proper behaviour and attitudes among the pupils is supported by rewarding them in various forms. The leading aims of educational actions in the centre are as follows:

- correcting improper behaviour and attitudes;
- shaping of personal culture;
- shaping of proper social, patriotic and moral attitudes;
- teaching planning, organisation and a systematic approach;
- shaping of proper interpersonal attitudes;
- training for health prophylaxis;
- recognising and developing talents and hobbies;
- shaping an open attitude towards figures of authority;
- preparing for a self-sufficient life.

The aims are accomplished via the following forms:

- systematic and persistent self-teaching;
- organisation shifts (daily care for cleanness, hygiene and order);
- participation in works of sections and hobby clubs;
- common celebration in groups and in the House of Charity community, during centre celebrations;
- physique care;
- accomplishing self-sufficiency tasks (professional pre-orientation "towards adulthood", "tasks" voluntary work);
- integration and recreation meetings;
- meetings with guests – interesting persons;
- shaping the skills useful in a self-sufficient life.

Achieving self-sufficiency, as in any other centre, is the final phase of the rehabilitation process, aiming at preparing the pupils to undertake a self-sufficient life in the society and to properly function in the basic social roles. In the Kraków institution, it is accomplished by the accomplishment of defined development aims. One of them is to prepare the girls for functioning in various feminine roles with dignity (daughter, sister, colleague, wife, mother).

The next area is to prepare pupils for the proper functioning in professional roles. It is conducted via psychological study and professional direction within the scope of the professional pre-orientation programme. There are group workshops "towards adulthood", specialist (computer, gastronomy), driver's licence, stained glass, and glass mosaic courses.

In turn, preparation for the proper functioning in social roles is accomplished via various training of social skills (interpersonal communication, assertiveness, cooperation and negotiation, constructive means of conflict solving, health prophylaxis, abstinent behaviour, knowledge of particular office procedures and how to perform them swiftly in basic offices and state institutions). Additionally, it aims at teaching pro-social attitudes, altruistic, through working voluntarily for sick children, the lonely and the elderly.

In the Kraków centre, the process of achieving self-sufficiency of pupils is divided into certain essential phases (forms of influence):

- self-governance days: intelligent planning and organisation of the day that is free from school activities, considering the time for rest, learning and developing own hobbies;
- independent leaves aiming at accomplishing a particular task (official works, visits at specialists clinics, shopping, movie theatre, voluntary workplaces, at times – visits at family homes);
- taking care of a younger colleague (filling the "Angel" role), in order to ensure support and aid for the newly arrived colleague ("Soul");
- participation in the professional mobilisation programme – "Towards adulthood" (researching the traits towards performing a particular profession);
- voluntary work allowing to shape social skills, group collaboration, empathy and sensibility for the needs of a second human being;

- shaping of additional skill useful in self-sustainable life (cooking, driver's license, language courses, computer);
- providing support to a self-sufficient person (supportive work, intervention and crisis action in different life situations).

Additionally, at the Kraków institution, there are two self-sufficiency houses, that look no different from the entire infrastructure. They are situated among private family houses near the original centre. There, minors reside – those who are past 17 years of age and their behaviour yields no reason for doubt. In each group there is a shift educator, who is to support the minors. The house of self-sufficiency is equipped in all necessary daily items. The girls have their own budget, and prepare meals by themselves. Each minor may be taken back to the central location of the centre for inappropriate behaviour.

The Kraków centre staff assumes that it is also important to support graduates who made themselves self-sufficient. There are numerous cases, when a given graduate requires help and often uses various forms of support from the directorial board and the pedagogical group. The forms of support include: visits, letters, telephone calls, occasional meetings, the possibility to continue spiritual formation (retreat participation), support in crisis situations, participation in weddings or christening ceremonies.

