Konteksty Pedagogiczne

PEDAGOGICAL CONTEXTS

nr 2(13)/2019

ISSN: 2300-6471

2(13)/2019

Konteksty Pedagogiczne

Pedagogical Contexts

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Pedagogical Contexts

CZASOPISMO RECENZOWANE / PEER REVIEWED JOURNAL
Lista recenzentów jest drukowana w ostatnim numerze danego roku
List of reviewers is printed in the last issue of the journal of the year

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ISSN: 2300-6471

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Czasopismo indeksowane w bazie Index Copernicus, POL-index, CEEOL, CEJSH, Google Scholar, Śląska Biblioteka Cyfrowa
Journal indexed in Index Copernicus Journals Master List, POL-index, CEEOL, CEJSH, Google Scholar, Silesian Digital Library

Czasopismo afiliowane na Akademii Techniczno-Humanistycznej w Bielsku-Białej
The journal is affiliated by the University of Bielsko-Biala

Tłumaczenie zawartości 12, 13, 14 i 15 numeru czasopisma „Konteksty Pedagogiczne" i ich wydanie – zadanie finansowane w ramach umowy 462/WCN/2019/1 ze środków Ministra Nauki i Szkolnictwa Wyższego w ramach programu „Wsparcie dla czasopism naukowych"

Translation of the content of the 12th, 13th, 14th and 15th issues of "Konteksty Pedagogiczne" ("Pedagogical Contexts") and their publication was financed under contract no. 462/WCN/2019/1 with funds from the Ministry of Science and Higher Education of the Republic of Poland within the program "Support for scientific journals"

Ministerstwo Nauki i Szkolnictwa Wyższego

Druk czasopisma sfinansowany przez Akademię Techniczno-Humanistyczną w Bielsku-Białej
Printing of the journal was financed by the University of Bielsko-Biala

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Table of Contents

Preface

The following issue of the journal is devoted to the notion of inclusion and problems related to it, as it is currently a subject of extensive debates undertaken in various environments. Inclusion, a prerequisite for social integration, is based on the belief that everyone has the right to co-create and participate in social life, and on actions aimed towards the implementation of this idea. What appears to be its most important goal is to allow a disabled individual into a social group, which should be dictated by the desire to initiate and shape contacts, and thus to facilitate the person's "social existence," granting them the opportunity to enter into social relations. It is imperative because "The ability to cope with life situations is a social competence a person 'grows into' and acquires in the process of gathering experience in various situations and social environments. The effects will depend on many conditions, including the competences of the people we meet" (Chrzanowska, 2015, p. 127). Therefore, for each and every person to function properly in a social group, it is necessary that the group get to know their qualities and possible limitations. However, this recognition cannot develop through the prism of such limitations, but through recognition of a whole variety of traits, with disability being simply one of them.

Such a view on an individual – disabled or not – is necessary in the process of shaping and improving their independence and self-determination, which, in turn, allows them to build their self-esteem and to be "themselves." "In striving to make our society humane and just, we must always respect everyone. This means that we must look at everyone as the only, unique being with specific needs, and try to satisfy them as best we can […]" (Davis, 2000, p. 122).

The articles published in this issue focus on two different areas related to the subject of inclusion. The first one is the very process of inclusion, and the second is the pro-quality activities that aid inclusion within various educational and educational environments. There are four articles in this issue which fall into the first category, in their focus on inclusive education in the context of postulated assumptions and assumed effects as well as legal regulations.

Arguments for implementing inclusive education, and the analysis of factors that constitute a barrier to the practical implementation of the idea of inclusive education in Poland, have been presented in the first analysis (Marzenna Zaorska, Adam Zaorski). Two important issues are addressed in the second article: the first is associated with the need to rationalize support for people with intellectual disabilities in such a way as to enable them to live independently through flexibility and personalization of educational and rehabilitation activities, and the second concerns the perception and recognition of the intellectual potential of people with intellectual disabilities as more favorable to their development and social inclusion (Zdzisława Janiszewska-Nieścioruk, Julia Nieścioruk). The third text is a presentation of the results of research on the ability to answer questions and follow instructions directed at all students in a class in which students with mild intellectual disabilities learn. The presented results are part of a wider research project related to the educational situation of students with intellectual disabilities in public school (Zenon Gajdzica). The last article in this section presents the basic assumptions of the use of positive diagnosis in work with disabled people. It proposes that the most important factor conditioning the effectiveness of the process of supporting the development of people with disabilities is the diagnosis, which is an important element of integrating people with disabilities into the social world and overcoming development problems arising from disability (Ewa Wysocka).

The second part comprises articles presenting research on declared sources of teaching knowledge and skills in the field of diagnosis and therapy, as well as their self-assessment, by teachers of both inclusive (Joanna Skibska) and public schools (Agnieszka Twaróg-Kanus). These studies are part of a larger research project devoted to the diagnostic and therapeutic competences of teachers in public, inclusive, and special schools. The next article presents the results of research on the "leadership potential of an individual," defined as a socio-psychological trait reflecting one's ability to influence the environment using one's own resources. The research shows that special educational needs of students do not constitute significant obstacles to the development of their leadership skills (Olga Soroka, Svitlana Kalaur). The subsequent text, in turn, shows the results of research on the effects of grit and implicit theories of intelligence and personality on academic performance (Cosette Fox, Maria Barrera, Lucy Campos, Felicia Reid-Metoyer).

The ninth article in this issue presents research conducted as part of the Mutual Learning Education Project – Constructivism in School Practice, devoted to changing the instructional educational methods of early school teachers to constructivist methods that strengthen students' skills in the field of responsibility and commitment to the development of their own knowledge (Anna Witkowska-Tomaszewska). In the next article, a case study regarding the social support experienced by the family of a child with Asperger syndrome and activities that fall under the social support network is discussed (Anida Szafrańska). The following article presents research on the use of art therapy as a method supporting the prevention of social exclusion. The purpose of the study is to determine the place of art therapy in solving teenagers' problems in the assessment of participants in art therapy classes and their teachers (Beata Ciupińska). The next article discusses the results of pilot studies on selected skills of participants in mediation proceedings in family matters. Opinions of both people undergoing mediations and mediators on the communication skills of the parties are presented (Patryk Kujan). The final article of this issue contains a review of research on preventive actions in the field of depression and suicidal behavior of children and adolescents (Małgorzata Przybysz-Zaremba).

The modern world provides many opportunities to support people with disabilities, but for their implementation to have a pro-quality dimension, certain conditions must be met, and "professional" actions must be taken. Only then will it be possible to bring about specific changes that would provide "tailor-made" or personalized development stimuli, and take into account long-term goals, among which the ability to cope with life situations and "social existence" mentioned earlier deserve particular attention.

Joanna Skibska

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 11–27
DOI: 10.19265/KP.2019.21311

REVIEW PAPER
Received: 11.09.2019
Accepted: 2.10.2019

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Inclusive Education as a Contemporary Vision of Child and Youth Education (Why Yes, or "Possibly," Why Not?)

Edukacja włączająca jako współczesna wizja edukacji dzieci i młodzieży (dlaczego tak lub „ewentualnie" dlaczego nie?)

Keywords:
inclusive education, quality education, system of education, inclusive education system

Summary: The text presents inclusive education in the aspect of selected legal and definitional provisions, proposed assumptions and assumed effects. Particular attention is focused on arguments "for," i.e., supporting the realization and practical implementation of the inclusive education concept to the Polish education system, but there are also counterarguments demonstrating that there are barriers to implementing the analyzed activities. Additionally,

* This article has been prepared on the basis of materials developed by the Team Appointed for Devising a Model of Education for Students with Special Educational Needs by the Minister of National Education by means of Regulation No. 39/2017 of 13 October 2017.

the text provides information regarding the possible recipients of inclusive education and selected statistical data concerning some groups of entities included in inclusive education. The general conclusion, however, refers to the perception of inclusive education as corresponding to the requirements of contemporary civilization, the current level of social development and international and domestic legal provisions regarding the rights of people regardless of their level of functioning or the barriers resulting from their biopsychical conditions.

Słowa kluczowe: edukacja włączająca, edukacja wysokiej jakości, system oświaty, system edukacji włączającej

Streszczenie: W tekście została przedstawiona edukacja włączająca w aspekcie wybranych unormowań prawnych, definicyjnych, postulowanych założeń i zakładanych efektów. Podano argumenty przemawiające za wdrażaniem edukacji włączającej oraz czynniki mogące stanowić barierę w działaniach na rzecz praktycznej realizacji idei edukacji włączającej w naszym kraju. Szczególna uwaga jest skoncentrowana na argumentach przemawiających pozytywnie, „za" realizacją i praktycznym wdrażaniem koncepcji edukacji włączającej do polskiego systemu oświaty, ale też obejmuje kontrargumenty świadczące o istniejących barierach wobec analizowanych działań. Podano ponadto możliwych adresatów edukacji włączającej i wybrane dane statystyczne wobec niektórych grup podmiotów objętych edukacją włączającą. Generalna konkluzja natomiast odnosi się do percepcji edukacji włączającej jako korespondującej z wymogami współczesnej cywilizacji, aktualnego poziomu rozwoju społecznego i unormowaniami międzynarodowymi oraz krajowymi na temat praw przysługujących ludziom bez względu na prezentowany poziom funkcjonowania czy doświadczane bariery wynikające z uwarunkowań biopsychicznych.

Introduction

When first considering inclusive education, it is worthwhile to ask a logical question: Is it part of the natural process of the development of civilization or, perhaps, a result of transformational activities included in international legal regulations, or perhaps both? Based on own insight, subject literature analysis and the current political and social situation, as well as applicable

international legal provisions, it must be concluded that the answer to this question is not unequivocal. On the one hand, we see declarations (in any case, commonly formulated by representatives of politics and decision makers) regarding respecting individual rights and a humanistic attitude to each person regardless of their health, ability or social status. On the other hand, we can see obligations adopted by the governments of many countries, including Poland, to ensure all students inclusive education, which by assumption should be high-quality education. These international legal acts include, for instance, the United Nations Convention on the Rights of the Child [Konwencja o prawach dziecka] (ratified by Poland in 1991), The United Nations Convention on the Rights of Persons with Disabilities [Konwencja ONZ o Prawach Osób Niepełnosprawnych] (ratified by the Polish government in 2012) and the European Social Charter [Europejska Karta Społeczna] (ratified by the Republic of Poland in 1997). There are also more specific international documents, guidelines and policy recommendations, such as: *Europe 2020: A strategy for smart, sustainable and inclusive growth* [*Strategia na rzecz inteligentnego i zrównoważonego rozwoju sprzyjającego włączeniu społecznemu Europa 2020*] (adopted by the European Council in 2010), *The 2030 Agenda for Sustainable Development* [*Agenda Zrównoważonego Rozwoju 2030*] (adopted by the UN in 2015), *European Pillar of Social Rights* [*Europejski filar praw socjalnych*] (document proclaimed at the Social Summit for Fair Jobs and Growth in Gothenburg in 2017), position paper of the Council of Europe Commissioner for Human Rights – *Fighting school segregation in Europe through inclusive education* (2017), Conclusions of the Council and of the Representatives of the Governments of the Member States, meeting within the Council, on Inclusion in Diversity to achieve a High Quality Education For All of 17 February 2017 [Konkluzje Rady UE z 25 lutego 2017 r. w sprawie włączenia w kontekście różnorodności z myślą o osiągnięciu ogólnodostępnej edukacji wysokiej jakości] and Council Recommendation of 22 May 2018 on promoting common values, inclusive education, and the European dimension of teaching [Zalecenia Rady z 22 maja 2018 r. w sprawie promowania wspólnych wartości, edukacji włączającej i europejskiego wymiaru nauczania].

Art. 23 of the United Nations Convention on the Rights of the Child obliges governments of the countries which ratified the Convention to guarantee a mentally or physically disabled child a full and decent life under conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community, effective access to and receiving education,

training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development. Article 24, in turn, obliges governments to ensure inclusive education at all levels of education. The European Social Charter includes, *inter alia*, the right of the disabled to education/professional training, rehabilitation, professional and social re-adaptation, regardless of the cause and kind of disability. In *Europe 2020: A strategy for smart, sustainable and inclusive growth*, a vision of the development of modern civilization was outlined. It is based on the foundations of a twenty-first century market economy and is characterized by the stable economic growth ensuring a high level of employment, productivity and social cohesion. In *The Agenda for Sustainable Development 2030*, one of the 17 development goals is that European governments should ensure inclusive and equitable quality education and promote lifelong learning. According to the *European Pillar of Social Rights*, everyone has the right to quality and inclusive education, training and life-long learning, because the aim of education is to maintain and acquire skills that enable them to participate fully in society and successfully manage transition into the labor market. The Council Recommendation of 22 May 2018 on promoting common values, inclusive education and the European dimension of teaching presented a guarantee of the realistically equal access to quality inclusive education for learners, including persons from migrant communities, those in more difficult social and economic situations and individuals with special needs and with disabilities.

With reference to the above-mentioned documents, the authorities in Poland undertook measures to create a so-called inclusive society. These actions were exemplified, for instance, in the *Strategy for Responsible Development* [*Strategia na rzecz odpowiedzialnego rozwoju*] and the government program "Dostępność Plus" ["Accessibility Plus"], which take into account measures supporting inclusive education and the preparation adequate and appropriate personnel to implement this task).

When analyzing the issues of inclusive education from the formal and legal perspective, it is also necessary to refer to the regulations of the education law obliging kindergartens, school and centers to individualize the process of the education and upbringing of each student, to recognize the developmental and educational needs of students and to guarantee psychological and pedagogical support. In the Act on Education Act of 14 December 2016 [Ustawa

Prawo oświatowe], in Art. 1, there are guarantees directly focusing on inclusive education.

In fact, the experience of pedagogical practice, observations of employees from the Ministry of National Education and signals from the world of science all demonstrate that the regulations referred to above are implemented extremely selectively, based on their formal meaning, without any attempt to synthesize actual educational measures undertaken, or even to take a global look at the children's needs (such as supporting an exceptionally able child with an individual curriculum). There are references to problems in the access to psychological and pedagogical support, the provision of which is generally subject to the decision of the body managing the school/center and frequently does not correspond with the real needs of students (*Raport Najwyższej Izby Kontroli* [*Report of the Supreme Chamber of Control*], 2016). Hence, there are barriers to the implementation of the right to inclusive education in the everyday practice of kindergartens and schools, despite regulations focused on inclusive education present in the Education Law. As a result, we face the situation of the lack of coherence between the legal provisions and educational practice (International Perspectives on Inclusive Education, 2016). Additionally, the existing problems are reinforced by the dispersion of regulations among various departments dealing with children and youth as well as learning adults. Regional tendencies concerning the interpretation of applicable regulations are also noticeable. There are different interpretations of the same regulations by managing bodies of schools and centers, heads of schools and centers and educational supervisory bodies. As a result, students with identical developmental problems may count on a different scope of support depending on where they live. The measures implemented by psychological and pedagogical counselling centers, kindergartens, schools and specialized care units are widely dispersed, and therefore, there is no responsibility for diagnostic activities or for the implementation of educational support of the child in need. There are also occurrences of shifting responsibility between various institutions, which leads to a limitation of their scope of support and a decrease in quality and efficiency. Therefore, there is no coherent model of psychological and pedagogical support, and, consequently, quality education cannot be guaranteed to children with diverse educational needs. In the meantime, statistical data show that the number of students requiring additional support is increasing. The proportion of students qualified for special needs teaching is increasing, as well as students included in various forms of psychological and pedagogical

support. In 2016–2017 and 2017–2018, 1,945,199 children and 1,843,635 youths were included in various forms of school support. The data referred to above mean that currently, about 30% of students are included in psychological and pedagogical support, and their numbers continue to grow. There are no data regarding the recognized needs, the reasons for including the student in the defined kind of support and the efficiency of provided support (e.g., for talented students). In the 2017/2018 school year, the most common form of support was speech therapy – 31.66%, followed by support in the form of classes: didactic and make-up – 27.98%, corrective and compensating – 18.6%, revalidating – 8.5%, other therapeutic – 7.5%, developing emotional and social competencies – 3.6% and socio-therapeutic – 2.1% (*Wspieranie kształcenia specjalnego uczniów z niepełnosprawnościami w ogólnodostępnych szkołach i przedszkolach* [*Supporting special education for students with disabilities in public schools and kindergartens, Supreme Chamber of Control*], 2018).

