

dr hab. Teresa Żółkowska prof. US

University of Szczecin

Introduction

Special pedagogy – conceptions and the reality

Disability is a social phenomenon, which analysis is very often based on comprising with everything what is connected with normality or health. This comparison depends often on describing dissimilarities which characterize those two phenomena. Trials of explaining these dissimilarities can be found, for instance, in the disability conceptions¹. In our cultural-historical development disability conceptions have evaluated from breaking the norms and social laws and from ignoring the dignity of disabled people. Through approach in which helplessness used to lead to hostility, dislike or aversion to those people. Then through the humanistic approach, which has an effect on attitudes and behaviors of as well society as disabled people, also their needs and rights are too much exposed while there is a scares of conceptions and possibilities of their satisfying. Till the approach, which is based on citizen-individual model of supporting disabled person, providing her or him opportunities of living with their families, attending to public schools, and having job in workplaces within open market. Hence treating disabled people as citizens – members of society, having their full rights, capable of co-creating their own local environment, controlling and projecting programs of opportunities equalization , capable of self-determination and subjective relationships with others ².

At the moment in Poland we are in the transitional period between medical-subjective perspective to humanistic – subjective conceptions of disability.

¹ Dykcik W., Pedagogika specjalna, Poznań 2001; Żółkowska T., Wyrównywanie szans społecznych osób z niepełnosprawnością intelektualną- uwarunkowania i obszary, Szczecin 2004; Żółkowska (2004) Od medyczno-przedmiotowych do humanistyczno-podmiotowych koncepcji niepełnosprawności, Wrocław, Sowa J., Wojciechowski F., Proces rehabilitacji w kontekście edukacyjnym, Rzeszów 2001.

² Dykcik W., Pedagogika specjalna, Poznań 2001; Mrugalska K., Rewalidacja upośledzonych umysłowo, "Praca Socjalna" 1995, nr 1; Knoll, From community-based alternatives to inclusion communities, "Inclusive Communities" 1992, nr 1; Bradley V. J., Evolution of a New Service Paradigm, (w:) Creating Individual Supports for People with Development Disabilities. A Mandate from Change at Many Leves, Balitimore 1994.

In medical-subjective disability conception, which is still present in our reality, problems, which are constantly met by disabled people, are treated as a consequences of an illness or invalidity³. The labels such as 'ill' or 'invalid' are often following the medical diagnosis⁴.

As many researches show⁵, just because the problem is diagnosed, people who are described to be ill are additionally given many new features which are a part of the stereotype of an ill person such as invalid, stupid or crippled⁶. Frankly, those features do not necessarily possess disabled people. Ill people are perceived as not responsible for their health condition, and this condition is treated as something bad and unwanted.

According to these principal, directions of researches and practical actions in frame of that conception there are some factors which allow disabled people to accept their limits and facilitate them to have better accommodation for external conditions of environment.

Conception stresses mostly people's motivation for taking action, which could improve her and improve her social functioning consisted with present norms and models. In the very beginning of realization this assumption it can be found practically many opinions, which values what is good or what is bad for disabled person and treats departure from this norms as failures of the adaptation process.

This way of thinking is favorable for many professionals, who lead the process of rehabilitation; aims of their activity are unquestionable and failures are interpreted as special adaptation failures or a lack of motivation disabled person⁷.

Medical-subjective conception in her extremity makes disabled person responsible for her life problems⁸.

The conception about disability is the humanistic-subjective conception. It extracts different way of thinking about disability. The most important is human being and his or her laws and needs⁹. This conception assumes also another way of thinking concerning disabled people in society. In the

³ Błęzyńska K., *Niepełnosprawność a struktura identyfikacji społecznych*, Warszawa 2001; Sowa J. Wojciechowski F., op. cit.; Ossowski R., *Teoretyczne i praktyczne podstawy rehabilitacji*, Bydgoszcz 199; Żółkowska T., op. cit.

⁴ Bogdan R., *Co mówią ludzie niepełnosprawni i zaetykietowani jako opóźnieni w rozwoju umysłowym*, w: *Upośledzenie w społecznym zwierciadle*, red. Gustavsson A., Zakrzewska-Mantersys E., Warszawa 1997, s.264.

⁵ Borzyszkowska H., *Izolacja społeczna rodzin mających dziecko upośledzone umysłowo*, Gdańsk 1997; Błęzyńska K. op. cit.; Dykcik W., *Problemy autonomii i integracji społecznej osób niepełnosprawnych w środowisku życia*, w: Dykcik W., *Pedagogika specjalna*, Poznań 1998, inni.

⁶ Borzyszkowska H., op. cit.; Błęzyńska K., op. cit.; Dykcik W., *Problemy autonomii...*, op. cit.; inni.