The final institution where the study took place is the **Namysłów Youth Educational Centre**. The rehabilitation actions that take place there also aim at preparing male youth to leave the institution. To a large degree, they are coherent with those undertaken with two previous centres, but with females:

- independent cooking (kitchen organisation, meal preparation, preparing the menu, buying and managing the food products, learning to use the kitchen appliances, the aesthetics of serving meals);
- learning to use appliances (washing machine, drier, iron), learning the principles of clothing segregation, adjusting the temperature of washing, and agents, acquiring appropriate knowledge regarding safety while using electronic devices, instruments during performing small household tasks;

- hygiene and order;
- preparation of pupils to fulfil social roles (husband);
- taking care of tasks in offices and institutions (teaching to navigate within public benefit institutions and acquiring the skills in terms of acquiring allocation of a dwelling, checking in, issuing documents and material assistance);
- teaching to functioning on the employment market, including self-learning, increasing qualifications, developing hobbies;
- preparation to deal in difficult situations, conflict solving, acquiring the skill to express own feelings and views in a manner that would not infringe the boundaries of other persons, as well as, without the use of aggression, acquiring the ability to independently decide on important things, and to make life important decisions consciously;
- participation in various charity actions;
- teaching the pupils about institutions that support the self-sufficient process: GOPS, MOPS, PCPR, MOPR;
- participation in works for the local community;
- participation in the cultural and educational life;
- strengthening the feeling of national identity, the ties to history and national traditions;
- encouraging participation in patriotic events;
- shaping civic attitudes;
- shaping attitudes towards respecting the tradition and culture of own nation;
- helping to realise that education is a life-long effort.

In the centre located in Namysłów, there was no separate self-sufficiency group, as boys who were place there have been, for a long time, between 17 and 18 years of age. They are minors who have usually experienced being placed in different institutions, and they were relocated to finish the previously initiated phase of education. In result of such proceeding, all pupils are subject to intensive self-sufficiency actions on the educational and legal levels.

Summary

The material gathered allowed to learn the methods and forms of work applied in three youth educational centres, in order to prepare the socially maladjusted youth to a self-sufficient life after leaving. The analysed documentation shows, that the institutions would undertake actions within the scope of the self-sufficiency process, that were related to the following aspects: family, professional, social, civic. The applied methods and forms of rehabilitation work in the examined centres were not essentially different. Analysing the documentations, many obstacles were faced in order to distinguish particular rehabilitation actions. The effort itself may seem mislead, as the lack of the distinction of particular areas may result in omitting the key ones.

Preparation for family self-sufficiency was conducted via thematic workshops, teaching how to function as: mother, father, daughter, sibling, husband, wife. Household courses were organised, using testimonies of different persons who established families. In order to achieve professional self-sufficiency, the aforementioned centres would train primarily on the level of vocational schools and technical schools within a given profession. Moreover, institutions organised courses to improve professional qualifications of the pupils, participated in projects regarding vocational counselling, research was made regarding professional pre-orientation. The centres' staff also encouraged minors to undertake work in their spare time. Preparation for social life was most often accomplished by managing own funds, cooking, shopping planning, teaching personal hygiene principles, keeping in order, conducting trainings in interpersonal skills, independent office chores, as well as, voluntary work participation. In the civic sphere, the minors were introduced to civic rights and obligations, encouraged to participate in state celebrations, and taught the history of Poland.

Preparing to establish a family, selected institutions would primarily encourage minors to participate in voluntary work. The proper places to realise that are the lonely mother houses, care and