Not many opinions have been issued regarding the early support of child development (as of September 30, 2016 – 21,847, and September 30, 2017 – 24,467, including, respectively, 9,961 and 8,115 opinions issued for children ages 0–3 years [*Wspieranie kształcenia specjalnego uczniów*…, 2018]). The data above prove that with reference to small children, the diagnosis is given very late, basically at the stage of kindergarten (pre-school) education. Other data show that the number of children diagnosed at the early stages of development is not a significant percentage in the group of those who at the later stage of their education obtain opinions or certificates regarding special needs education or use additional support. Hence, the conclusion that there is a great need to undertake diagnostic measures at the early stages of child development and to guarantee early intervention. This could bring about the minimization of the consequences of developmental disorders, or even their elimination, and could increase opportunities for children's development and education. There is no cooperation between the education and healthcare sectors regarding the early recognition of children's developmental needs. Due to this lack, a significant increase of mental disorders has been noticeable for years. In 2015, specialist support for this group of problems included 143,000 persons under the age of 18, whereas in 2010, it was 114,329. The most common diagnoses are developmental disorders – 62% (including speech and language developmental disorders, school ability development, motor functions development, holistic development disorders, such as autism and Asperger syndrome, hyperkinetic disorders, such as ADHD), behavioral and other

(89,508 persons); neurotic – 14.5% (20,816 persons), intellectual disability – 7.7% (11,087 persons); mood – 3.9% (5,637 persons), problems caused by the use of psychoactive substances – 3.3% (4,726 persons) (*Dzieci się liczą – raport o zagrożeniach bezpieczeństwa i rozwoju dzieci w Polsce* [*Children Matter. A Report on Threats to Safety and Development of Children in Poland*], 2017).

There has been a gradual increase in the number of of children admitted to hospital due to mental and behavioral disorders. In 2015, this number was the greatest, reaching 10,127 persons under the age of 19, whereas it should also be noted that in the years 2003–2015, the number of children aged 1–4 admitted to hospital for these reasons grew two-fold (Szredzińska, 2017). Simultaneously, in 2014, Poland was a runner-up in Europe with regard to the number of fatal suicide attempts of children and youth under the age of 19, second only to Germany (*Dzieci się liczą*…, 2017). The mental health of Polish students, therefore, deserves particular attention, which, given the speed of civilizational changes and the fact that individual adaptation processes are unable to keep pace with them, should make it a priority in the psychological and pedagogical support offered. In this sense, inclusive education, as education serving all students, should take steps regarding care for students' mental sphere and the development of mechanisms for dealing with difficulties (including mechanisms of dealing with psycho-emotional problems). The current issue is not a key area of educational activities.

A key problem of Polish education is the failure to use the potential of talented and exceptionally gifted students. The issues of the early identification of talents and creating programs of working with children targeting the development of skills related to their mental sphere, methods of coping with stress and organization of the learning process receive too little attention (*Dzieci się liczą*…, 2017). In the 2016/2017 school year, counselling centers issued only 4,045 opinions regarding permission for an individual course of learning or curriculum, while they issued 70,106 opinions regarding the adjustment of educational requirements resulting from the curriculum to individual educational needs of the student and 142,666 opinions regarding psychological and pedagogical support in kindergarten, school or a center. There is a visible drop in the number of opinions regarding the permission for an individual course of learning or curriculum at later stages of education (1,757 in primary school, 1,192 in middle school and 1,096 in high school). This data should also be compared to the results of psychological studies indicating that approximately 2–3% of the population are exceptionally gifted persons, whereas 16–18% are gifted students. There is a significant disproportion between the number of

persons with higher than average cognitive potential and the number of people receiving support with regard to recognized abilities (data based on the System Informacji Oświatowej [Educational Information System]).

Despite relatively high financial state budget funds (*Model edukacji włączającej* [*Model of inclusive education*], 2019) for the education of children and youth requiring special organization of learning and the application of special methods of work, their preparation to continue learning at a higher level and to enter and function in the labor market and achieve self-reliance in adult life is not satisfactory (in 2018 the amount provided by the state budget to budgets of territorial government units in the educational part of general subsidy due to increased attention to the education of children and youth with special educational needs amounted to more than 7.1 billion PLN, whereas in 2019 it was approx. 7.85 billion PLN) (*Model edukacji włączającej*, 2019). This conclusion results from the low percentage of disabled students who take the non-compulsory external exams (school-ending maturity exam and exam confirming professional qualifications) and pass them (*Model edukacji włączającej*, 2019). The reason for this situation is that the Polish system of education has yet to work out a coherent transition model which would equip the students with competencies enabling them to deal with new developmental challenges (professional work, continuing education).

It is becoming increasingly difficult to guarantee suitable personnel providing psychological and pedagogical support. According to the analyses of NIK (Supreme Chamber of Control), there is a phenomenon of "negative selection" in the case of university recruitment (teaching-related faculties). More than 9% of those admitted to teaching-related faculties in the years 2014/2015 are graduates of high school who received the lowest scores (30 to 49 pts) on the school-ending maturity exams required for university application (*Przygotowanie do wykonywania zawodu nauczyciela. Informacja o wynikach kontroli* [*Preparation for the teaching profession. Information regarding audit results*]).

Another, equally important issue is the attitude of teachers towards inclusive education and dealing with a diversified group of students, because the ideas of teaching individualization, as well as of realizing the potential of every student – constituting the credo of contemporary didactics – are not fully implemented. This affects the failure of implementing the thesis proposing that a direct relationship between teachers, students and their parents directed at perceiving and enhancing the individual's potentials is a significant condition for success in the implementation of inclusive education.

Inclusive education as a contemporary vision of child and youth education – why "yes" to inclusive education

Inclusive education is (or in any case, should be) education ensuring a high quality of teaching for all persons learning in kindergartens or schools in their place of residence (*Model edukacji włączającej*, 2019). "[It is a]n education system that includes all students and welcomes and supports them to learn, whoever they are and whatever their abilities or requirements. This means making sure that teaching and the curriculum, school buildings, classrooms, play areas, transport and toilets are appropriate for all children at all levels. Inclusive education means all children learn together in the same schools. No-one should be excluded. Every child has a right to inclusive education, including children with disabilities" (*Inclusive education*, 2017).

The aim of inclusive education is to equip students with the competencies necessary to create in the future an inclusive society, that is, a society, in which people, regardless of differences in health, ability, origin or faith are fully empowered members of the community, and their diversity is perceived as a valuable resource for the development of society and civilization. Such a systemic, fully dimensional and multi-directional attitude to education is targeted to ensure flexible paths and programs of learning and accessible learning conditions facilitating the development of the potential of every child and youth as a fully empowered participant of the education process (*Model edukacji włączającej*, 2019).

The aim of inclusive education is also to realize the individual developmental potential of each student and their participation in the lives of their social communities to the fullest extent possible, equipping them with competencies facilitating their optimal adaptation to the environment and full participation in social life. It is also an attitude to education targeted to ensure flexible paths and programs of learning and accessible learning conditions facilitating the development of the potential of every child and youth as a fully empowered participant of the education process.

Generally speaking, the aim of inclusive education comprises the construction of the developmental potential of the student and strengthening social coherence (Fedorowicz et al., 2015, p. 14). The point is to ensure the personal development of the individual, preparing them to adopt civic roles and find their place in social and professional life; and thus, to facilitate developmental potential on a regional and countrywide scale – the potential of cooperation,

trust, knowledge and the ability to deal with new problems and create new solutions; and finally, to realize the potential of the country, focusing on development and creating workable conditions for self-actualization (Fedorowicz et al., 2015, p. 14). A necessary condition to achieve the above-mentioned goals is to ensure the full implementation of the rights of children and all learning persons guaranteed in the Constitution of Poland, Journal of Laws of 1997, No. 78, item 483 [Konstytucja Rzeczypospolitej Polskiej, Dz. U. 1997, nr 78, poz. 483] and in ratified international documents such as the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities.

Well-organized inclusive education is beneficial according to study results (Mitchell, 2016) and reports published by international organizations such as the United Nations, the European Commission and the European Agency for Special Needs and Inclusive Education. The following benefits of inclusive education are most commonly mentioned:

1. educational – it guarantees the growth of achievements of all students, not only of students with special educational needs;
2. social – it is a foundation for building an inclusive local society and the implementation of social inclusion proposals;
3. economic – it allows for the efficient use of financial means intended for preparing youth to enter the labor market and function autonomously in the adult life; it helps to develop human capital, which decreases the costs related to social support instruments and welfare.

In the above-mentioned documents, it is emphasized that to achieve the assumed goals, it is indispensable to implement solutions in all structures and processes occurring in the student's community that affect their social participation and individual development progress and, hence, also the quality of inclusive education. The student should be in the center of action of a variety of systems, starting with his or her peer group and class, kindergarten and the school community, the local community, and ultimately reaching country-wide systemic conditions. Each of the systems is contained within the next one and together they create a certain ecosystem in which all elements cooperate smoothly (*Raising the Achievement of All Learners*, 2017, p. 10). For the actions directed towards improving the quality of inclusive education to be successful, they should be realized at all levels: at the student, class/peer group, kindergarten/school, local community and the state level.

A functional diagnosis is also significant. It includes the monitoring of development and early detection of occurring problems, including problems caused by delays and disorders in the development of the child and/or barriers in their community. This should begin when the child is born and last throughout the child's education. Studies conducted by counselling centers taking care of future mothers and screening tests conducted in healthcare units, nurseries, and kindergartens should aid in determining the need for early support in the child's development and family care. The diagnosis of the developmental and educational needs of children and youth should include, therefore, diagnostic measures implemented in kindergartens, schools and psychological and pedagogical counselling centers, and they should determine actions supporting the functioning of the children and youth addressed to the institutional community (kindergarten, school) as well as to the family and/or the youth themselves. The way the support provided should be monitored and its efficiency should be assessed.

In actions supporting the implementation of the idea of inclusive education, it is also important to adequately use and enhance the potential of kindergartens, schools and educational centers. This potential includes, among others, the knowledge and skills of personnel (managing staff, teachers, specialists, non-teaching staff), a work organization adjusted to the needs of children and youth, the school's material and didactic base, cooperation with families and external entities (such as support centers and non-governmental organizations). To this effect, kindergartens, schools and centers should make the most efficient use of their resources, as well as develop and improve them based on strategies prepared by their employees. This includes the obligation to employ specialists (psychologists, special education teachers, speech therapists) to work together with teachers (also in the scope of determining measures supporting children and youth). It seems reasonable to create a post of a child/youth assistant, responsible for the support of the child's activity and functioning in the educational center. Organizing the system of support of inclusive education is equally significant; kindergartens and schools by the system of special needs education, psychological and pedagogical counselling centers and healthcare units.

Considerations about inclusive education should keep the continuum in mind, i.e., from early support of the child's development until the grown individual enters the job market. This requires the child to be suitably, adequately to his or her individual needs, supported while transitioning through each stage

of education. The opportunities for this support should be created through the cooperation of teachers, specialists working in kindergartens, integration and special schools, specialized centers with teachers, kindergarten specialists and schools implementing inclusive education.

Propositions regarding the accessibility of the teaching-learning process affect the efficiency of the implementation of inclusive education. Hence, the proposal that kindergartens and schools should provide an adequate physical environment (space for learning and the reception of audio and visual stimuli, conditions allowing trouble-free movement, including the area around the kindergarten or school), social environment (acceptance and inclusion in the life of class/school, norms of behavior and rules of action, cooperation with parents), as well as learning environment (teaching strategies, team work, accepting various styles of learning, didactic materials, new information and communication technologies). Measures targeting the elimination or minimization of barriers in particular environments should be implemented at various levels: national (central), local (local government, local community), school, group/class or with reference to individual students (*A model of Accessible Education*).

In order to prepare the groundwork for the implementation of inclusive education in our country, a team of specialists was appointed by the Ministry of National Education to prepare a model of educating students with special educational needs (appointed by the Minister of National Education by the Regulation no. 39/2017 of 13 October 2017). According to initial assumptions, it should be understood that the main goal of such a model should be the pursuance of a guarantee that optimal conditions will be developed for all children and youth living in a given local community to be educated and brought up with their peers in kindergartens and general access schools where they live.

Inclusive education as a contemporary vision of child and youth education – a possible "no" to inclusive education

Based on the described assumptions aimed at the implementation of inclusive education in Poland, it is possible to note various barriers which might hamper the implementation of this idea in the Polish educational system. Some of them should be pointed out.

First, teachers are not sufficiently prepared to work with students with diversified educational needs, including the disabled. Currently, many teachers in

general access schools have additional qualification in the scope of, for instance, special education. There are opportunities of increasing their qualifications, professional improvement, implementation of systemic actions regarding the preparation of personnel to work with special needs students, although they frequently fail to make use of them. A significant barrier in the implementation of inclusive education is the lack of suitably prepared subject teachers (Sochańska-Kawiecka et al., 2015, p. 31). This refers primarily to teachers working with students above the third grade of primary school. This barrier includes, *inter alia*, competencies in the scope of the ability to make friends, communicate and efficiently work with students with disability (Piwowarski & Krawczyk, 2009; Piwowarski, 2015). Teachers frequently do not feel competent to work with special educational needs students and they do not have the skills to work with a diversified group. Nevertheless, they are willing to take part in trainings or other forms of extra professional education, which is a serious argument in favor of inclusive education (Piwowarski & Krawczyk, 2009; Piwowarski, 2015). Currently, however, there is no offer of additional education for teachers, head teachers and non-educational staff which would directly correspond the needs of inclusive education.

Secondly, there the problem of seriously limited access to specialist personnel. Pedagogues and psycholinguists responsible for the provision of specialist psychological and pedagogical support are not employed in more than a half of Polish kindergartens and schools (*Wspieranie kształcenia specjalnego uczniów*…, 2018). In the Polish healthcare system, a little more than 400 child psychiatrists are employed. Such low levels of personnel resources are absolutely insufficient to ensure professional psychiatric care for students who need this kind of support (*Wspieranie kształcenia specjalnego uczniów*…, 2018).

Thirdly, an obstacle to implementing inclusive education is posed by the unclear regulations and lack of understandable standards in the scope of counselling and psychological and pedagogical support, early support of child development and the education and support of children with disability; this includes the lack of definitions for many concepts related to inclusive education in regulations and disperse legal regulations concerning the education of students with special educational needs and difficulties in their interpretation. As a consequence, even existing opportunities are not used in everyday educational practice. This brings about a situation in which some schools use flexible solutions to guarantee the organization of education fitting the needs of students; some of them indicate the need for change and the necessity to

clarify the regulations. This difficulty also refers to the system of financing these measures. According to the Supreme Chamber of Control, the decision to employ specialists at schools depends not on the scale of their needs, but on the economic situation of the local government (*Wspieranie kształcenia specjalnego uczniów*…, 2018).