⁷ Roessler R., Bolton B., *Psychological adjustment to disability*. Przytaczam za: S. Kowalik, *Wybrane psychospołeczne problemy niepełnosprawności i rehabilitacji*, w: H. Sęk (red.), *Spoleczna psychologia kliniczna*, Warszawa 1993, s.446 i nast.

⁸ Sowa J. Wojciechowski F., op. cit., s. 35.

⁹ Żółkowska T., op. cit.

context of this next modern conception, the problem is not in the physical or psychological limitation of each individual, but rather the limitation of environment, which creates barriers.

In practice, according to assumptions of his model, it is necessary to change supporting certain person in her or his adaptation to the society into thinking how and if the society is prepared to adjust given pattern of behaving and expectations to possibilities of disabled people. Architectural barriers are not in this context product of weakness of disabled people, but rather the "disability" of the society. Humanistic-subjective conception of disability rejects thinking about this phenomenon in category of individual pathology but it rather thinks about material deficits and social environment¹⁰.

Disability is created by individual prejudices, having difficult access to public usefulness, unadjusted transport, segregation in education, discriminative results in market. Disability is a social problem¹¹.

Practice shows some limitations in realization of described aims and in realization the concept accordingly to the humanistic-subjective model.

Subjectivity of disabled person, integration and normalization are the phenomena that are subject to evolution, have their own long history, they are the change of paradigm, which is in the aftermath of social transformation. As results and many practical experiences show, described conceptions do not have general acceptance.

It has appeared, however, that most of the subjectivity issues or those concerning integration or normalization are concentrated on rhetoric. The ideology not always can be transformed into practice.

For many people who propagate it, it is often more important than real needs of disabled people. As a society we accept the humanistic-subjective conceptions about disability, but only those which are moved away in time and space. We do not possess any individual willingness for taking action in advantage of disable people, though¹². Acceptation or maybe just toleration is apparent. One of causes of this seemingly acceptance are constant social-economy changes.

¹⁰ Gałkowski T., *Nowe podejście do niepełnosprawności. Uporządkowanie terminologiczne*, „Audiofonologia” 1997, nr 10, s. 159-164.

¹¹ Daunt P., *Uddannelse, rehabilitering og integratio of handicappede i det europaeske fallestskab*, Skolepsykologi 1988, vol. 23, s.45 i nast.

¹² Żółkowska T., *Przesłanki humanizacji życia osób niepełnosprawnych. Idealne koncepcje a twarda rzeczywistość*, w: *Złożoność edukacji humanistycznej jako przedmiot badań i analiz naukowych*, red. T. Strawa, Szczecin 2003.

We live in times, where there are many social changes, disability conception as well as other ideas in also constantly changing¹³. Thanks to many social transformations in the beginning of XIX century the worth of disabled people has rapidly raised. It appeared that disabled person had many new development possibilities and many different chances.

On the other token, those changes created many limitations and other obstacles. In most cases in that social group instead of new chances social changes proposed marginalization and excluding from society. Today, humanistic concepts concerning disabled people and providing them certain economical status become less coherent¹⁴.

The present is departure from caring country, these are changes in economy and in social life¹⁵. These are huge changes, often exceeding adaptation possibilities not only disabled people. Labor is an estimator of social status, accordingly to the rule - you work you are a consumer .If you do not work you are excluded from the society. In the ideas of present times we can found many possibilities of having free choices, bigger toleration and new social-cultural values.

It has appeared for many people that having free hand in making choices is very limited because of changing social conditions in work, culture, market in values and social norms¹⁶. In the case of people mentally retarded, the majority is still not ready for those changes¹⁷.

It has appeared, however, that today's claims, which cover creativity and availability appeared to be a factor disturbing development and independent living people mentally retarded. The cause was the lack of right preparation, limited opportunities for competitiveness rivalry as well in education as in work.

In these new conditions, mentally retarded people not only do not have the possibilities to become independent subject, but also very often he or she become to function in the way which is not socially accepted. As many research shows, the limitation for human in his or her subjectivity diminishes the quality and quantity of activities, develops helplessness and falling into submissiveness or just passive falling under nature and lot forces.

The appearance of the feeling of being addicted may give the sense of security and comfort which is connected with the lack of responsibility, but on the other hand may lead to revolt, perverseness

¹³ Fairbairn G., Fairbairn S., *Integracja dzieci o specjalnych potrzebach*, Warszawa 2000.

¹⁴ Ibidem.

¹⁵ Baumann Z., *Ponowoczesność jako źródło cierpień*, Warszawa 2000.