education institutions (orphanages), and social aid homes. Spending time in such centres may teach empathy, care, contact with children, elders, the sick, persons in need, as well as, shapes social skills necessary in adult life. An essential solution, the aim of which was to prepare girls for motherhood was applied in the Correctional Facility and Shelter for Minors in Zawiercie. The facility equipped the girls that were striving for self-sufficiency, with simulators that would imitate a child. Each „doll" was programmed so that it would display cry, hunger, the need to change diapers, rocking or closeness, Such project may be conducted successfully among youth educational centres, including boys. The pedagogical staff, while preparing individuals for self-sufficient family life should present to their pupils, what attitudes of their parents are worth of imitating and what are not. The aspect of preparing minors for vocational activity is present already in the phase of directing an individual to an institution by ORE. There cannot be a situation, when a pupil is placed in a given facility only due to there being a vacancy with omission of their individual professional traits. Indicating the location, should be preceded by the examination of professional pre-orientation. The subsequent step is the choice of a proper rehabilitation institution corresponding with test results. Preparation for a self-sufficient social life, as the entire self-sufficiency process is best to be accomplished by creating small heterogeneous groups, implementing family systems, and isolate self-sufficiency groups. Such system allows to individualise educational actions and encourage pupils to undertake independent actions (e.g. shopping, preparing meals, menu planning, official business, managing the budget). Unfortunately many institutions do not decide in favour of creating self-sufficiency groups due to infrastructural and financial reasons. On the other hand, preparation for civic self-sufficiency is often associated with general social functioning, therefore, treated marginally and casually. Regardless, the area may be accomplished by: daily screening of informational programmes (several at best, in order to examine many viewpoints), celebrating national holidays, and indicating differences between them and church holidays, reading and analysis of the Polish Constitution, encouraging to participate in state holidays, displaying the flag together with pupils, encouraging them to participate in the election, not promoting own political views in front of the pupils, and allowing them to develop their own opinion.

Preparing a rehabilitation institution pupil for self-sufficient life, one must remember, that in time he will become an independent citizen. It is the institution, that will influence what citizen he will be. The selection of appropriate methods and forms is key. Legal regulations allowing to receive financial aid are of importance. However, one must remember, that the ability to gain aid for self-sufficiency, and its rational spending afterwards, is connected to proper initial preparation within the institution.

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KRYSTIAN MANICKI
Kazimierz Wielki University in Bydgoszcz, Poland

Telerehabilitation in speech-language therapy as exemplified by aphasic patients. A research review

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The present paper discusses application of telerehabilitation services in speech therapy management in aphasic adults. The author presents theoretical issues related to the specifics of therapeutic effects of at a distance approach and indicates its recipients, focusing on neurological patients with language difficulties. Further on, the author reviews the selected studies on telerehabilitation used in diagnoses and therapies of aphasic speech disorders.

KEY WORDS: aphasia, speech-language therapy, information technologies, telerehabilitation, speech disorders

Introduction

Speech therapy is today, undoubtedly, a very rapidly growing academic and practical field of study both in Poland and in the world. This incredible acceleration in its growth guarantees the development of new approaches to diagnostic procedures and speech disorder therapies. Some trends in contemporary speech therapy easily permeate into the practical sphere and gain approval of therapists, the others become subjects of many disputes and objects of multiple controversies. The second trend is exemplified by application of a wide range of the latest technologies, not only in complementary relation to traditional speech therapy management[1] as well as, or perhaps most of all, as a substitute for the latter. Continuous progress of advanced technologies makes this substitute approach possible through application of telerehabilitation services in therapeutic processes.

Telerehabilitation and its possible applications in aphasic patients

Telerehabilitation is an innovative approach that refers to providing rehabilitation services at a distance using information and communication technologies. The first attempts at its definition were made in the late 90's in the USA. However, it is worth resorting to more recent and complete definition of The American Occupational Therapy Association that perceives telerehabilitation as: *clinical application of consulting, preventive, diagnostic and therapeutic services based on interactive telecommunication technologies*.[2] Such a wide scope of services may be provided in two major ways: synchronous one – based on a constant, real-time communication between a therapist and a patient and an asynchronous one – based on deferred communication, i.e. not requiring the presence of both parties at the same time. The tools aiding the first model include, among the others: chat rooms, audio and videoconference equipment, such as phones, Skype and Zoom. In case of the second approach this covers the instruments such as e-mails, messages and forums.[3]

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[1] In this paper traditional speech therapy approach refers to the therapy performed in person (at a therapist's surgery or a patient's house).

[2] M. Łukowicz, S. Śmigiel, M. Andryszczyk, *Telerehabilitacja*, Wydawnictwa Uczelniane Uniwersytetu Technologiczno-Przyrodniczego, Bydgoszcz 2015, p. 11.

[3] J. Jatkowska, *B-learning w diagnozie i terapii logopedycznej dzieci*, Grupa Wydawnicza Harmonia, Gdańsk 2019, p. 20.