A fourth counterargument is the low level of systematic coherence of undertaken measures. There is no cooperation between the entities involved in the support process. Many measures are of partial character and they are not connected with the actual problems of students. There is a perceivable lack of systematic work in the field of educational and professional counselling. The core curriculum realization is viewed as a goal in and of itself and not as the means to realize the assumed goals of education. There is no cooperation between the system of education and institutions responsible for employing its graduates (particularly those with disability) – here the barrier is the current system of assessment in which the level of incapacity to work is assessed and not the level of health limitations. As a consequence, employers are concerned when a person with such an assessment starts working and certifying doctors formulating the assessments about inability to work object to it.

Conclusion

Inclusive education is the defined idea, concept and practical implementation of accessibility for all learners to the system of education, taking into account their diverse needs and adequately satisfying them. It proposes the equality of rights in educational activities, opening the educational system to every student, regardless of their abilities, skills, situation, disability or limitations. It assumes creating a system of education in which its every participant has the sense and conviction that they are receiving education at a high level, adequate to the needs of contemporary civilization and their own needs and expectations. Therefore, it seems rational to claim that the contemporary understanding of education as an inclusive system should not be the result of so-called political correctness, declarations of conviction justifying its implementation or top-down enforced legal regulations (international or domestic), but should be considered a value of modernity, one which offers the opportunity for everyone to receive generally accessible education, without separation into better and worse.

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 29–47
DOI: 10.19265/KP.2019.21329

REVIEW PAPER
Received: 4.10.2019
Accepted: 5.11.2019

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The Problematic Nature of the Social Inclusion of People with Intellectual Disability

Problematyczność inkluzji społecznej osób z niepełnosprawnością intelektualną

Keywords:
persons with intellectual disability, social inclusion, support system, diagnostic criteria of intellectual disability

Summary: The article points to two vital issues which can make the currently widely popularized question of the social inclusion of people with intellectual disabilities problematic. Despite favorable legal regulations inspired primarily by the principles of the Convention on the Rights of Persons with Disabilities, and a highly dynamic approach to the possibility of systemic support for people with intellectual disabilities in the process of pro-integration education and rehabilitation expressed in the current socio-ecological concept of this disorder, there are problems that should lead to reflection and a search for ways to solve them. The first issue is connected with the necessity to rationalize the support for these people in such a way that, by adopting a flexible and personalized approach, they would be allowed to make decisions regarding their own lives and given

the chance of taking up employment and leading their lives independently. The second, in turn, refers to the possibility of a wider recognition of the intellectual potential of people with intellectual disabilities as more beneficial to their development and social inclusion.

Słowa kluczowe: osoby z niepełnosprawnością intelektualną, społeczna inkluzja, system wsparcia, kryteria diagnostyczne niepełnosprawności intelektualnej

Streszczenie: W artykule wskazano na dwie istotne kwestie, które intensywnie upowszechnianą aktualnie inkluzję społeczną osób z niepełnosprawnością intelektualną mogą czynić problematyczną. Mimo korzystnych regulacji prawnych, inspirowanych przede wszystkim założeniami Konwencji o prawach osób z niepełnosprawnościami, i wysoce dynamicznego podejścia do możliwości systemowego wspierania osób z niepełnosprawnością intelektualną w procesie prowłączającej edukacji i rehabilitacji, wyrażonych w aktualnym, społeczno-ekologicznym koncepcie tego zaburzenia, zauważane są problemy, które powinny skłonić do refleksji i poszukiwania sposobów ich rozwiązania. Pierwszy wiąże się z koniecznością takiego zracjonalizowania wspierania tych osób, aby dzięki jego elastycznemu i spersonalizowanemu wymiarowi umożliwiało stanowienie o sobie i dawało szansę na podjęcie zatrudnienia i niezależne życie. Natomiast drugi odnosi się do możliwości szerszego ujmowania intelektualnego potencjału osób z niepełnosprawnością intelektualną jako bardziej korzystnego dla ich rozwoju i społecznej inkluzji.

Introduction

It seemed that the positive changes which have occurred – particularly in the last three decades[1] – in the issue of explaining the nature of intellectual disability would clearly intensify the pro-inclusive actions and solutions supporting

[1] In the most up-to-date approach to intellectual disability published by the American Association on Intellectual and Developmental Disabilities (AAIDD) in the current 11th edition of the handbook (R.L. Schalock et al. [2010]. *Intellectual Disability: Definition, Classification, and Systems of Supports, Eleventh Edition.* AAIDD; cf. also R.L. Schalock et al. [2012]. *User's Guide for Intellectual Disability: Definition, Classification, and Systems of Supports, Eleventh Edition*. AAIDD), the name of this disability was changed, thus eliminating the stigmatizing term – mental retardation – by means of introducing a less pejorative one – intellectual

persons with this disability and inspire new initiatives. The developmental potential of these persons, their educational opportunities, rehabilitation and systemic support were all supposed to be finally taken into account and respected. An enormous opportunity in this respect is also created by the currently broadly advocated, multi-dimensional and ecological recognition of this disability. The importance of limitations in the functioning of persons suffering from disability when confronted with the requirements of the community is emphasized, as well as the significance of individual support in its improvement (Schalock et al., 2010). Moreover, the above actions are sanctioned by the Convention on the Rights of Persons with Disabilities [Konwencja o prawach osób z niepełnosprawnościami] (2006), ratified by Poland in 2012 and still in force. In its assumptions, it clearly highlights the necessity to act to the benefit of social integration and inclusion, as successfully widening the field of subjective participation of these persons in all spheres and scopes of social life (cf. Janiszewska-Nieścioruk & Sadowska, 2015). The promotion and protection of the ability to exercise all of one's liberties and rights, respect for personal dignity, as well as the removal of barriers and elimination of the exclusion and discrimination of persons with disability are all considered obvious steps (Convention on the Rights of Persons with Disabilities, 2006).

The indicated legal regulations and highly dynamic approach to the pro-inclusive education and rehabilitation of persons with intellectual disability expressed in the current approach to the subject matter of the disorder, while immensely beneficial for all the persons with disabilities, should, however, lead us to reflect on at least two very important issues. The first of them is related to the openness of our contemporary social reality, including the institutions, normative systems and formalized structures, to the diversified needs

disability, and three criteria of its determination were emphasized (maintained): significant limitations both in intellectual functioning as well as adaptive behavior, expressed in cognitive, social and practical skills, occurring until the age of 18.

I returned to the previous version, emphasizing the need of double criteria of diagnosing, i.e., apart from IQ also adaptive skills (in the 1992 handbook) and later adaptive behavior (in the 2002 and 2010 handbooks), indicating the significance of the assessment of the functioning of people with intellectual disability in the indicated scopes and the possibility to support them in social integration and inclusion. Pro-inclusive attitude towards persons with intellectual disability is also visible in the explanation of the subject matter of this disorder provided by the American Psychiatric Association – APA; Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5, 2013; Polish version: *Diagnostic and Statistical Manual of Mental Disorders, DSM-5*. (2015). Wydawnictwo Edra Urban & Partner: Wrocław.

of children, youth and adults with this disability. It is important to consider whether the positive changes experienced by these people, particularly in terms of support, are of the expected, process-like and dynamic character, and whether they are compatible with the actual changes at the level of the norms, values and social practice normalizing their lives. The suitability and mobility of highly personalized support is of crucial importance at all the life stages of persons with intellectual disability, but they take on a particular, pro-inclusive dimension in the post-educational period of their functioning. Paradoxically, when experiencing the reduction and frequent lack of support in adulthood or negligence in the scope of continuing education after completing formal education, these people are subjected to submissive dependence on those closest to them, marginalizing them and, consequently, all too often excluding them from the job market and local society. Therefore, they are likely to be classified as NEET – people who are *not in employment, education or training* – or function in the so-called grey zone of persons with lower than average intelligence, balancing at the edge of the norm and intellectual disability and, hence, not strongly supported after completing formal education (cf. Świętek et al., 2018; Jankowska, Bogdanowicz & Łockiewicz, 2013).

There is yet one more problem related to determining the intellectual disability diagnostic criteria indicated earlier, in which – as equivalent to the assessment of adjusting behavior – the psychometrically tested intellectual potential of persons suspected of disability is still maintained. Making use of the narrow IQ measurement and maintaining its criteria range in diagnosing this disorder, e.g., in ICD-10, as well as in the gradation of this disability, may be perceived as a symptom (less aggressively than before, but noticeable) of medicalization in the attitudes towards persons with intellectual disability.

The first problem: A system of support without rationalization and its negative consequences for the social inclusion of persons with intellectual disability

In the current pro-inclusive approach to solving the life problems of persons with intellectual disability, priority should be placed on support aiming at the empowerment of these people, that is, it should be systemically refined, flexible in its offer, emancipating according to the person's possibilities and requirements, respecting partner relations in correlated actions and solutions, and

providing a sense of agency and personal independence (cif. Communication from the Commission to the European Parliament [Komunikat Komisji do Parlamentu Europejskiego], 2010). So, the point is not so much to provide care, which often subordinates the person and leads him or her to become dependent on it, as to rationally provide and distribute support that is well-planned and monitored in terms of quality and the time of its provision, and therefore "hot," because it adequately and quickly reacts the demands of those who need it. At the same time, it must not be excessive, but inspiring activity on the part of the "beneficiaries," activating these people in the process of support. Therefore, we are advocates of support for persons with intellectual disability in which its rationalism is expressed – a departure from what may be referred to as "paper wings," which allow the disabled to dream about a change in their situation and rising above their everyday problems, but in reality do not facilitate their taking off the ground (cf. Kubicki, 2011). The point is to provide profiled support both in scope and in the time in which it is granted, deployed in the situation of confrontation of the resources these people have and the requirements of the environment, hence decreasing the distance between them; in other words, support which enhances these resources and facilitates their functioning, providing an opportunity to solve life problems in a satisfactory way (Schalock et al., 2010). We believe that in the process of the pro-inclusive support of members of this group and their families, it is equally important to prevent the issue of the accumulated impact of discrimination which the disabled might experience, for instance, due to their age, gender or cultural diversity, as well as to eliminate this discrimination (cf. Communication from the Commission to the European Parliament, 2010).

Facing the noticeable deficiencies in the scope of support understood and provided this way, there may be problems in the functioning of persons with intellectual disability, who, as we have already signaled, may fall into the NEET group, and who might, often permanently, remain excluded from education and the labor market, dependent on their family and successively excluded from the life of the local community.[2] The NEET group often includes young

[2] Regulating the situation of this group not only in Europe, but also in Poland, was proposed, for instance, in the project Detailed Description of Priority Axes of Smart Growth Operational Programme 2014–2020, version 15, Warsaw, 3 July 2019. Special attention should to be paid, for example, to Activity 2.6 High quality policies for social inclusion and vocational inclusion of disabled persons, as well as Action 2.7 Improving the employability of persons particularly at risk of social exclusion; https://www.power.gov.pl/strony/o programie/

people suffering from a disease or disabled youth, most commonly between the years of 15 and 29, who are not in school or another form of education and therefore not developing and not completing or enriching their competencies and cognitive, practical and social skills, including professional qualifications necessary to perform work and be self-reliant. Moreover, as Blanka Serafin-Juszczak (2014, p. 47) emphasizes, although "we cannot unequivocally answer the question who the average representative of the 'neither-nor generation' is, since the NEET group is not homogenous," the members of this group include persons who are particularly exposed to social marginalization and exclusion due to their disability – often further exacerbated by the low cultural and social capital of their family of origin and its low social and economic status. These observations confirm the research of Eurofound, which found that the discussed category includes – apart from the most numerous group of the unemployed (short- and long-term), not involved (unable to take an activity in the field of work or study for a variety of reasons) or discouraged ex-employees – also ill young people and the disabled (6.8% – *Illness, disability – not seeking work due to illness or disability; includes those who need more social support because they cannot do paid work*) and caretakers with family duties (15.4%) (NEETs Young people not in employment, 2012). It is worth adding that in a later study dealing with a more diversified NEET group, the activities leading to successful exit from this group, or at least limiting the risk of the social exclusion of these people, were emphasized (Exploring the diversity of NEETs, 2016). These initiatives are much anticipated, particularly in the case of disability and especially, intellectual disability, since the risk that persons with this disability will become NEETs, as compared with other groups, increases to as much as 40% (cf. Krause, 2016). It is an important problem, which should be a subject matter of reflection for all those engaged in any extent in the lifelong process of the education, rehabilitation and social inclusion of these people.

The case is similar regarding the functioning of persons with intellectual disability in the so-called grey zone, which is a hostile educational space, too rarely creating curricula useful in the lives of the disabled but too often diverging from contemporary realities and expectations. Preventing negative educational experiences for students with intellectual disability – undoubtedly a risk factor

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for grade retention, dropping out of school, expulsion from school, criminal conduct, mental disorder, etc. (cf. Jankowska et al, 2013) – also includes the obligation to proactively support them in adulthood in order to minimize the personal and social costs of marginalization and exclusion. Actions in the scope of the social reintegration or revitalization of this group should take into account the importance of lifelong learning, encourage dialogue and the cooperation of parents/caretakers with a teaching staff with a variety of skills, leaders of governmental and non-governmental institutions, entrepreneurs and companies. This well-organized cooperation is a guarantee of efficient support, limiting, as much as possible, the social and personal consequences of disability. Strategies or actions launched to this effect are not capable of preventing intellectual disability or often correlated diseases and disorders but they may minimize their consequences or thwart possible health problems in the independent functioning of people with this disability (cf. Schalock et al., 2010). Hence, they reduce differences between a person's resources and the expectations and requirements of the community, therefore enabling efficient participation in the environment. At the same time, the increase of personal resources is equally significant, as well as the activation necessary to improve their general functioning in the process of social inclusion.

We also perceive the importance of thus understood and organized support with reference to undiagnosed persons or persons diagnostically balancing on the edge of the norm and intellectual disability, including those with results slightly above the limit of disability (70–75 IQ). In adulthood, apart from the system of formal education, these people are unrecognized, hence, their psychosocial and health situation, given the lack of support, may be unfavorable and burdensome. It is often the case that they do not have an identified cause of their disability and physically, they are no different than the rest of population; they do not show any specific behavioral disorders, and their personalities, as in the case of all people, are various. Although a lot of these people will require support, some of them might live independently, at least, for some time. The persisting stereotypical thinking about the inability of these people to function independently, various forms of activity undertaken by them and their relations, is inadequate and socially harmful. Unfortunately, this group is identified primarily in the educational system, since the school requirements imposed on them quickly reveal their intellectual and adaptive limitations. In adulthood, the above-mentioned limitations can remain unidentified, and so, support is not offered. As a consequence, its lack may intensify the differences

between the abilities of persons with intellectual disability and the requirements of their environment, which may, in time, become overwhelming and impossible to satisfy. The situation may prove to be similar in case of people with higher IQ results who, in fear of stigmatization, try to conceal their disability and therefore do not use available facilities or social and medical support which might affect the quality of their life and social relations. The long-term experience of the consequences of decreased intellectual or adaptive abilities makes these people defenseless and helpless in the face of expectations of the family, system of education and labor market. Their dependence on those closest to them increases and their deficiencies in competencies make it impossible to take up a job, even temporary, depriving them of the opportunity to live independently, meet their life partner or set up a family. Most of these people suffer from poverty and unemployment and feelings of solitude and exclusion. The fact that they do not exercise their legitimate rights in this scope of support makes it all the more important that various state authorities, particularly law enforcement agencies and the police, should be aware of the particular needs of these people in case they violate the law (cf. Schalock et al., 2010). However, as Janusz Heitzman (2017, p. 17) underlines, "a relatively common occurrence is the presence of persons with intellectual disability in penitentiaries." They constitute quite a significant group – from 4% to 10% of the prison population. Their credulity, susceptibility to suggestions and need for acceptance or being liked by others may cause them to come in conflict with the law. Persons with mild intellectual disability in the situation of contact with the police might try to hide their deficits, but they may also be overwhelmed by this contact, which limits their cognitive abilities even more. As such, they may be treated as if they consciously avoided, for instance, remembering facts, describing facts and details of an offence. "The fact that they often 'want to look good' and satisfy others' expectations, like those who interrogate them, makes them agree to suggestions, admit doing something they did not do or take the blame of others on themselves. Their inability to control emotions often causes them to be anxious, to try to run away, even when this is unlikely; they are uneasy, excessively frightened or aggressive" (Heitzman, 2017, p. 22). Another problem, related to the above and equally important, is the inability to understand one's legitimate rights, which is of crucial importance during investigations. They may be further hindered by the lack of applicable, professional support. The system of justice is therefore obliged to protect the rights of these people, to make a careful assessment of

the situation and evidence, as well as to consider the advisability of imposing a prison sentence. Needless to say, the awareness of persons with intellectual disability of the legitimate rights of all citizens and their ability to exercise them is dependent on the level of their civic education and the accessibility of support provided by experienced lawyers. Meanwhile, according to research conducted by the Ombudsman for civil rights,[3] the mechanisms guaranteeing that persons with intellectual disability, finding themselves in a particularly difficult situation, will be identified and their status and special needs recognized, are highly inadequate. As a consequence, their rights guaranteed by the Constitution and other conventions are too often limited (Nowakowska, 2017), which contributes to their social disadvantage and exclusion.