¹⁶ Szkudlarek T., *Wiedza i wolność w pedagogice amerykańskiego postmodernizmu*, Kraków 1993

¹⁷ Baumann Z., *Globalizacja i co z tego wynika*, Warszawa 2000.

or aggression¹⁸. So the failure to satisfy today's reality requirements makes mentally retarded people concentrated on satisfying his or her own basic needs such as security need instead of satisfying need of development.

Mentally disabled may find mechanisms of social living very sophisticated. They need to be given a lot of help in order to acquire competence in functioning within social settings. Everyday life provides us with a lot of information and experiences, showing not only the apparent but also harmful actions of people and institutions which were qualified to help mentally retarded. Those actions can be found in policy, social welfare, education, work and health services aspects.

Discussed actions are; improper integration based only on educational actions and within it improper students selection for integration classes, bad material-technical conditions, not prepared cadre of supporting pedagogues.

In Poland none of the Universities can prepare pedagogues, who could be qualified for working with children with many various disabilities. Children with many various development disabilities are highly probable to be a part of integration group. Local authorities more often postulate that total integration is more efficient than partial integration.

It has appeared, however, that the real cause of initiating total integration is not a child's good, but saving issues. A child's good argument is the most common used for propagating total integration. But can we say that child's good is an obligation to learn and stay with their peers (where there is no integration competence) or the possibility of gaining successes among disabled children?¹⁹

Within the frame of normalization the most common activities are trials to normalize mentally retarded people not their surroundings. If conditions, for example to independent living in the environment with supporting housing, would be created then it was clearly showed that the realization of this ideas in Poland lead to isolation people with disability.

Reasons of that effect are different, for example the lack of proper conceptions, bad organization, human, or just not enough prepared local environment full of barriers as well as physical and psychosocial.

In the frame of life normalization we offer mentally retarded adults either sitting at homes and watching how other normal people live or residence in 24-hours institutions where they experience 24-hour, professional care, which is consistent with care procedures or mentally retarded people

¹⁸ Reykowski J., *Podmiotowość – szkic problematyki*, (w:) Buczkowski P., Cichocki R. (red.), *Podmiotowość; możliwości, rzeczywistość, konieczność*, Poznań1989, s. 204.

¹⁹ Rowley, *Jak budować szczęśliwą przyszłość osób z niepełnosprawnością intelektualną*, w: *Integracja dzieci o specjalnych potrzebach*, red. Fairbain G., Fairbain S.,Warszawa 2000, s. 153 i nast.

can fulfill themselves in many, various forms of therapy in the isolation from worries and daily hassles.

This last form is, however, possible only there, where are active leaders of governmental or nongovernmental social help. This normalization is nothing more than passive sitting in the family houses or active spending their free time with the chocolate box.

In general population, stresses M.Kwiatkowska, there is less than 1 % of artists, whereas among mentally retarded people there are almost only potters, painters, sculptors or weavers. Chocolate boxes are still taking part in race for cognition, creating the most original techniques for innovative using cardboard roll from toilet paper, buying new ceramic stove or more computerized sewing machine, organizing journeys to many undiscovered places, employing new exotic artist or specialist, organizing event and inviting The Biggest just in order to show off in mass media²⁰.

The participations of retarded people in the social life looks now in Poland much better than it used to be few years ago. But the direction in which goes this participation needs to be verified. This, what is proposed now is nothing else than another trial of making disabled people subject of humanitarian care.

After the period of working out new assumptions, new humanistic conceptions, alignment of chances of mentally retarded people, which they didn't have in the previous periods, when they were forgotten and even dehumanized, deprived of their rights the new period appeared. In the new period the society have a need for giving mentally ill an opportunity for satisfaction by participating in the life and by gaining new competence for that participating.

But there is another question, where will retarded people participate in his life? Maybe there is a time for providing new conception-conception of participating²¹.

The future of disabled depends on us. The following monograph includes many conceptions and practical solutions, which can be basis for creating dignified participation of disabled in society.

The following monograph concerns both conceptions and practical solutions elaborated by many representatives of polish important academic institutes, which are subject to basis of conditions creation for dignified participation retarded people in the society.

²⁰ Kwiatkowska M., Kim chciałbyś zostać, (w:) Aktywizacja zawodowa uczniów z upośledzeniem umysłowym w stopniu znacznym i umiarkowanym, p. red.Piszczyk M. Warszawa 2003, s. 130 i nast.

²¹ Nowicka-Kozioł M., *Odpowiedzialność w świetle alternatyw współczesnego humanizmu*, Warszawa 1997; Kowalik S., Brzeziński J., *Diagnoza kliniczna*, w: *Spółeczna psychologia kliniczna*, red. H. Sęk, Warszawa 1993, s. 210-211.

I would like to thank each author of essay and send them my appreciation for effort put in paper's preparation, for their highly professional level, and for their purpose in expanding as well theory as practice of special pedagogy.