M. Kuciapski, *Podstawowe technologie e-learningowe*, https://www.slideshare.net/mkuciapski/podstawowe-technologie-elearningowe-presentation [05 Aug. 2020].

Telerehabilitation services are dedicated to a wide range of recipients; both children and adults suffering from somatic diseases, consequences of accidents, mental disabilities, hearing difficulties and disorders requiring psychological supports or others including speech pathologies. In English-speaking countries telerehabilitation services are often referred to as *telespeech*. As it appears from literature review main recipients of these services are often aphasic persons.

The logopedic classification of speech disorders developed by Stanisław Grabias places aphasia in a group of disorders associated with the breakdown of communication system. Accordingly, aphasias are perceived as *disorders resulting from cortical damage of all types of competences, manifested by a complete or partial disintegration of all types of competences (sensory aphasia) and/or impairment of the ability to speak (motor aphasia)*.[4] This language deficit may result from many nosological aspects of neurological nature, such as ischemia and hemorrhagic stroke and craniocerebral injuries. However, these are not the only disorders inducing aphasic speech disorders and another group of pathogenic factors includes other brain changes such as tumours and neurodegenerative processes as well as intoxications related to ethyl alcohol or carbon monoxide.[5]

Traditional speech therapies directed at aphasic persons often rely on didactic aids such as workbooks and handouts.[6] First references to possibilities of expanding the existing rehabilitation methods in this group of patients by supplementing the therapeutic process with modern technologies go back to the 80's of the last century. At that time many scholars ventured their bold assumptions that in the near future computers will not only aid but *partially or even completely replace therapists in their work with patients*.[7] Although these predictions

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[4] S. Grabias, *Mowa i jej zaburzenia*, „Audiofonologia" 1997, no. 10, p. 34.

[5] J. Panasiuk, *Afazja a interakcja. Tekst – metaTekst – konTekst*, Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej, Lublin 2013, pp. 58–67.

[6] M. Kręcichwost, Z. Miodońska, *Technologie informatyczne w procesie rehabilitacji logopedycznej na przykładzie terapii afazji*, „Edukacja – Technika – Informatyka" 2015, no. 3(13), pp. 339–344.

[7] M. Pąchalska, *Terapia chorego z afazją*, [in:] Logopedia. Pytania i odpowiedzi. Podręcznik akademicki, vol. 2, eds. T. Gałgowski, G. Jastrzębowska, Wydawnictwo Uniwersytetu Opolskiego, Opole 2003, p. 764.

Table 1. Review of selected studies on the use of telerehabilitation in aphasia

Study			Study description	Study results
Authors	Country	Study aim		
Anne J. Hill et al. 2009	Australia	Determination of the effects of aphasia on the possibility of evaluation of speech disorders via telerehabilitation services.	32 aphasic participants were simultaneously evaluated with two methods, i.e. telerehabilitation and direct one (face to face) based on BDAE and BNT. The first type of diagnostics, developed by the Queensland University, was provided by the system allowing for online evaluation. The subjects were grouped in accordance with the advancement of aphasic speech disorders and the analyses of the obtained data were performed by 22 evaluators.	The results showed that the grade of aphasia advancement did not significantly affect the accuracy of telerehabilitation assessment of the majority of BDAE battery (the exceptions were the attempts of naming and paraphasia evaluation). Moreover, the obtained results in direct and telerehabilitation modes were compared with regard to each grade of advancement.
Michela Agostini et al. 2014	Italy	Comparison of therapies for naming disorders in patients with aphasia of various types of speech therapy (traditional and at a distance).	The study included five of 32 patients who previously suffered from ischemic stroke of the left hemisphere and had speech difficulties. The studied patients had anomic deficits diagnosed by AAT and at the same time showed no other disorders with regard to attention focus or non-verbal intelligence. All participants received two types of therapies: direct (face to face with a therapist in the study) and “tele” one. Some patients started sessions in person, others online. Each type of a therapeutic program encompassed 8 equally long sessions. In each session the patients performed tasks based on naming objects or activities shown in pictures. There was	The evaluation performed directly after each cycle of therapy of naming deficits showed a significant improvement. No significant differences were found with regard to the type of performed activities. The authors of the study, considering the above, believe that telerehabilitation of post-stroke patients with aphasia is probably as effective as a conventional therapy performed face to face. Moreover, no participant reported major difficulties while using the video conference platform.