The second problem: Maintaining the IQ criterion in the diagnosis and gradation of intellectual disability as a manifestation of the medicalization of the approach to people with this disability

The efficacy of pro-inclusive actions geared towards persons with intellectual disability is to a large degree dependent on the proper approach to the diagnosis of this disability. Its aim should be a multidisciplinary recognition of these people's needs and potential, setting accurate goals, indicating forms of support and choosing the appropriate instruments of action, thus preparing an individualized program of education and rehabilitation. It is also recommended for these measures to be addressed both to the person with disability and those in their immediate environment (Mrugalska, 2015). The International Classification of Functioning, Disability and Health (ICF) is undoubtedly a tool offering a thorough, standardized description of health and

[3] The touching report of the Ombudsman revealing the problem of the limiting of freedom and imprisonment of persons with intellectual disability, among others, can be found in the monograph of E. Dawidziuk and M. Mazur (2017). *Osoby z niepełnosprawnością intelektualną lub psychiczną osadzone w jednostkach penitencjarnych. Z uwzględnieniem wyników badań przeprowadzonych przez pracowników Biura Rzecznika Praw Obywatelskich* [*People with intellectual or mental disabilities imprisoned in penitentiary units. In view of the results of research conducted by the employees of the Ombudsman's Office*]. Warszawa: The Ombudsman's Office, https://www.rpo.gov.pl/sites/default/files/Osoby%20z%20niepe%C5%82nosprawno%C5%9Bci%C4%85%20intelektualn%C4%85%20%20lub%20psychiczn%C4%85%20osadzone%20w%20jednostkach%20penitencjarnych%202017_0.pdf [accessed: 17.10.2019].

health-related conditions and assistance in preparing pro-inclusive measures for persons with intellectual disability. In its approach to disability (including intellectual), as Krystyna Mrugalska (2015) rightly notes, it introduces a new, creative and very promising social perspective: the person's functioning, activity and participation in social life, as opposed to shortfalls or damaged body structures, which is a clearly medical approach. This way, the application of ICF brings us closer to a more complete realization of the human rights of all people with disabilities, including persons with intellectual disability.

Also, the recognition and classification of intellectual disability proposed by AAIDD, as we have already pointed out, focuses mainly on the functioning of people with this disability and securing a flexible system of support for them, a necessary step to maximize their chances for a satisfactory and active life. Therefore, it does not only focus on what they lack or on their deficits (thus not making it a purely medical approach), but on support minimizing the differences between the individual's resources and expectations of the community in which he or she functions. However, the IQ criterion, psychometrically too narrowly verified, has been maintained as a still useful diagnostic tool. This situation is due to the lack of the development of a credible and reliable tool using a wider or multi-faceted approach to the measurement of intelligence, which Schalock et al. (2010) refer to as the possibility of determining multiple intelligences. Even though this matter remains in the theoretical sphere, the indication of a wider understanding of the intellectual potential of persons with intellectual disability is well suited to the content of assumptions taken into account in the most up-to-date, social and ecological explanations of the matter of this disability by AAIDD. Howard Gardner's postulate (2002) is still valid and thought provoking. He claims that instead of creating tests[4] which do not measure the enhanced intelligence of individuals, it would be a better idea to create tools which would help to discover their talents and support their development, taking into account the educational and social context (cf. Gardner et al., 2001; Robinson, 2010, 2012; Robinson & Aronica, 2015).

[4] An interesting overview of psychological tests and their assessment indicating their diagnostic weaknesses is presented in an article by Anna Matczak and Aleksandra Jaworowska (2015, pp. 183–188). It is worth noting that in this text, the authors emphasize the very current problem of so-called "test burning" by means of making the tests accessible (questions, answer keys, handbook fragment) to unauthorized persons, e.g., online. A test which is commonly accessible, they stress, loses its diagnostic value for the potentially tested persons. Therefore, the protection of psychological tests is necessary.

Even more so, as Anna Firkowska-Mankiewicz points out, historical, social and cultural factors (the direction and phase of a civilization's development, its dominating ideology, commonly appreciated system of values) may affect and impact matters related to the perception, understanding, defining and measuring of intelligence (cf. Janiszewska-Nieścioruk, 2019). Nevertheless, not a wide or multi-faceted, but a narrow (and thus supporting the depreciation of the intellectual potential of persons with intellectual disability) psychometric determination of intelligence, despite its justified criticism, is still maintained as a vital criterion of diagnosing persons with intellectual disability. Meanwhile, in many life situations, such unambiguous classifying is not recommended, since it reduces and limits the significant intellectual potential of these people in other dimensions, such as social, emotional, language, inter- and intrapersonal, spatial, musical, bodily-kinesthetic, practical (cf. Gardner, 2002; Goleman, 1997; Karwowski, 2005; Albrecht, 2007; Strelau, 2016; Sternberg et al., 2018; cf. also Janiszewska-Nieścioruk, 2019).

Also, some of the more recent studies in which an attempt was made to determine the level of intelligence without using tests also urge us to reflect on the tools used to date for measuring intelligence and suggests understanding and explaining it in different way. It was the criticism of tests that inspired researchers to search for a new way of assessing intelligence, which they associate not so much with acquired knowledge or learned skills, as with the indication of the potential abilities of the given individual. Moreover, intellectual potential was evaluated on the basis of simple reactions, e.g., to visual stimuli. It was determined, among other things, that what matters immensely for intelligence is the ability to suppress insignificant information, to exclude or reject the redundant, which facilitates proper action and being able to cope in various contexts, conditions and situations (Melnick et al., 2013; Troche et al., 2018).

Such optimal functioning of persons with intellectual disability makes it necessary to support them, often throughout their lives. Therefore, maintaining the gradation of this disability instead of determining the scope and extent of the support for persons suffering from it, does not seem appropriate from the point of view of the developmental needs of these persons and their social inclusion. The very diagnosis of intellectual disability can be a kind of abuse for these people, since it causes their labelling, whereas diagnosing due to the seriousness of this disability somewhat imposes on the social environment a simplified image of a specific group of people, who are in fact very different in their ability to adjust to requirements of the community or being included

in its space (cf. Kowalik, 2005). Therefore, it is necessary to underline once again that the efficiency of their functioning is to a large degree subject to social expectations and the quality of support offered to them and provided in situations in which they are unable to fulfill the expectations. Meanwhile, for instance, the still binding ICD-10 classification distinguishes four levels of mental retardation (the currently applied term is "intellectual disability") based on the measurement of cognitive abilities: *mild* (IQ of 50–69), *moderate* (IQ of 35–49), *severe* (IQ of 20–34) and *profound* (IQ – below 20). Moreover, it is added that "regardless of the cultural norms and expectations towards the tested persons, the researchers must decide themselves how to best assess the intelligence quotient or mental age, guided by provided ranges" (ICD-10, 1998, p. 128). The diagnosis recommended in ICD-10 does not take into account, unfortunately, the adaptative behavior of persons with intellectual disability.

It is worth noting that an attempt to depart from differentiating levels of disability based on psychometrically determined mental levels, categorizing these persons and excessively focusing attention on their deficits was undertaken in the 9th edition of the handbook of American Association on Mental Retardation – *Mental retardation: Definition, classification, and systems of supports* (AAMR, 1992). What was proposed instead was its differentiated support: *intermittent* – episodic, periodic, in situations of, e.g., loss of work or illness; *limited* – repeated many times, albeit not constantly, but also not sporadically; *extensive* – constant support, e.g., provided daily, at least in some circumstances (at work, at home); *pervasive* – significant, intensive support provided in all conditions, likely lifelong. Hence, it was indicated that in the diagnosis of intellectual disability, it is necessary to take into account the extent and scope of support necessary for the given individual to overcome his or her limitations and hardships (AAMR, 1992, p. 26; Tucholska, 1998). Consequently, instead of determining mild, moderate, severe or profound levels of intellectual disability based on a psychometrically determined mental level of persons with this disability, it was proposed to emphasize in the diagnosis the extent of support expected by these persons, such as limited support in communication and social skills, or a varied support in the scope of social skills and self-control (Tucholska, 1998). Such a diagnosis should be recognized today as a more functional one, thus, suitable for the needs of persons with intellectual disability. Unfortunately, in the latest classifications that are currently in force, apart from the above-mentioned ICD-10 and DSM-5 (2013), the change of categorizing these persons in a less labelling manner was not maintained.

The researchers working on the ICD-11 (International Statistical Classification of Diseases and Related Health Problems – WHO) also proposed maintaining four levels of the severity of intellectual development disorder – IDD[5] – analogous to those included in DSM-5, namely *mild*, *moderate*, *severe* and *profound*, with the additional categories of *other* and *unspecified*. The categories of *other* or *unspecified* IDD, similarly to DSM-5, are supposed to help in diagnosing in situations in which the level of the severity of intellectual disability cannot be determined due to the lack of tools or the possibility of performing the diagnosis. In ICD-11, similarly to ICD-10, it is recommended to assess the intensity of this disability based on IQ assessment, supplemented by the categorization of the severity of intellectual or developmental disorder as well as expanded by a categorization based on a description of the person's functional and personal characteristics and/or necessary support. Tools intended for the classification of support needs and identifying significant features of people with IDD were indicated, with the caveat that currently, there are too few tools of global reach to implement such a classification widely. In this way, the direction of change in the scope of intellectual disability was shown (Jurek & Pawlicka, 2015, p. 17).

It is worth adding that AAIDD recommends the most far-reaching changes in the categories of intelligence disorders, thus it is recommended that in ICD-11 a three-grade categorization of intellectual disability severity be used: *marked*, *extensive* and *pervasive*, instead of the four levels provided by ICD-10, with the additional category of "*other*" for persons for whom, due to their age or behavioral, perception or physical condition disorders, an accurate assessment cannot be made. AAIDD proposes combining the severe and profound levels into one category due to the difficulty of an adequate diagnosis of IQ below 40, as well as to the lack of scientific confirmation justifying this division (cf. Jurek & Pawlicka 2015, p. 18). Moreover, AAIDD proposes a reversal of

[5] In ICD-11 a new chapter has been proposed entitled *Neurodevelopmental disorders,* which among differentiated diagnostic groups, will include *Disorders of Intellectual Development.* As a result, diagnostic categories classified in ICD-10 as "Mental disorders" and "Disorders of psychological development" will be found in ICD-11 in the group of "Neurodevelopmental disorders," which also covers specific categories corresponding to disorders which can be found in other parts of ICD-11, e.g., "Attention deficit hyperactivity disorder" in ICD-11 corresponds to "Hyperkinetic disorders" in ICD 10, which were classified in ICD-10 in the group "Behavioral and emotional disorders with onset usually occurring in childhood and adolescence" (Jurek & Pawlicka, 2015, p. 15). ICD-11 was published in 2018 and it will become binding on 1 January 2022.

the diagnostic criteria, placing more emphasis on the assessment of adaptive functioning than on the IQ factor. No less important are the five assumptions which should be taken into account in determining intellectual disability. It is necessary to take into account the community environment typical of the individual's peers and culture, linguistic diversity, cultural differences in the way people communicate, move, and behave, the state of health, etiology of disability and mental state as well as the emotional sphere. (Jurek & Pawlicka, 2015; Schalock et al., 2010). The priority of such a diagnosis is to determine the strengths and weaknesses of a person with intellectual disability and to define what support is necessary, as well as the scope and duration of its provision. Moreover, in case it is unsuccessful, it should be changed or modified in order to improve the functioning of the given person in typical life situations and his or her integration in the local community.

Conclusion

The multidimensional nature of the contemporary social and ecological approach to intellectual disability and the functioning of people with this disability, as well as intensification of the process of their social inclusion in accordance with the assumptions of the Convention on the Rights of Persons with Disabilities make it obligatory to eliminate, or at least limit, the problems impeding this process. Undoubtedly, they are related to the irrational, organizationally imperfect system of their support, which we signaled, as well as maintaining the use of narrowly, psychometrically defined intelligence as a still crucial criterion in the diagnosis of these people's disability. The indicated issues draw attention to the need to verify the paradigm of supporting persons with intellectual disability, as well as the current approach to the assessment of their mental abilities in the diagnosis process. Recognizing the developmental potential of people with this disability and creating a variety of solutions in education, rehabilitation and in the scope of support, always suitably fitted to their organizational abilities, should be a remedy freeing them from dependence on others, helping in their self-reliance, while respecting the legitimate rights of all citizens and widening the field of integration and social inclusion.

In order to improve the quality of their lives, and to facilitate the process of their authentic and satisfactory inclusion into the local community, instead of preparing special programs and applying them primarily in isolated spaces and programmed form, these people should be supported in the places where

they learn and live. Moreover, much needs to be done to eliminate the barriers hampering the functioning of these people in all spheres of life, which would allow for the creation of a flexible and diversified, hot – because it would react quickly to their needs – network of formal and informal support. Such support is necessary for persons with intellectual disability in order to cope with the requirements of everyday life and participate in society as full citizens (cf. Firkowska-Mankiewicz, 2008).

While pointing out the above considerations, we refer to Anna Firkowska-Mankiewicz's postulate from 2008, which we consider still valid, that the full participation in social life of persons with intellectual disability requires further adequate legislative solutions, guaranteeing them the same rights as other citizens, as well as the political will to respect these solutions (Firkowska-Mankiewicz, 2008, p. 13). Their chance to participate will be the appropriate system of support facilitating the exercise of their rights and shaping knowledge, consciousness and social attitudes, so that disability will be treated as a universal human experience and persons with intellectual disability as fully eligible citizens.