Moreover, I would like to thank prof. dr hab. Helena Łaś and prof.dr hab. Czesław Kosakowski for reviewing the materials and for their kind critiques and suggestions, which determined the high, substantial and professional level of this book.

References

1. Baumann Z., Globalizacja i co z tego wynika, Warszawa 2000.
2. Baumann Z., Ponowoczesność jako źródło cierpień, Warszawa 2000.
3. Błęszyńska K., Niepełnosprawność a struktura identyfikacji społecznych, Warszawa 2001.
4. Błęszyńska K., Niepełnosprawność a struktura identyfikacji społecznych, Warszawa 2001.
5. Bogdan R., Co mówią ludzie niepełnosprawni i zaetykietowani jako opóźnieni w rozwoju umysłowym (w:) Upośledzenie w społecznym zwierciadle, red. Gustavsson A., Zakrzewska-Manersys E., Warszawa 1997.
6. Borzyszkowska H., Izolacja społeczna rodzin mających dziecko upośledzone umysłowo, Gdańsk 1997.
7. Borzyszkowska H., Izolacja społeczna rodzin mających dziecko upośledzone umysłowo, Gdańsk 1997.
8. Bradley V. J., Evolution of a New Service Paradigm, (w:) Creating Individual Supports for People with Development Disabilities. A Mandate from Change at Many Leves, Balitmore 1994.
9. Daunt P., Uddannelse, rehabilitering og integratio of handicappede i det europaeske fallesskab, Skolepsykologi 1988, vol. 23.
10. Dykcik W., Pedagogika specjalna, Poznań 2001.
11. Dykcik W., Problemy autonomii i integracji społecznej osób niepełnosprawnych w środowisku życia, (w:) Dykcik W., Pedagogika specjalna, Poznań 1998.
12. Fairbairn G. Fairbairn S., Integracja dzieci o specjalnych potrzebach, Warszawa 2000.
13. Gałkowski T., Nowe podejście do niepełnosprawności. Uporządkowanie terminologiczne, „Audiofonologia” 1997, nr 10.
14. Knoll, From community-bared alterntives to inclusion communities, “Inclusive Communities” 1992, nr 1.
15. Kowalik S., Brzeziński J., Diagnoza kliniczna, (w:) Społeczna psychologia kliniczna, red. Sęk H., Warszawa 1993.
16. Krauze A., Integracyjne złudzenia ponowoczesności, Kraków 2000.
17. Kwiatkowska M., Kim chciałbyś zostać, (w:) Aktywizacja zawodowa uczniów z upośledzeniem umysłowym w stopniu znacznym i umiarkowanym, red.Piszczek M. Warszawa 2003.
18. Mrugańska K., Rewalidacja upośledzonych umysłowo, „Praca Socjalna” 1995, nr 1.
19. Nowicka-Koziół M., Odpowiedzialność w świetle alternatyw współczesnego humanizmu, Warszawa 1997.
20. Ossowski R., Teoretyczne i praktyczne podstawy rehabilitacji, Bydgoszcz 1999.
21. Parsons T. (1969) Struktura społeczna a osobowość, Warszawa
22. Reykowski J., Podmiotowość – szkic problematyki, (w:) Buczkowski P., Cichocki R. (red.), Podmiotowość; możliwości, rzeczywistość, konieczność, Poznań 1989.
23. Roessler R., Bolton B., Psychological adjustment to disability. Przytaczam za: S. Kowalik, Wybrane psychospołeczne problemy niepełnosprawności i rehabilitacji, (w:) H. Sęk (red.), Społeczna psychologia kliniczna. Warszawa 1993.
24. Rowley, Jak budować szczęśliwą przyszłość osób z niepełnosprawnością intelektualną, (w:) Integracja dzieci o specjalnych potrzebach, red. Fairbain G., Fairbain S.,Warszawa 2000.
25. Sowa J. Wojciechowski F., Proces rehabilitacji w kontekście edukacyjnym, Rzeszów 2001.
26. Szkudlarek T., Wiedza i wolność w pedagogice amerykańskiego postmodernizmu, Kraków 1993.
27. Żółkowska T., Przesłanki humanizacji życia osób niepełnosprawnych. Idealne koncepcje a twarda rzeczywistość, (w:) Złożoność edukacji humanistycznej jako przedmiot badań i analiz naukowych, red. Strawa T., Szczecin 2003.

28. Żółkowska T. Od medyczno-przedmiotowych do humanistyczno-podmiotowych koncepcji niepełnosprawności, Wrocław 2004.
29. Żółkowska T., Wyrównywanie szans społecznych osób z niepełnosprawnością intelektualną, Szczecin 2004.