			a 3-week break with no therapies between both cycles.	
Yoon-Hee Choi et al. 2016	South Korea	Elaboration and efficacy evaluation of telerehabilitation program for chronic post-stroke aphasia on mobile devices.	Eight patients with chronic post-stroke aphasia were included in a 4-week inperson speech therapy program using iAphasia mobile application on an iPad. At the beginning, the participants were asked to take part in the test on a mobile device, designed based on Korean abridged version of FAST test. In order to evaluate the effectiveness of iAphasia program also, before and one month after the therapy, the exam based on WAB, Korean version, was performed. Telerehabilitation program included 6 therapeutic domains and encompassed: listening comprehension, reading comprehension, repeating, naming, writing and verbal fluency. Each domain included 6 levels of difficulty out of which a speech therapist, considering the results of the above studies, selected the most appropriate one for each subject. The subjects were asked to use the application as often and as long as possible.	After a 4-week therapy using iAphasia application the mean results of WAB were significantly higher in comparison with the results obtained before the program (the differences were observed in all 6 domains). One month after the therapy completion the performed evaluation confirmed the sustained improvement. Also, it has been proved that the time spent using the application highly correlated with the increased WAB scores.
Joël Macoir et al. 2017	Canada	Evaluation of telerehabilitation effectiveness performed in order to improve functional communication in aphasia.	Using telerehabilitation platform and software based on PACE approach 20 participants with chronic post-stroke aphasia underwent 9 speech therapy sessions in 3 weeks. The conducted activities relied on synchronous model and required the presence of a carer of an aphasic person. The study included only these persons that	A few week long PACE telerehabilitation led to improved functional communication manifested by better effectiveness of communication, shorter time of information exchange between speakers and increased usage of communication channels.

			showed the features of anomy, were critical towards their own limitations regarding speech and did not use traditional speech therapy.	
Qiumin Zhou et al. 2018	China	Evaluation of effectiveness of combined speech therapy and cognitive training in aphasic patients using telerehabilitation.	The study involved 40 patients, including 20 hospitalized and 20 discharged ones. In both groups the subjects were randomly allocated either to a study subgroup or a control subgroup (10 persons in every group). Each of the 4 subgroups had a differrent therapy: • hospital study group – computerized combination of speech therapy and cognitive training for 14 days; • hospital control group – routine therapy 2 times a day for 14 days; • discharged study group – everyday 30-minute communication practice on family related topics combined with a 30-minute speech therapy telerehabilitation and cognitive training for 30 days; • discharged control group – everyday communication practice on family related topics 2 times a day for 30 minutes for 30 days. Speech therapy mode included tasks of listening comprehension, reading comprehension, repetition, naming and writing. Cognitive mode involved the tasks related to attention, memory and executive functions.	Combination of speech therapy and cognitive training improved general scores related to verbal speech, and consequently, everyday communication skills. Therapeutic program including hospitalized study group also proved effective when it was implemented in telerehabilitation mode for discharged study group (persons who had been already discharged home). The authors of the study conclude that a computerized speech therapy with cognitive training, either performed in a hospital setting or as telerehabilitation in in-home setting, may successfully support the process of recovering from aphasia.

Stephan Moreno Gerber et al. 2019	Switzerland	Application evaluation: *Bern Aphasia* in telerehabilitation of aphasic persons.	11 speech therapists and 15 aphasic patients were included in the study based on adaptative and multimodal *Bern Aphasia* application evaluation for a tablet. It is composed of two basic parts: patient's interface and therapist's interface. It enables the patients to do language tasks autonomously in a home setting and therapists to allocate personalized task remotely in an easy and time-saving manner, as well as to follow the progress of patients and to create new tasks. Patients and therapists, with the use of questionnaires, assessed the application for its usefulness and motivation.	Regarding its usefulness the patients evaluated the application as perfect and the therapists, as good. The patients stressed that they liked doing tasks and both groups emphasized that the application is user-friendly. The authors of the study note that the function of difficulty gradation allows for usage of applications in aphasic patients at varied levels of advancement. Therefore, it may complement a traditional speech therapy.