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 49–59
DOI: 10.19265/KP.2019.21349

REVIEW PAPER
Received: 14.10.2019
Accepted: 18.10.2019

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Didactic Tasks as a Factor of Including Students with Mild Intellectual Disability into the Mainstream of Lesson Work in a General Access School

Zadania dydaktyczne jako wskaźnik włączania ucznia z lekką niepełnosprawnością intelektualną w główny nurt pracy lekcyjnej w szkole ogólnodostępnej

Keywords:
mainstream of lesson work, student with mild intellectual disability, questions and orders

Summary: The mainstream category is a constitutive element of the traditionally understood inclusive education (the one based on the reconstruction of special needs education). Most authors of definitions formulated in the early stages of the development of inclusive education theory refer to this category. The presence of a student with (intellectual) disability in the mainstream of lesson work may be viewed in physical, social and cognitive terms. The indicators of the last one are, among others, the ability to provide answers to questions and follow instructions directed to all the students in the class. The aim of this study is to present results of research regarding this issue. While accumulating the data, the questionnaire technique was used, addressed to teachers of general access classes working

with students with mild intellectual disability. The presented results are a part of a wider research project concerning the educational situation of this group of students in general access school. The study was conducted in three phases (in years: 2004, 2009, 2014) on the group of 450 teachers (150 teachers in each instalment).

Słowa kluczowe: główny nurt pracy lekcyjnej, uczeń z lekką niepełnosprawnością intelektualną, pytania i polecenia

Streszczenie: Kategoria głównego nurtu stanowi element konstytutywny tradycyjnie pojmowanej edukacji inkluzyjnej (czyli tej konstruowanej na kanwie rekonstrukcji edukacji specjalnej). Większość autorów definicji formułowanych we wczesnych fazach rozwoju teorii kształcenia inkluzyjnego odwołuje się do tej kategorii. Obecność ucznia z niepełnosprawnością (intelektualną) w głównym nurcie pracy lekcyjnej można rozpatrywać w perspektywie fizycznej, społecznej oraz poznawczej. Wskaźnikiem tej ostatniej są m.in. umiejętności udzielania odpowiedzi na pytania oraz wykonywania poleceń kierowanych do wszystkich uczniów w klasie. Celem opracowania jest prezentacja wyników badań dotyczących tego zagadnienia. W zbieraniu danych posłużono się techniką ankiety skierowaną do nauczycieli klas ogólnodostępnych pracujących z uczniem z lekką niepełnosprawnością intelektualną. Prezentowane wyniki są fragmentem szerszego projektu badawczego nad sytuacją edukacyjną tej grupy uczniów w szkole ogólnodostępnej. Badanie przeprowadzono w trzech falach (w latach: 2004, 2009, 2014) na grupie 450 nauczycieli (odpowiednio po 150 w każdej transzy).

Introduction

The mainstream category is a constitutive element of a traditionally understood inclusive education, which means one based on the reconstruction of special needs education (Friend, 2011; Gajdzica, 2018). Most authors of definitions formulated in the early stages of the development of inclusive education theory refer to this category. It is often referred to in the aspect of implementation of the main organisational goal identified with the inclusion of students from disadvantaged groups into the mainstream education

(Reynolds & Flechter-Janzen, 2002, p. 495; Szumski, 2010; Göransson & Nilholm, 2014, pp. 261–270). Despite a certain devaluation of this category in the concepts of inclusive education constituted on the basis of the deconstruction of special education, the mainstream remains the point of reference of methodical lesson work organization in the general access class (Thomas & Loxley, 2007).

Therefore, it is worthwhile to try to consider and determine indicators useful in an empirical review of the mainstream categories, which is the goal of the first part of this text. In the second part, I would like to present the results of a longitudinal study on the declarations of teachers regarding the understanding of questions and ability to follow instructions by students with mild intellectual disability in the general access class. I treat this as one of the indicators of the participation of a student with disability in mainstream education.

The Notion of Mainstream Education

Even though this notion is commonly used in pedagogical or sociological treatises, its definition is nowhere to be found in Polish dictionaries and pedagogical encyclopaedias.

The notion of mainstream in the English language sources usually refers to the least restrictive environment or community (Reynolds & Flechter-Janzen, 2002, p. 604; Richardson & Powell, 2011, p. 246). In social terms, taking into account its local nature, it also happens to be referred to as neighborhood inclusion (Depoy & Gilson, 2011, p. 246). With reference to school education, it is related to the right to education in a general access school, following the common curricula, taking into account special support – in full inclusion (Reynolds & Flechter-Janzen, 2002, p. 604). Accordingly, it happens to be regarded as a notion synonymous to inclusion.

The notion of mainstream education is sometimes understood in two ways. Its first meaning is the trend of general access education followed in common school (regular classes), accessible to all the students. In its other – methodological – meaning, it is the mainstream of activities during a lesson (which may also be referred to as overriding the complementary elements). Most commonly, a majority of students participate in it, as opposed to complementary elements related to taking into account the uncommon needs satisfied individually or in a smaller group. In the mainstream of the lesson, the realized goals are designated by a common curriculum using "usual" didactic means. For the

complementary elements, the aims and the curriculum might be modified (or a special curriculum is applied), and their implementation also requires the application of special means and methods.

In the concept of the mainstream lesson, a certain kind of ontological contradiction appears.[1] Its subject matter is a specialist support (treated as an immanent element of inclusive education). It usually requires the modification of common actions, therefore also individualization. This, in turn, leads to the exclusion from the mainstream. Education in the mainstream of the lesson means, then, the resignation from special (unique) support – which is one of the significant elements of inclusion perceived in the praxeological perspective (effectiveness of implementation of educational goals). Practically, this resignation might mean ignoring the special path of satisfying the needs of a student with disability. The contradiction indicated above may be removed in two ways – and both of them fit into the widely understood concept of inclusive school culture.

The first one is providing the greatest possible support outside of the school lessons, the aim of which is to prepare the student with disability to complete the common assignments during the lesson (the preventive aspect) or making up for the gaps resulting from the limited support during the school lessons (the corrective aspect). This is a typical approach for the reconstructive trend of inclusive education.

The other way is based on the perception of the mainstream as a set of diversified tasks (treating it as the only trend) – and recognizing the diversification as standard. Naturally, this requires searching for a bond connecting the mainstream and defining its boundaries. These may be the common goals (achieved in various ways) or common actions directed to complete diversified achievements. This assumption more clearly fits into the trend of inclusive education built upon the deconstruction of special needs education.

Further in the study – due to its limited framework – I focused on the understanding of the mainstream in accordance with the first approach, typical of inclusive education, built on the reconstruction (superstructure) of special needs education.

Possible indicators of participation of a student with a disability in the mainstream of the lesson include:

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[1] J. Łukasiewicz (1987, p. 15) defines – in simple terms – the ontological contradiction as the assumption that no object may have and not have the same feature.

- unlimited (culturally, mentally, physically) interactions with other participants of the educational process;
- undisturbed access to important social roles in the class team;
- unrestricted use of all the spaces and tools used in the educational process;
- physical presence in the central area of the lesson room (which is not a necessary indicator);
- full participation in activities undertaken by all the students (such as following instructions and answering questions for the entire class).

Apparently, this last element seems to be the easiest indicator of participation in the mainstream of lesson activities. The real problem, however, is telling the difference between physical, cognitive and social participation. An example of physical inclusion, connected with cognitive exclusion, are circumstances in which the student (e.g., with mild intellectual disability) participates in a group discussion or in another entire-class activity, but he or she is not capable of providing substantively correct answers to the questions or following instructions at the level of the other students. The student's physical presence is associated with diversionary cognitive activity. Therefore, the declarations of teachers regarding the assessment of the performance of the same activities by included students are of interest. The results of this study are presented below. They are, therefore, opinions regarding the abilities of students with mild intellectual disability in the scope of their efficient participation in the mainstream of the lesson.

The Concept of Own Research

The presented results are a fragment of a wider longitudinal study concerning the situation of students with mild intellectual disability in general access schools. The studies were performed in three stages (2004, 2009, 2014) using the questionnaire technique. The surveyed group was selected on the basis of the accessibility of the respondents. The survey participants included teachers in Silesian general access schools working with students with mild intellectual disability. The same tool was applied in all the stages. The surveyed group included 450 teachers (respectively, 150 teachers in each stage). The data below presents the declarations of teachers regarding:

- answers provided by students with mild intellectual disability to questions asked of the whole class (as formulated in mainstream of education);

- how students with mild intellectual disability follow general classroom instructions (as formulated in mainstream education) given to all the students.

The presented data reflect the subjective opinions of the surveyed teachers of general access schools. I assume, however, that despite the lack of objective formula, they point out the problems of the cognitive inclusion of students with mild disability into the mainstream of lesson activities. The reason is that the authors of these indications are the persons constructing the methodical dimensions of inclusion, and the opinions they express show the reality they perceive.

Declarations of Teachers Concerning Providing Answers to Questions and Following Instructions by Students with Mild Intellectual Disability in General Access Schools in Mainstream Lesson Work – the Presentation of Own Study Results

Didactic tasks (questions and instructions), in simple words, are what is expected from students. They are the cognitive and social requirements students are supposed to meet in order to perform the task. Practically, this task is also performed to determine what students have learned (Arends, 1994, p. 127). In other words, the didactic task initializes a situation in which a need appears or a necessity to overcome certain problems. This need brings about a defined action, and the effect represents a sort of achievement (Okoń, 1992, p. 241). An element of the task is an order of receiving a certain state of some future-related item. The tasks may adopt the form of questions and instructions (Kojs, 1988, p. 18).

The declarations concerning questions and instructions are presented in Figures 1 and 2. The analysis of results is not surprising in terms of emphasized difficulties in including the discussed group of students in the mainstream of education (Chrzanowska, 2006; Zamkowska, 2009; Bełza, 2015; Cytowska, 2016). Although the presented data uncover a slightly different scope of the problem from the studies referred to above because they are related not as much to the conditions of learning as to the potential of the student, they remain associated with a widely understood situation of the student with intellectual disability in the general access class.

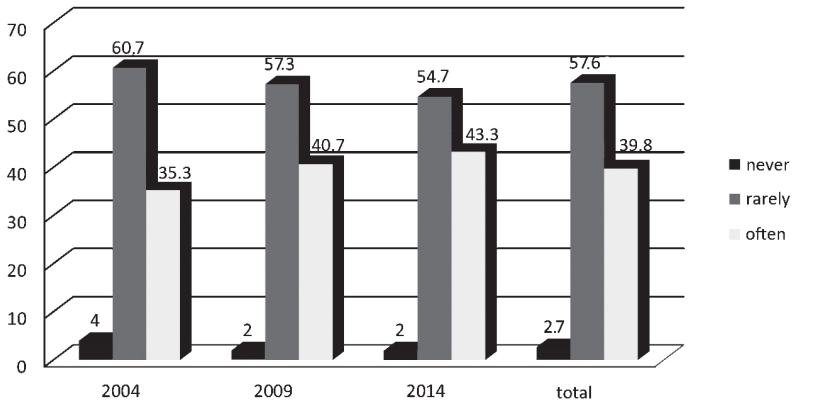

Figure 1.
The ability to answer questions directed to the entire class by students with mild intellectual disability according to surveyed teachers (%).
N = 450
Source: own study.

A positive result is the insignificant number of indications in the category "never," which means that, generally speaking, the students with mild intellectual disability are able to respond to questions the entire class is asked with a defined frequency. According to the majority of respondents, the students rarely answer questions, and less than 40% of those surveyed declared it happens often. The three stages of the study do not reflect a statistically significant differentiation in their results [$\chi^2 = 3{,}22$ (df = 4) ni. C = 0,059], which allows one to formulate the thesis of insignificant methodical changes in the scope of inclusive education with reference to students with mild intellectual disability in the period between 2004 and 2014. I would like to leave this problem aside for further discussion below.

The indication of one of the possible declarations by teachers (never, rarely, often) is a simultaneous assessment of a student's ability to work in the mainstream or indicates the necessity, at least partial, of exclusion from it in order to execute tasks adjusted to the abilities and needs of the student with disability. However, if we adopt necessary procedural differentiation of work in one trend, then the structure of the question is primarily an indicator of the execution of defined goals, and questions (as well as instructions) themselves are becoming one of several elements of organizing the conditions of learning.

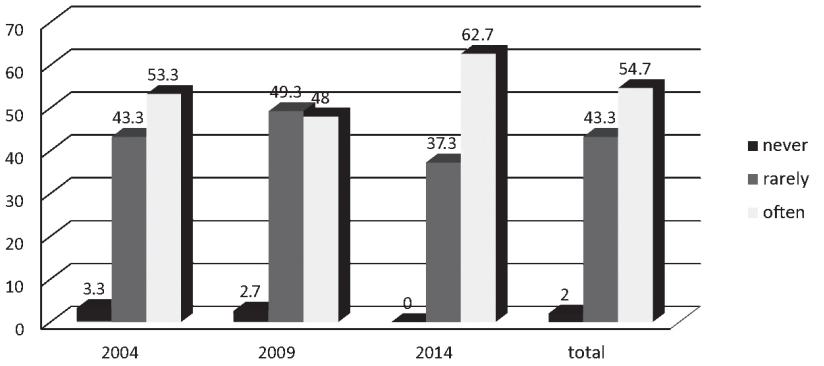

Figure 2.
The ability to understand and follow instructions directed to the entire class by students with mild intellectual disability according to surveyed teachers (%).
N = 450
Source: own study.

On the other hand, in the case of classroom instructions, the stages of the study – which is hard to explain unequivocally – demonstrate statistically significant differences [χ^2 = 6,67 (df = 22) ni. C = 0,121]. The greatest disparities in declarations are visible in the scope of data accumulated in 2014. It is worth noticing that this is a beneficial change, since nearly two-thirds of the teachers indicated the category "often," whereas none marked the category "rarely."

A thorough comparative analysis of the teachers' declarations regarding the students' ability to answer questions in class and their understanding and performance of classroom instructions shows a difference. According to the teachers, students with mild intellectual disability comprehend and are capable of following instructions given to the whole class more often than they are able to answer classroom questions in mainstream of education. These differences can certainly be explained by the structure of both types of didactic tasks.

The questions more frequently express the desire to gain information "about the condition of the world," formulate the request or demand providing a defined kind of information (Ziembiński, 1996, p. 130). In the structure of the question, "something" is given in it, and that "something" is to be supplemented

[2] In order to satisfy the conditions of chi square test the categories of "never" and "rarely" are connected.

with an answer. In instructions, on the other hand, the result of the required activity is provided, as well as the activity itself at times (Kojs, 1988, p. 18).

The notion of instruction can be defined differently and used interchangeably with other notions, such as order, command, prohibition, task, obligation, commission, regulation, request, etc. These notions are slightly different in terms of meaning, but they express requirements imposed by supervising persons onto their subordinates. All them are also identified by the content of information, the level of firmness and their directing to the right goal (Poplucz, 1990, p. 7). The structure of instructions (orders, commands, commissions, recommendations, prohibitions, requests) most commonly is that of an imperative sentence. An instruction, similarly to a question, is constructed of two elements. The first one refers to an operation (an activity) which is to be done, and at the same time, to the demand of its execution. It is expressed by means of an applicable form and mood of the verb. The second part of an order recognises an object or objects, with regard to which or using which the activity is to be performed (Kojs, 1988, p. 18). A lot of the instructions formulated during a lesson, including in the mainstream, refer to relatively simple activities, e.g., organizational (preparatory, procedural, hygienic). Moreover, some of them, including those formulated with relation to the implementation of the teaching contents, require imitative activities (Poplucz, 1990, pp. 9–10). This, in turn, causes the instructions to rarely require the involvement of abstract thinking or logical memory associations – hence performing them is not troublesome for students with mild intellectual disability.