Source: own work on the basis of the analyzed papers.

have not come true entirely there is an indisputable fact that is worth stressing showing that more and more often these tools are used by speech therapist during sessions with patients. The studies of Joanna Gruba prove that in 2008 almost 90% therapist used a computer during therapies.[8] It might be assumed that today this percentage is even higher. This concerns high-technology applications that complement a traditional speech therapy procedure carried out in person.

Alarmingly increasing numbers of patients suffering from aphasia[9] imply decreasing availability of rehabilitation centers offering comprehensive care of speech therapists. Thus, scholars are continuously searching for new strategies that are aimed at providing care to people with speech difficulties by ensuring proper diagnostics and therapies in home settings. This type of activities appear to allow for two above-described models of telerehabilitation. However, in order to implement such unconventional type of care dedicated to aphasic patients its value should be first properly and scientifically proved.

Faced with the above the review of selected papers was performed concerning the applied rehabilitation at a distance in this group of recipients. The analyzed material is collected in the table below.

Discussion

The development of advanced technologies and informatization of societies lead to revolution of the hitherto existing forms of rehabilitation practices. In many highly-developed countries providing services at a distance using telecommunication devices more and more often refers to doctors and physiotherapists as well as speech

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[8] J. Gruba, *Technologia informacyjna w logopedii*, Wydawnictwo Komlogo, Gliwice 2009.

[9] J. Rosińczuk, M. Kazimierska-Zając, A. Kołtuniuk, *Diagnoza i terapia logopedyczna pacjenta z afazją mieszaną*, „Forum Logopedyczne" 2016, no. 24, pp. 139–151.

therapists. Therefore, it is natural that scholars are interested not only in verifying the effectiveness of already implemented telerehabilitation tools for speech pathology therapies but also in developing new programs and applications for patients with speech difficulties.

The above-described studies focused on a possible application of speech therapy telecommunication techniques in post-stroke patients with aphasia. As part of each approach the patients were involved in distant therapeutic intervention and in some cases also in diagnostic evaluation. The authors of the studies stress the greatest assets of this type of approach, such as the elimination of inconveniences related to transportation to a therapeutic centre and related savings of time and costs, as well as the limited number of specialists needed near a patient's location. It is also a good alternative for persons who have walking difficulty due to motor disability. When analyzing the results of all six studies telerehabilitation should be also perceived as beneficial with regard to therapeutic effects. However, very small groups of study subjects (mostly consisting of a few or several persons) raise certain objections. They are referred to by the very scientists who advocate performance of further, deeper studies, including more subjects.

Despite certain features highlighting positive effects of telerehabilitation on people with aphasia this approach carries certain limitations. In author's opinion, the most critical one is the lack of direct contact with a patient as it affects to therapy success. Similar attitude is represented by Monika Stepnowska, Kinga Leszczyńska-Iwanicka and Dorota Piotrowska.[10] Although these scholars refer to psychological consultations provided at a distance the author of this paper deeply believes that an identical reservation concerns speech therapy at a distance, including aphasia telerehabilitation. In case of aphasic disorders language deficits are often revealed in the sphere

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[10] M. Stepnowska, K. Leszczyńska-Iwanicka, D. Piotrowska, *Wsparcie psychologiczne w telerehabilitacji*, [in:] Telerehabilitacja, eds. R. Piotrowicz, E. Piotrowicz, Wydawnictwo Tekst, Warszawa 2011, pp. 70, 74.

of speech production. It is when non-verbal communication is very important in the relation between a patient and a therapist as it helps to convey information through mimic, gestures, eye contact, posture and body movements and touch. Therefore telerehabilitation hinders, particularly in an asynchronous model, this form of communication.