Didactic assignments may indicate and emphasize applicable teaching content, but they also activate and direct the thinking process and consolidate already acquired knowledge (Sośnicki, 1963, p. 88). Thus, provided that they are well understood, they can have a variety of functions depending on their construction and intentions of their creator. Therefore, the construction of the question or instruction, adjusted to the abilities of the recipient and meeting the expectations of the teacher in relation to the executed goal, is of utmost importance. This means that the situational context of the task is also significant. The questions and instructions formulated in the mainstream classroom to the entire class are formulated differently than in the complementary trend. In the first case, the recipient is a group of students with diversified needs and skills, whereas in the other, they are directed to a specific student (or usually a small group of students). The ability to construct efficient didactic tasks is, therefore, an important element of teacher's competencies.

Instead of the Conclusion

While describing the acquired results and performed analyses, it must be emphasized that they fit into the paradigm of instructional teaching (in the understanding of D. Klus-Stańska, 2018, pp. 80–93). Therefore, the findings pointed out above should not be applied in the scope of other paradigms – interpretative and constructivist teaching. In their scope, the analysis of didactic assignments – using them in the lesson structure and their importance for the development of students (both with mild intellectual disability and within the intellectual norm) – would adopt a different form. Slightly different methods of explaining the meaning of questions and instructions for the issue of lesson work would have to be formulated, with the concept of deconstructive inclusion as the starting point. In this approach, it is hard to unequivocally discuss the main trend of lesson activities. A lot of such trends exist by assumption; they are compatible and do not fit into the rules of supremacy / submission. This, in turn, abolishes the problem of opposition of activities adjusted to the majority of students towards to the disadvantaged students, since, in fact, all the students are included.

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 61–85
DOI: 10.19265/KP.2019.21361

REVIEW PAPER
Received: 6.10.2019
Accepted: 11.10.2019

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The Importance of Positive Diagnosis in Work with Disabled People – Theoretical Reflection from a Psychopedagogical Perspective

Znaczenie diagnozy pozytywnej w pracy z osobą z niepełnosprawnością – refleksja z perspektywy psychopedagogicznej

Keywords:
salutogenesis, positive diagnosis, disability, diagnosis models, helping models

Summary: In the article, the author presents the basic assumptions of positive diagnosis that can be used in work with the disabled. It assumes that one of the most important factors determining the effectiveness of the development support process is a correctly implemented diagnostic process, immanently linked to helping disabled people integrate into the social world and overcome developmental problems resulting from their disability.

In the positive approach to diagnosis proposed by the author, various categories of the diagnostic description of a person and their environment are important, such as multidimensionality (various spheres of functioning), continuity (development process in the full life cycle), orientation of individual development (prosocial, pro-development vs. developmentally destructive), and, above all, the need to discover one's resources (potentials).

The author also presents the process and models of supporting the development of people with disabilities.

This approach locates the processes of diagnosis and help in the basic paradigm of positive psychology (salutogenesis), focusing on the self-creation and social integration of individuals with disability, while at the same time, stressing the need to identify the potential of the individual (positive diagnosis).

Słowa kluczowe:
salutogeneza,
diagnoza pozytywna,
niepełnosprawność,
modele diagnozy,
modele pomagania

Streszczenie: Autorka prezentuje w artykule podstawowe założenia diagnozy pozytywnej, możliwej do wykorzystania w pracy z osobami niepełnosprawnymi. Wychodzi z założenia, że jednym z najważniejszych czynników warunkujących efektywność procesu wspierania rozwoju jest prawidłowo realizowany proces diagnostyczny, immanentnie powiązany z procesem pomagania osobom niepełnosprawnym w integrowaniu się ze światem społecznym i w pokonywaniu problemów rozwojowych wynikających z ich niepełnosprawności.

W proponowanym przez autorkę pozytywnym podejściu do diagnozy istotne są różne kategorie opisu diagnostycznego człowieka i świata jego życia: wielowymiarowość (różne sfery funkcjonowania i obszary), ciągłość (proces rozwoju w pełnym cyklu życia), ukierunkowanie rozwoju jednostki (prospołeczny, prorozwojowy *vs.* destrukcyjny rozwojowo), a także przede wszystkim konieczność odkrywania jego zasobów (potencjałów). Autorka prezentuje również proces i modele wsparcia rozwoju osób z niepełnosprawnością.

Ujęcie to lokuje procesy diagnozy i pomocy w podstawowym dla poznania człowieka paradygmacie psychologii pozytywnej (salutogeneza), skoncentrowanej na autokreacji i społecznej integracji jednostki z niepełnosprawnością, co jednocześnie wyznacza konieczność identyfikacji specyficznych potencjałów jednostki (diagnoza pozytywna).

– let me o Lord… understand different people
different languages different sufferings
Zbigniew Herbert, *The Prayer of Mr. Cogito – Traveller*

Introduction

The disabled are exposed and used to evoke emotions whose beneficiaries are the non-disabled. They become objects of inspiration, just as porn actors are objects of desire – in both cases it is the viewers who are endowed with subjectivity.
(Zdrodowska, 2016, p. 397)

The story of disability can be divided into three basic narratives: a) *narratives of restitution* – which contain threads relating to one's struggle to return to previous health; b) *narratives of chaos* – regarding feelings of unhappiness and the conviction that life will never be better; and c) *narratives of quest* – focusing on the need to use one's own experience to help others (Frank, 1995, p. 103) as well as oneself. The initial premise of this study is that there is a need for positive diagnosis (of resources and potentials) referring to the third type of the narrative, in work with people "affected" by disability (regardless of its type). This appears to be of fundamental importance for building a world conducive to the development of all people, i.e., one that is integrated and appreciative of an individual as a person, regardless of the traditionally determined divisions into people who are "better" (without developmental deficits) and "worse" (with developmental deficits).

Both in science and in Polish educational reality, the concept of integration has different dimensions, including those related to belief and the behavior system. On the one hand, therefore, the focus is on building a formal educational system integrating everyone, regardless of their manifested deficits. On the other hand, and possibly more importantly, as it is a prerequisite for the success of the first factor, it aims to build a system of beliefs about others which would encourage tolerance for differences and the appreciation of resources and potentials of other people, even if they are unapparent. These beliefs are undoubtedly the basis for the formation of interpersonal relationships which, in turn, are inherently related to intrapersonal (self-perception and action in accordance with the image of the "I") and interpersonal (perception of others and action in accordance with the image of "I-others") competence. The field of positive diagnosis and the resulting activities supporting the development of

people with disabilities are related to a perception of the world which allows for the possibility of equal opportunity, as well as to the competences determining this possibility. As such, it is fundamental for the effective implementation of the idea of integration.

It is a truism to say that the effectiveness of inclusive education depends on a child's earliest experiences, and hence, that it should start in kindergarten (or possibly even earlier, in the family context). This idea has been reflected in the dynamic activity of the movement for building a joint education system for people with and without disabilities, which started about three decades ago. As a premise for creating inclusive education, the movement has adopted the need to create positive learning experiences as early as possible, which are the basis for shaping beliefs about oneself and the world, and thus condition the development of positive relationships between people with and without disabilities (i.e., learning each other). Shaping positive relations between people who are "different" is not an easy and spontaneous process, but one that requires work and the creation of a support system in the form of properly organized educational interactions. This first happens in the family environment, but the process is often hindered by the common stereotypes of people with disabilities. Later, it takes place at all levels of school education, which often requires the restructuring of the beliefs built earlier in the family and the beliefs of teachers themselves (Chrzanowska, 2019). We must also be aware of the fact that the source of exclusion for people with disabilities is not simply their physical, sensory, and mental deficits, but, above all, the organization of a society which is oppressive to them. As a category of exclusion, disability is socially constructed (Niedbalski, 2019, pp. 7–8); its deconstruction leading to integration must, therefore, also have a social character. In addition, it seems that the restructuring of the support system for people with disabilities should be of a deeper nature, especially in regard to people with more advanced and naturally limiting dysfunctions. An example of an effective integration system is the activities of the "Bethel" Bodelschwing Plant in Bielefeld in Germany (Wysocka & Baron-Borys, 1995).

One of the most important areas of this difficult educational work is shaping the social competences of both groups which, though different in certain areas, undoubtedly have a lot to offer to each other (Smogorzewska, 2019; Smogorzewska & Szumski, 2015). This, however, needs to be discovered through positive experiences in mutual relations which must be included in the development process of each person as early as possible. There is no other way to eliminate

the stereotypes that constitute a barrier between the world of non-disabled and disabled people. There is also no denying that the barrier between these two worlds is not only dependent on the negative beliefs of non-disabled people about integration, but also on the negative beliefs of people with disabilities about functioning in a world dominated by the "normals," and therefore, on their beliefs about themselves, other people and their relationships, the world, and their own lives.[1]

As I have already mentioned, the process of shaping mutual relations must be supported by appropriate educational interactions directed at shaping positive beliefs about people different from us ("each of us has something to give to others"). More and more often in the pedagogical literature, we talk about the importance of building the theory of mind (Putko, 2008; Smogorzewska, 2019). This theory refers to knowledge that helps one to understand and rationally explain the behavior of other people and ourselves, its role in shaping social competences, the quality of interpersonal relations and, generally speaking, the development of an individual in all spheres, i.e., the process of "becoming" independent of natural limitations that are in each of us ("after all, each of us is disabled in some way and degree"). In constructing models of the diagnostic process and post-diagnostic activities, special pedagogy still draws excessively from approaches specific to clinical psychology. That is why the so-called pathogenetic approach – focused on finding the causes, factors, mechanisms and conditions of disorders of the functioning of the individual in various spheres – predominates.

It seems that it is high time we changed or complemented this perspective. The normalization of the disabled is a necessity, and it cannot be done without learning about each other, i.e., restructuring the beliefs of both hitherto "opposite groups" (people with and without disabilities) about the following factors: (1) the need for and (2) the possibility of joint actions in the world, and (3) the benefits that both groups derive from being together. Beliefs, however,

[1] Research indicates (e.g. Wysocka, 2005; 2006; 2008a; 2008b; 2008c) that the developmental consequences and beliefs of people with disabilities about functioning in a world dominated by "the fully abled" are not positive: these people (children and adolescents) feel much better in special schools because they do not differ "negatively" from others (their self-esteem increases, which means that they develop better). Therefore, people with disabilities can take secondary and defensive negative attitudes towards people without disabilities, which are a source of their frustration in the process of building positive beliefs about themselves. A vicious circle of "misunderstandings" (stereotypical beliefs), intolerance and discrimination, operating on the basis of self-fulfilling prophecy, is a considerable barrier to the idea of integration.

should be built or changed as early as possible, because the normalization of mutual relations is then less burdened with already encoded and socially inherited stereotypes blocking these relations. Children's plasticity of mind and spontaneity in relationships guarantees this.

Special Pedagogy and the Dominant Model of Clinical Diagnosis

I won't say hello to you in the street.
(Reimann, 2019)

Diagnostics, as a discipline which deals with the methods of data collection and analysis, is a set of directives that allow for an accurate and reliable assessment of phenomena of interest for a given scientific discipline. This assessment includes the state, structure, development, severity, regulating mechanisms and factors determining the formation and development of phenomena of interest for a given field. In different disciplines, therefore, its subject is formulated differently. However, one should bear in mind that regardless of the subject of the cognition process, it is always possible to objectively assess potentials and resources (positive diagnosis), as well as development deficits and barriers (negative diagnosis). Since the development of diagnostics and the high quality of diagnoses are both necessary conditions for the effectiveness of pedagogical activities (praxeology), it is worth realizing that this is only possible when one takes into account the full diagnosis (positive and negative). In fact, the priority of positive diagnosis should be assumed with regard to the design of post-diagnostic measures and their effectiveness.

It is generally known that pedagogical diagnostics itself develops within the methodology of pedagogical sciences and pedagogy as a general scientific discipline. Within the latter, the following categories are formally distinguished: axiology with teleology (upbringing goals: *What to achieve*), upbringing theory (theoretical and empirical determinants of actions: *How to achieve the assumed goals*), research (diagnostic and design, determining the relationship between the goals of upbringing and events leading to it: *What and how to learn*) and the methodology of upbringing interactions (principles, rules, directives of actions leading to assumed goals: *How to act effectively*) (Górski, 1993; Pytka, 2005; Wysocka, 2013). Diagnosis as a scientific discipline, therefore, draws on both pedagogical theories (and theories of related sciences) and the methodology of social sciences, and must also refer to the

principles of praxeology. Undoubtedly, this is a factor that determines both the subject and the methods of cognition used. In the context of the subject of cognition, and due to the fact that in special pedagogy we mainly deal with the "theory of deficits," this (wrongly) limits this subject to the assessment of negative states, i.e., to diagnoses of (clinical) disorders.

Special diagnostics, or diagnostics of deviations from the norm, is, therefore, a scientific field dealing with ways of recognizing individual states of affairs, their developmental tendencies – including deviations from the norm, disorders, diseases, and disabilities – which is based on the identification of their characteristic features or symptoms (Kostrzewski, 1993; Wysocka, 2013). This definition, evidently, has a clearly clinical (pathogenetic) character. In traditional terms, special diagnostics is an important part of special pedagogy that deals with the education of individuals that deviate from the norm and manifest a variety of developmental disorders associated with disability resulting from organic diseases and disorders, and determined by adverse psychological, social and educational factors. However, it focuses mainly on deficits and development barriers (negative diagnosis). Defining the principles of special diagnosis is further complicated by the fact that the subject of interest is a heterogeneous group of people with very diverse dysfunctions. This diversity conditions different educational needs associated with the specific developmental consequences resulting from various disorders. What unites this heterogeneous group, however, is that they cannot reach the level of development and adaptation to the implementation of social tasks and the requirements of professional roles within their potential capabilities without special external help (Maciarz, 2005). This assistance must be adequate to their special needs but, at the same time and perhaps above all, to their specific capabilities and resources. This is undoubtedly a premise for making a positive diagnosis (of potentials and resources) which not only complements the negative diagnosis (of deficits and limitations which may have different intensities in different conditions), but its results are treated as basic in designing post-diagnostic activities supporting the development of people with disabilities.

Special pedagogy, still treated much too often as the pedagogy of "handicapped individuals" who deviate from the norm in various areas and spheres (Lipkowski, 1993) – which excludes them from the fullness of social life (integration barrier) – focuses mainly on the clinical picture of disorders (negative diagnosis) and proposes as a dominant support system the elimination of these disorders (mainly through semiotropic and sometimes etiotropic activities

[when possible] because they relate to the complex and multiple secondary consequences resulting from primary deficits, often impossible to eliminate and subject to only partial compensation). Negative diagnosis requires the definition of the "norm," which applies not exclusively, but particularly, to special pedagogy. This, in turn, is associated with the adoption of a healthy human model and specifying the ideal state of an individual's functioning in all regulatory processes (orientation-cognitive, intellectual, emotional, motivational, control and executive – clinical diagnostics) as well as determining the extent of their disorders (partial vs. global). Another complication in special diagnosis is the fact that the genesis of disorders is often complex (polyethiology; genetic diagnosis), and the developmental consequences are multiple (diagnoses of significance). In terms of pedagogy, the latter are associated with the functioning of an individual with disability in various social roles – in school, family, peer relations, and generally in society, as well as meeting the requirements and expectations formulated by this society. This, in turn, is directly related to the integration process, and thus the full inclusion of individuals with disabilities into social life, which is, however, built on a specific "equal but not equal" basis.

Health and Disease Model – Good Life Model and Risk Model versus Special Pedagogy

The mission of the humanities is to multiply stories about human experience and interpret them in different ways.
(Markowski, 2013, p. 66)

The main questions that have been posed so far in special pedagogy have concerned the causes or factors determining disorders in the functioning of individuals with disabilities. The pathogenetic approach focuses on various causes and circumstances of the formation of disorders, explaining the relationship between a given pathogenetic factor and the process of defective psychosocial functioning, which determines the effectiveness of corrective actions based on the elimination of negative factors triggering the appearance of secondary disorders associated with disability. As is generally known, in psychopathology and psychiatry pathogenic factors are divided into three types: a) *psychogenic* (related to learning disabilities, disorders of regulation processes, personality structure development, bond development, socialization conditions, difficult stressful

situations or trauma-inducing situations); b) *somatogenic* (related to factors determining somatic diseases [e.g. infectious, toxic, and metabolic ones] and their correlates causing disorders of the nervous system); and c) *endogenic* (associated with genetic predispositions and constitutional properties of the individual, e.g., temperament, features of the nervous system and other body systems).

In psychology and special pedagogy, pathogenetic factors are traditionally most often divided into: a) *biological* (including genetic, constitutional and personality factors); b) *psychological* (including mainly personality, but also situational factors); c) *socio-cultural* factors related to the pathology of the living environment (Sęk, 2012, p. 40). We also know that these factors do not work in isolation; disorders in psychosocial functioning, in fact, are the result of the interaction of many of these determinants, always specifically related to each other, and thus creating a specific sequence and combination of factors for each individual (the *bio-psycho-social* model). This means that disorders of psychosocial functioning are multidimensional and dynamic phenomena derived from the interaction of many interrelated factors, both direct (primary, dominant and causative factors) and indirect ones (secondary factors and intermediary variables "strengthening" the disorder). Together, they constitute and determine the specificity of the disorder mechanism, which is why the purpose of diagnosis is to answer the question of how these mechanisms interact with each other, causing a disorder. The principle of the interaction of pathogenetic factors which undergo dynamic transformations in ontogenesis is at work here, creating overlapping layers of the pathogenetic process. **Layer I** is a permanent, hereditary and constitutional basis on which the predisposing factors (i.e., risk factors for pathology) act, but their existence does not have to determine the occurrence of the disorder; **layer II** includes etiopathogenic factors that disturb or damage the functioning of the central nervous system, not necessarily of a biological nature, e.g., conflicts, motives, or developmentally destructive beliefs; **layer III** embraces overlapping features of psychopathological syndromes (content, quality of disorders), as well as factors triggering disorders (see Sęk, 2012, pp. 41–42).

The interactive **susceptibility-stress model**, integrating various factors important in the genesis of disorders (Carson, Butcher & Mineka, 2003; Seligman, Walker & Rosenhan, 2003) combines the assumptions of the pathogenetic (risk, disease) and indirectly salutogenetic (good life, health) models. Indicated susceptibility (to disorders) is an alternative to the factors described in the concept of resilience (treated as non-susceptibility), seen as protective factors

conditioning good functioning (development and adaptation) in the world, despite the presence of adverse developmental factors (e.g., disability).

Susceptibility to disorders is determined by the predisposition of the individual (e.g., disability), which is the result of the interaction of related biological, psychological and socio-cultural factors which have different meanings in individual cases. These factors are treated as predisposing to disorders (susceptibility to secondary disorders resulting from basic dysfunctions), but they are not their direct cause (they do not trigger disorders or do not have causative power). In the susceptibility-stress model, the causative factor is the primary stressor (an aggravating factor), the so-called pathogen, i.e., difficult situations and everyday adversities or critical life events (experienced trauma), which may result from experiencing disability. However, it does not have independent "causative power" either, i.e., it is not a single factor causing disorders in psychosocial functioning. Only the interaction of both factors, susceptibility primarily associated with, e.g., disability (polyethiologically – bio-psycho-socially and culturally conditioned) and the experienced difficult situations treated as derivatives of disability, trigger the disclosure of secondary developmental disorders (in psychosocial functioning of individuals with disabilities). The effects of chronic stress, treated as a result of one's failure to meet specific life requirements (self-fulfillment) due to disability, is co-determined by, e.g., the state of the nervous system (strength and reactivity) and the physical state of the body. At the same time, however, attention is drawn to the possibility of various protective mechanisms that increase stress resistance (immune resources) developed, for instance, in the concept of resilience or one of coherence (which is discussed further on). This concept is exemplified by the model of cross-disorder risk syndromes, the so-called risk-factors model, exposing the importance of various overlapping biological, personality, temperamental and behavioral risk factors and life stresses, which are correlates of disorders with different strengths, and hence with different probabilities of causing disorders. It can be assumed that the more such factors appear in the life of an individual with a disability, the greater the risk of disorders in their psychosocial functioning. The cross-disorder model allows one to build complex systems of explanatory factors with different causative power, while indicating important mechanisms and the course of the disorder development process. Generally speaking, these types of concepts assume that particular predispositions of the individual (e.g., disability) and patterns of reacting to difficult, stressful situations derived from the experienced disability

formed in the process of socialization and acquisition of life experiences, create an "individual program" of the individual's functioning. This "program" stands in contradiction with the requirements of life, leading to disorders which join in the process of strengthening one another (Levi, 1974; Sęk, 2012, pp. 43–44).

It should be noted, however, that these concepts also indicate (although such analysis is usually omitted) the existence and importance of protective factors that block the dynamics of the pathogenetic process. In addition to risk factors and so-called susceptibility to stress, the individual also has various protective mechanisms at their disposal that increase the individual's resistance to stress. This allows for the combining of both approaches to the etiology of disorders (the pathogenetic and the salutogenetic one) (Sęk, 2012, p. 43) and for creating complementary models, with strong emphasis on the importance of the positive approach, i.e., salutogenesis.

The salutogenesis model proposed by Aaron Antonovsky (1979; 1987; 1997; 2005) breaks the paradigm of the negative approach in the sciences of health and disorders. He refers to the transactional theory of stress by Richard Lazarus (1966; Lazarus & Folkman, 1984), but he significantly reinterprets it and broadens its assumptions. Antonovsky assumes that the natural state of an individual's functioning is a dynamic state of equilibrium, because the individual and their body are a system subject to the laws of entropy (the system's tendency to disorganize) and negentropy (the system's ability to organize). An individual constantly encounters stressful stimuli that are various and ubiquitous in their life, or – as is the case of people with disabilities – experiences various limitations resulting from them. They react to these stimuli and must tune in to them, wanting to maintain a dynamic balance of their own life processes at a specific level, optimal for their own functioning. Therefore, maintaining a state of health is a process of constant responding to requirements arising from the environment and from within the individual himself/herself in order to restore or maintain a certain level of organization of its functioning (the level of dynamic internal and external balance of the system). For people with disabilities, this process is much more difficult but possible with appropriate support from the environment. Health is treated here as a continuum rather than a dichotomous process (health, proper functioning vs. illness, pathology). A continuum approach to the process of disorders is also important for the diagnosis of deviations from the norm, allowing one to determine the level of threat of disorders or of disorders themselves (diagnosis of the condition and

consistent diagnosis – meaning) and their phase (phase diagnosis). Assessment of the level of health (positive approach) is possible, taking into account both of the two criteria and, at the same time, the perspectives for assessing the various properties of the individual (and indirectly, the world in which the individual lives): a) objective, from the perspective of the observer (diagnostician) and b) subjective, from the perspective of the actor (individual).

What is very important in Antonovsky's concept, also for special diagnostics, is an attempt to determine health (protective) factors, allowing one to capture the sources of the occurrence of specific disorders, factors of individual development and, at the same time, conditions of recovery (dynamic system balance). It is worth pointing out the most significant factors distinguished by Antonovsky, namely: (a) generalized resistance resources (GRR), which can be associated with the resources described in the concept of resilience; (b) stressors that can be of different nature (disability and its consequences); (c) sense of coherence (SOC), which is fundamental to this concept; (d) behavior, i.e., the individual's lifestyle. These factors are interrelated, constituting a set of dynamically acting and interacting health factors (or lack thereof).

What is important for the model of special diagnosis is that Antonovsky's concept assumes the natural complementarity of the pathogenetic and salutogenetic model (health and disease as a continuum); therefore, both approaches should be developed interactively, as these models complement each other. The pathogenetic model is used when we want to explain the causes of developmental problems, and focuses on susceptibility factors, stressors and pathogens, as well as all external factors that predispose and trigger pathological conditions. In general, we try to identify and explain the pathomechanisms of disorders. We use the salutogenetic model, on the other hand, when we identify and explain health behavior and proper development despite dysfunctions (e.g., disability); we focus on factors conducive to development, protecting one against disorders and launching dynamic processes for proper functioning. Therefore, we tend to look for the immune resources of the individual, but also of their life environment at all levels: biological, psychological and socio-cultural.

For Antonovsky, it is the sense of coherence (meaningfulness, comprehensibility and resourcefulness) that is the most important for the health and proper psychosocial development of an individual. In the cognitive approach, this is included in the field of forming beliefs about oneself, the world and one's relations with the world, and about the possibility of effective action in it. These properties develop only when the world is perceived as friendly, hospitable

and not exclusive or discriminatory due to "difference" (an integration model that accepts and appreciates differences).

However, the basic problem, it seems, is the process of integrating a common model of thinking about the determinants of well-being, i.e., obtaining a proper internal and external balance (integrating mechanisms of salutogenesis and pathogenesis of behavior). What makes this problem even more crucial is that the process of health and the proper development of an individual is presented as a continuum in which – apart from clearly described marginal poles (deficits – resources) – there are many intermediate states that can be determined by various factors. We are still insufficiently dealing with this differentiation in the diagnosis process. One of the solutions in this area can be, as Helena Sęk (2012, pp. 52–53) claims, adding to the salutogenesis model elements of analysis appropriate for the model mentioned above: susceptibility – stress. This means that stress factors should be analyzed in the context of susceptibility (risk factors, negative model, pathogenesis) vs. resistance (protective factors, e.g., resilience, positive model, salutogenesis). Human development is then recognized in pathogenetic and salutogenetic categories simultaneously, i.e., complementarily, which is undoubtedly possible at the level of health and disease diagnosis.

However, the problem of what supportive actions to take in order to first uncover and then activate an individual's potential and resources (automatically compensating – though not always comprehensively – for their deficits) remains open. Disorders which result from experienced deficits (e.g., behavioral ones) cease to be functional when the individual's potential is discovered, allowing them to meet their needs in a manner consistent with the requirements of the environment and to develop ("become a full person") to the best of their abilities with the support of a friendly environment.

The proper development of the individual in accordance with this concept includes the formation of positive beliefs about their own functioning in the world and its determinants related to their perception of: a) oneself, other people and their relationships with them and the surrounding world; b) coping with the world (constructive vs. destructive), with a recognition of coping styles and supporting the process of shaping constructive styles of overcoming problems.

It is worth pointing out that in the model of dealing with problems or limitations, and particularly with the stress they cause, the most important factors include: the quality of life events (negative, e.g., stressors, deficits; positive,

e.g., successes); the method of their subjective assessment (as a challenge or threat, e.g., attitudes, beliefs about oneself, other people, relationships with other people, the world); personality type (vulnerable or resistant to threats, e.g., resilience; optimism – pessimism, sense of coherence); one's habitual way of responding to difficult situations shaped by personal life experiences (coping strategies – constructive, adaptive, destructive, disadaptive; lifestyle – healthy, anti-healthy); resources from the environment (physical, material, socio-cultural) – rich or poor in sources of support, i.e., strong or weak bonds, a sense of having or lacking support. These factors interact with each other in the context of their qualitative categories (types of resources) and their orientation (positive, negative), having specific significance in overcoming difficult situations (developmental problems, life events, deficit development conditions).

In the process of diagnosis, these factors can be recognized simultaneously, always creating an individual model of factors determining development as well as salutogenetic and pathogenetic tendencies. How one designs postdiagnostic supportive activities depends mainly on the adopted theoretical perspective; however, a generally accepted rule is that in building development support systems, priority should be given to actions related to potentials and resources (ergotropic activities) as they are more effective from the praxeological and psychological point of view. This is justified by the following arguments: (1) actions referring to potentials (positive diagnosis) eliminate resistance to change and the fear of risk of developmental activities (the elimination of primary deficits, e.g., a disability, is often impossible, and also indicates the individual's dysfunction, which for them is difficult psychologically); (2) actions based on potential strengthen the beliefs of the individual about their own positive values and capabilities, which translates into better functioning even in the disordered spheres. I have already emphasized that it is not without significance in the positive approach to link the actions with the diagnostic and therapeutic relationship, which is easier and better to develop when we perceive an individual with disabilities in positive categories and treat them as "non-deficit." This strengthens the conviction of the individual that it is possible for them to overcome problems and function as a rightful member of an integrated (non-exclusive) community.

There is no doubt that the diagnostic and postdiagnostic activities, as stages in the process of supporting the development of people with disabilities, must be implemented primarily in the positive approach – which can be analyzed in the context of models of health (the salutogenetic current) and disease

(the pathogenetic current) – yet using the principles of complementarity (with priority on the health model and the subordination of the disease model). It is worth noting that the problem of the complexity of diagnosis, related to the principle of combining positive and negative diagnosis (the need to identify the strengths and weaknesses of the individual and the conditions in which their development takes place), is very important from the perspective of the praxeology of development support activities. Without it, the effectiveness of planned modification activities is reduced. The basic principle of pedagogical activity is to prioritize an individual's strengths, i.e., to prioritize ergotropic activities (activating and strengthening the potential of the individual) based on identified resources and potentials. Activities directly eliminating the signs of dysfunctional behavior and living conditions, on the other hand, should be complementary, which is determined by the principle of "succession" of semiotropic activities (eliminating the symptoms of disorders) based on deficits and limitations. Activities aimed at eliminating the causative factors (primary and secondary), i.e., eliminating the causes of disorders, are also important here. This particularly applies to secondary disorders (e.g., negative self-image) resulting from primary limitations (disabilities) which are often impossible to overcome in the process of full compensation. This is determined by the principle of the importance of etiotropic activities and the diagnosis of the etiology of secondary disorders (Czapów, 1980).

This problem has been theoretically resolved; praxeological rules of corrective action say that the condition for their effectiveness is a comprehensive diagnosis (full diagnosis: both, positive and negative), not only in terms of the level and type of disorders in the functioning of the individual and the dysfunctionality of its development conditions (symptomatological – identification, causal and consequential diagnosis – negatively focused on disorders, associated with semiotropic and etiotropic activity), but also in terms of the proper functioning of the individual in their environment (diagnosis of potentials – identification – positively oriented and related to ergotropic activities). Therefore, postdiagnostic activities must include positive diagnosis, used indirectly in actions aimed at eliminating disorders (Tokarczyk, 1997), which was emphasized in Irena Obuchowska's model of developmental diagnosis by (1983; 1997).

In pedagogical practice (also in special pedagogy), a preliminary diagnosis (diagnosis of deviations from the norm) of a selective nature (the basis for qualifying for specific intervention measures) mainly contains conclusions

assessing the extent of an individual's deficits and possibly their developmental consequences, usually without any information about their development potential which, however, undoubtedly exists. This limits the scope of postdiagnostic design in the field of ergotropic activities and, moreover, causes problems in diagnostic and therapeutic contact (in its establishment and development), which is no less (and often more) important for the effectiveness of intervention measures. One should bear in mind that activities aimed solely at correcting deficits indicate difficulties in building the humanistic and psychological dimension of diagnostic and therapeutic contact. This problem does not exist (or is less visible) in actions supporting the development of discovered potentials, which improve the functioning of the individual in spheres originally disturbed as a result of experienced disability. This contact is then based on positive emotions, such as trust, directly convincing the individual with disabilities that others treat him/her as a "full-fledged person" with development opportunities (potentials). Moreover, it also helps one to build a positive self-image in a world which appears friendly and does not discredit anyone because of their limitations. The optimistic thesis, constituting the main premise of actions supporting the development of people with disabilities, is associated with the statement that although it is impossible to change some events in life (disability), one can change their own approach to them. This places the concept of salutogenesis directly in the cognitive trend. Restructuring beliefs about oneself and the world and the possibilities of one's own positive actions can improve mutual relations between the two worlds – of disabled and non-disabled people.