Another objection raises application of telerehabilitation in speech therapy management for diagnostic purposes. This is exemplified in case of combination of aphasic speech disorders with other deficits related to peripheral nerve palsy, which requires a polysensory attitude from a therapist, who will employ sight, hearing and touch, for evaluation of articulation and swallowing. Inability to use the last of the above-mentioned senses may result in many difficulties and thus, in incomplete or improper diagnostics.

Here it needs to be stressed that the presented doubts and remarks are not meant to undermine telerehabilitation methods or techniques applied in speech therapies of aphasic persons or others who need support of a therapist. It is very important to realize, though, that there are certain limitations which hinder the comprehensive exploitation of telerehabilitation potential of speech therapy.

Conclusion

It appears that regardless of critical opinions, even the ones that are convincing and well-grounded, the overall balance of pros and cons of telerehabilitation speech therapy is positive. Thus, it might be expected that soon it will become a popular form of speech therapy management; perhaps not an alternative yet, but surely a complementary approach to a traditional method. Nevertheless, even today in certain cases it is the only available option that has been particularly highlighted by COVID-10 pandemic. Faced with limited access to medical care facilities and speech therapy offices many patients have a difficult decision to make of either choosing a speech therapy at a distance or no therapeutic approach at all.

This choice appears obvious but it depends not only on the access to modern technologies but also, perhaps above all, on psychophysical abilities of a patient.

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REPORTS

Interdisciplinary Contexts of Special Pedagogy
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Marta Cholewa
University of Adam Mickiewicz Poznań, Poland

Marzena Machoś: Short lingual frenulum in newborns and infants diagnosis and treatment GooGoo 2020 Publishing

“Short lingual frenulum in newborns and infants – diagnosis and treatment” is the latest book by Marzena Machos, PhD. The author undertook the subject which is important for a group of ENT specialists, speech therapists and neurologopedists. However, she also presented and justified the importance of the topic from a broader medical perspective, thus expanding the list of recipients with lactation advisers, orthodontists, paediatricians, physiotherapists, early support therapists and all specialists who present a holistic approach to the assessment of the patient’s condition. The publication is characterized by a high scientific value, accuracy of description and an original way of presenting the topic.

In the first part of the book, the author refers to the literature dealing with the lingual frenulum. The Polish literature contains numerous descriptions of the examination of tongue mobility, the test which is used to evaluate the frenulum in older children. Specialists in the broad issue of the speech development, with no hesitation, cite the publications by Barbara Ostapiuk as a reliable source of the tongue mobility assessment. Danuta Pluta-Wojciechowska provides a description of the procedure for examining the frenulum in infants. Tomasz Sioda supplements this description and draws attention to the aspect of inheriting the short frenulum. The author also mentions English-language references. This short overview is the basis for further considerations and a lodestar for those interested in this subject. According to the introduction, the publication is not only the result of an in-depth analysis of the available research, but above all a summary of diagnosis, observation and treatment of 118 infants with ankyloglossia. It is worth mentioning that at the time of releasing this book, the author published another item "Short lingual frenulum in newborns and infants – examination protocol". This information is essential because each point of the protocol has been thoroughly described and explained in the book. The protocol contains observation cards, to which the book refers by giving detailed instructions. By placing the protocol cards on the last pages of the book, the author ensured the reader an access to this material which is useful when studying the content of the book.

A few words about the frenulum. A short presentation of the issues discussed by the author will highlight the complexity of the subject. There are five frenuli in the mouth: lingual frenulum, frenulum of the upper lip, frenulum of the lower lip and buccal frenulum. The structure and attachments of the frenulum are also important. The tongue is an anchored muscle, and therefore it has its own frenulum, which is a remnant of the process of separating the tongue from the floor of the mouth. The structure of the frenulum can vary individually. A short lingual frenulum is one of the most common diagnoses made by speech therapists in newborns suffering suction disorders. According to the author, the knowledge of the structure of the oral cavity and its elements is crucial for assessing the limitations caused by a short lingual frenulum. Although the diagnosis of ankyloglossia is made both in children and adults, the correct structure of the frenulum is particularly important in the neonatal period and infancy. A short lingual frenulum may cause difficulties in maintaining the resting position of the lips and tongue, digestion and postural development. A diagnosis of ankyloglossia is of key importance for proper feeding of infants because the condition results in the improper handling and transport of food. Sucking the breasts involves a complicated process of integrating the activity of the muscles of the tongue which perform several different movements simultaneously: holding the nipple, generating negative pressure in cooperation with the cheeks, making movements forward and towards the throat. A little child has to face two challenges, firstly, ensuring the correct function of the tongue, secondly, coordination of sucking, breathing and swallowing. A short frenulum causes abnormalities in primary functions and their transformation into parafunctions. In older children, the condition has a negative impact on articulation. This is due to the fact that sucking the breasts in the neonatal period and in early infancy is a training for food intake with a spoon and cup, with the entire period of infancy being an introduction to learning speech.

A diagnosis of the short frenulum is made by inspection and palpation. In the next part of the book, Marzena Machos thoroughly presents the observation protocol making numerous digressions and describing the subsequent parts of the protocol. The analysis covers the resting position of the lips and tongue, the impact of breathing on the development of orofacial syndrome, the motor function of the tongue and the place of attachment of the lingual frenulum. All these areas are described along with the basic principles and technical difficulties in performing the examination, and this is an extremely valuable part for practitioners. The next step is to observe the baby while feeding; this part is widely illustrated with photos and detailed descriptions. Whoever participated in the author's training understands the importance of reflexes, which have also been described in detail. The author's great experience in the multidimensional perception of reflexes make all her comments valuable hints for specialists. The book also presents the information on enriching a diet of small patients, as well as contains the indications for working with a child after phrenotomy, i.e. undercutting the lingual frenulum.

The author in a simple and professional manner complements and clarifies the knowledge of short frenulum. These two adjectives are not mutually exclusive; the use of this kind of language is extremely valuable. The latest book by Doctor Marzena Machos allows the reader to assimilate the material in a very illustrative way, not only thanks to descriptions, but also numerous photos and illustrations. The paper documents the diagnosis and treatment of 118 cases, which is particularly important and valuable, because such a research group is still a rarity among Polish speech therapy studies. We would like to warmly thank the author for sharing her workshop in such a detailed and orderly manner.

Dear readers of the book "Short lingual frenulum in newborns and infants", please appreciate also the aesthetic aspect of the publication. This review confirms the great value of the publication which contains three hundred pages of ready-made exercises and recommendations on how to prepare parents and a young patient for the diagnosis and the procedure of phrenotomy. The book meets the highest standards of quality and aesthetics in terms of editing. The recurring theme of pastel colours, consistent graphic design, the use of a symbol of string to illustrate the frenulum and the presentation of study results on cards confirm careful and insightful preparation of the publication on every level. Without a doubt, all these aspects help a reader assimilate and remember the content of the book.

If you follow the scientific activity of the author, it is easy to notice the characteristic graphic aspect which is consistent with her previous publications. Thus, the book is a continuation of the previous works of the author. The drawings allow to recognize Dr Marzena Machos' books by style. We can conclude that the Doctor created her own unique publication brand.

I recommend the book "Short lingual frenulum in newborns and infants – diagnosis and treatment" for specialists to enrich their workshop and use the recommendations and advice in practice. A correct diagnosis of ankyloglossia, made with the help of this publication, gives little patients a chance for the harmonious and undisturbed development. For parents, the book provides support and understanding, as well as explanation of the difficulties they encounter when feeding their babies.

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WYDAWNICTWO NAUKOWE UNIWERSYTETU IM. ADAMA MICKIEWICZA W POZNANIU
61-701 POZNAŃ, UL. FREDRY 10
www.press.amu.edu.pl
Sekretariat: tel. 61 829 46 46, faks 61 829 46 47, e-mail: wydnauk@amu.edu.pl
Dział sprzedaży: tel. 61 829 46 40, e-mail: press@amu.edu.pl

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