Help Models vs. Disability

By researching a specific life, I hope to understand the way of life in general.
(Ellis & Bochner, 2000, p. 737)

Treating the diagnostic process as directly related to design of postdiagnostic activities, it is worth referring to the models of assistance also used in work with people with disabilities. In psychology of help, for instance, there are two basic and four derivative models of development support, applicable in various life situations but characterized by a number of limitations. They fit into the risk (pathogenetic) or good life (salutogenetic) model but they also have peculiar significance for formulating the principles of positive diagnosis.

These are compensatory, moral, educational and medical models (Brammer, 1984; Brickmann et al., 1983a; Brickmann et al., 1983b) which fit into the "model of giving" what the individual is missing (educational, medical and partly moral model) or the "support model" in the process of self-achievement of goals (compensation model). The criteria for description, explanation (methodology of diagnosis) and postdiagnostic activity (methodology of supportive action) are different in these models.

The compensation model assumes low responsibility of the individual for the problem but high for its solution if they are provided with a certain type of support. Therefore, an individual requires a degree of power, possibilities and competences that must be initially provided for him or her. The psychological situation of the individual is favorable in this model because they realize the importance of their own experiences and understand their own situation, as well as the sources of their problems. In addition, the individual has a sense of subjectivity in the process of change, learns self-confidence and independence. This is the only beneficial model of development support, because it fulfills the condition of justified, fair (faultless disability) and effective (serving internal change and learning to cope) assistance. It also provides the individual with active control over their own lives and over the way they use help to overcome their problems. This model can be inscribed within the field of control (Tokarczyk, 1997, pp. 53–54), which assumes the need to provide the individual with the resources that they lack, so that the correct features and behaviors can be formed that would make them capable of functioning properly in the world. These resources can or should be used in learning to cope with life difficulties. In the context of special diagnosis (deviations from the norm), its subject is mainly the individual's potential which supports the process of change. Obviously, however, it is also necessary to refer in the diagnosis to the manifestations of disorders associated with environmental deficits, which allows for determining the mechanism of developmental problems experienced by the individual.

The moral model (usually used in resocialization) is associated with assigning high responsibility to an individual for both a problem and its solution. This means that the individual is credited with responsibility for the problem but, at the same time, is treated as resourceful and capable of solving it independently. It results from the subjective treatment of the individual who always has the opportunity to choose whom to become. The decision on the mode of action (pro-development vs. developmentally destructive) belongs to the

individual, too. Leon Tyszkiewicz (1997) indicates two important variables, "decisive self" and "decision-making ease," which complement various factors affecting the individual throughout their life.

This means that the individual has the ability to choose the ways to meet their inalienable needs, but they make their decision on how to act (constructively or destructively) based on important factors. Importantly, the nature of the decision and the decision-making ease depend on the overall life situation of the individual and their life experience. In the case of people with disabilities, this choice is relative, and the inhibitor is the oppressive attitude of society towards disability. Decision-making ease is present in every case, but its extent is different. Here, the individual needs motivation for constructive and pro-development action, triggered by a supportive society, striving for equality. This model, to some extent, can be used in special pedagogy, because by inducing the individual to assume full responsibility for their life and development, it shapes their control mechanisms and their sense of agency. Its weakness in the context of the needs of people with disabilities is the belief that an individual can and should (with moral responsibility) deal with all of their problems alone. This alienates the individual from the social environment, depriving them of the opportunity to receive support. What seems problematic here is the fact that the person is burdened with their own failures (guilt) and cannot count on someone else to help them solve their problems (they have to deal with them on their own). The subject of diagnosis and, at the same time, of postdiagnostic activities, is the motivation of the individual to develop and change the level of this motivation (low, high or lack thereof) and its type (internal, external, autotelic, instrumental). From the perspective of building a sense of agency and subjectivity in the development process, it is undoubtedly important to identify the personal potentials and resources available to the individual in their environment, which form the basis for a reflective, conscious and responsible process of change. The purpose of the supporting action is, therefore, for the individual to gain a sense of internal control over his fate and action, and the belief that they can shape themselves and their own lives (internal, autotelic motivation), which must precede or overcome any awareness that their deficiencies are "harmful" for them (i.e., that they block the possibility of revealing and developing their own potentials).

The medical model assumes low responsibility of the individual for the occurrence of their problems (disability) but, at the same time, no control over their solving (possibilities and ways of acting for development). It is a clinical

model, still dominant in special pedagogy, objectifying a person with a disability as helpless and permanently dependent, unable to cope alone with their own problems due to the disability they experience. The individual here is deprived of any influence on the changes that take place in their life and behavior and, at the same time, feels relieved of any responsibility for their fate (and development), because nothing depends on them. This model is undoubtedly not conducive to integration, because it strengthens the experience of difference and the individual's unequal treatment as a weaker person, incapable of independence; it shapes a sense of constant dependence on external help, which may entail either learned helplessness or the formation of an exploitative attitude. As a result, the functioning of the individual deteriorates even in previously undisturbed spheres (Popiołek, 1995, pp. 58–61). The activities designed in this model, therefore, lead to a feeling of helplessness and block autonomous development. The diagnosis is negative here, focusing on deficits that a person with a disability cannot overcome on their own due to their past and predicted future (always independent of them). The image of such an individual is very negative; they appear to require constant support because they have no available resources, and it is impossible to teach them how to be self-sufficient. The possibilities of a person with a disability to undergo internal transformation (development) in an autonomous manner are here discredited.

The educational model is described as one in which a person is highly responsible for the problems they experience, but they are not ascribed responsibility for solving them due to the perceived natural lack of competence in this area. This model promotes the formation of a negative self-image (as a weak, imperfect individual) and the creation of dependency attitudes, resulting in the lack of independence in solving one's own problems. It promotes a high degree of submission to social control due to the belief that it is impossible for an individual to cope with problems unaided. It is not difficult to notice that this model reflects the most negative way of thinking about the nature and process of becoming human. It assumes dispositionally conditioned responsibility for one's own situation (a person is guilty of who they have become), yet at the same time, relieves them of responsibility for the effort of their own transformation and deprives them of "power" (control) over their own fate (the person does not have resources that can be used in the process of change). Its use undoubtedly results in the loss of faith in one's own strength and increases guilt and humiliation that is all the more painful, because even the achieved developmental effects are solely the result of external influences. This model

is the closest to the risk model but it even further limits the means of action to eliminate the symptoms of the disorder. The diagnosis here is only clinical and its object is merely to identify the symptoms of disorders that are modified or eliminated in accordance with the adopted philosophy of action.

Assessing briefly the cited models of support in development, it seems evident that educational and medical models objectify almost completely the individual (no responsibility for solving their problems, learned helplessness), while the moral model deprives the individual of support available in the community. Undoubtedly, they do not serve the implementation of the idea of integrating a person with disability into society – the first two, because they foster a negative self-image and a sense of inferiority, the third, because of directly expressed ostracism. Ultimately, therefore, their results cannot be positive in the context of shaping one's sense of internal control over the development process (lack of subjectivity and sense of agency) and its orientation (development goals planned and achieved). The only model in which an individual is treated as a subject and, at the same time, is not deprived of the necessary support in the community is the compensatory model, which partly reflects the assumptions of the good life model (salutogenesis), while enabling the integration of a person with disability into their social environment on an "equal rights" basis.

Conclusion – the Use of Positive Diagnosis in Special Education

> *Does the world need the weak and the disabled? And why would it? […] My disability is enough for me and somehow, I am not drawn to exploring this topic further. I prefer to run away from it in any way possible, e.g., into my perfect dream world, into sleep, into loneliness. I already feel redundant, and now this question.*
> (Żywicki, 2010, pp. 25–26)

The social categorizing of people with disabilities as weak and, therefore, absent from social life (Filińska, Momot & Wojciechowski, 2010) must change. Undoubtedly, the current situation of an individual with a disability reflects the situation of a weak (weaker) individual in modern civilization. However, one has to ask the question of whether it has to be this way, which is related to the question of whether the weak and the disabled may be needed by the world and why (Żywicki, 2010, pp. 25–29). This question can be considered unfair, immoral and unreasonable because it reflects directly the oppressive

and excluding attitude of society towards the weaker (?), simply because they are not fully able. Undoubtedly, adopting such a perspective, we must take decisive steps to try to look at disability in positive terms, diagnose potentials and use them in the process of supporting the development of people with disabilities. What is needed (and possible?), though undoubtedly difficult, is to change our beliefs about what disability is and what it can mean for us, our beliefs about the possibilities and potentials that are in every person, regardless of their deficits. It is necessary to focus on what people with different disabilities *can* do, not on what they *cannot* do. Many problems appear to us to be unsolvable, but the basic ones are related to understanding the world of people with disabilities, comprehending their specific situation and appreciating what they can offer us (positive diagnosis). Unfortunately, this is what Dariusz Żywicki (2010, pp. 26–27) wrote about the world where people with disabilities live today: "I would prefer to sit at home, although I often associate it with prison, with a life sentence, than to engage someone to help me to get out and overcome all the obstacles – architectural (and these are not limited to curbs), but also those in your head."

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 87–100
DOI: 10.19265/KP.2019.21387

ORIGINAL PAPER
Received: 22.06.2019
Accepted: 2.07.2019

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Inclusive School Teachers' Self-Assessment of Their Diagnostic and Therapeutic Knowledge and Skills

Samoocena wiedzy specjalistycznej oraz umiejętności diagnostycznych i terapeutycznych nauczycieli szkół integracyjnych

Keywords:
key teacher's competencies, diagnostic competency, therapeutic competency, self-assessment of knowledge, self-assessment of skills

Summary: Diagnostic and therapeutic competencies are the foundation of educational activities undertaken by a professional teacher, one who has knowledge and skills verified by practice, and who is flexible enough to approach a student in a personalized way, thus providing them opportunities for development that take into account their cognitive abilities and needs. This article presents research on teachers' declared sources of knowledge and skills in the fields of diagnosis and therapy, and their self-assessment of their knowledge and skills. It is part of a larger research project devoted to the diagnostic and therapeutic competencies of teachers in mainstream, inclusive and special education schools.

Słowa kluczowe: kluczowe kompetencje nauczycieli, kompetencje diagnostyczne, kompetencje terapeutyczne, samoocena wiedzy, samoocena umiejętności

Streszczenie: Kompetencje diagnostyczne i terapeutyczne stanowią fundament działań edukacyjnych podejmowanych przez profesjonalnego nauczyciela. Tylko nauczyciel dysponujący wiedzą i umiejętnościami zweryfikowanymi w praktyce oraz elastycznie i spersonalizowanie podchodzący do dziecka może bowiem zapewnić mu rozwój uwzględniający jego możliwości i potrzeby poznawcze. Artykuł prezentuje badania dotyczące deklaratywnych źródeł nauczycielskiej wiedzy i umiejętności w zakresie diagnozy i terapii oraz ich samoocenę. Przedstawione badania są fragmentem większego projektu badawczego poświęconego kompetencjom diagnostycznym i terapeutycznym nauczycieli szkół ogólnodostępnych, integracyjnych i specjalnych.

Introduction

A teacher's professional role encompasses three basic responsibilities fulfilled by them in the educational space: didactic – regarding the transfer of knowledge and the development and improvement of skills; educational – shaping students' social skills, their value and identity systems; and protective – consisting in caring for a child's biological and psychological needs and ensuring his or her sense of security (Appelt & Kleczewska, 2001, pp. 12–14). However, in order for the implementation of these responsibilities to guarantee the highest quality of teachers' work, they must be equipped with competencies that support a "new professionalism" (Gołębniak, 2001, p. 129) based on knowledge and skills (constituting part of their competence) and verified in practice.

Competencies constitute one's ability to carry out tasks that are part of social standards and taking responsibility for one's behavior (Szempruch, 2000, p. 264). These features are supported by knowledge and experience, as well as behavior and attitude (Jędrzejczyk, 2014, p. 14), which are of particular importance for the effectiveness of activities undertaken by a professional teacher.

We can distinguish three groups of teachers' professional competencies: basic (communication), necessary (without which the teacher cannot perform educational tasks), and desirable competencies (helpful in carrying out educational tasks, but not necessary) (Dylak, 1993, pp. 38–39). Diagnostic and therapeutic competencies fall into the second group. Teachers' professional competencies largely include specialist, psychodidactic (motivating, activating,

individualizing), communication, counseling, advisory and reflective ones (Kyriacou, 1991, p. 24). It is worth emphasizing that specialist competencies, including diagnostic and therapeutic ones, are an indispensable element of working with a child with special educational needs and constitute a superstructure of general humanistic and pedagogical competencies (Gajdzica, 2011; 2013). As Skibska (2018, p. 112) points out, "The importance of diagnostic competence results from one's responsibility for a child's/student's development and for making decisions related to directions of development and behavior modification." On the other hand, the significance of therapeutic competencies stems from the detection of various relationships and regularities, skillful listening, understanding and paying attention to the unspoken (King, 2003). In this sense, therapeutic competence is sometimes equated with pedagogical tact (Brasławska-Haque, 2013) which

> […] does not involve only looking at a child's biography, opening up to their experiences and individuality, but also exerting delicate influence, which arises from situational confidence and an impromptu image. [It] protects the child's space, safeguards what is at risk, prevents pain, merges what is divided, strengthens the good, enhances the unique and supports the child's personal development and ability to learn. (Śliwerski, 2010, pp. 25–26)

Therefore, an appropriate level of expert education and training should be mentioned among the basic conditions for teachers' high-quality work (Burkovičová, 2016). Thanks to acquired competencies, a teacher can effectively face the challenges of the modern school (Janiszewska-Nieścioruk, 2008) and is able to work with every child in a flexible way, allowing him or her to "build proper relationships with both younger and older students" (Jabłoński & Wojciechowska, 2013, p. 59). Only high-quality competencies, skills and knowledge build individual and social capital (Chrzanowska, 2010). They allow for the pro-quality and professional fulfillment of the teacher's functions in all areas of the educational space, for creating the right atmosphere not only for thinking but also for feeling, for activating human values and kindness and, finally, for kindling children's aspirations, giving them the strength, will and motivation to act (Grzegorzewska, 2002).

The above considerations show the importance of specialist knowledge, as well as the value of diagnostic and therapeutic skills, for teachers working with children with different educational needs. This is why the goal of the article – and the research presented in it – is to identify the sources of teachers'

knowledge and skills which determine the quality of their and their students' work and thus require specialist and professional support.

Methodological Assumptions of Own Research

The research was conducted in 2018 in the Śląskie Voivodeship in six randomly selected inclusive schools. The study enlisted the participation of 105 teachers working with children with special educational needs. Most of the respondents (62.9%) were aged 40 and over; 37.1% of respondents were aged 20–39. Over half of the surveyed teachers (59.0%) did not have additional qualifications, while 41.0% of the respondents acquired additional qualifications in the course of their professional careers.

The study used the diagnostic survey method. The survey consisted of four open questions and thirteen closed (categorized) ones, in which the surveyed teachers were asked to specify the degree of importance or difficulty by choosing one of the following numbers: 1 – the most important, 2 – important, 3 – least important; or 1 – the most difficult, 2 – difficult, 3 – least difficult.

The aim of the research was to learn the sources of specialist knowledge and skills related to diagnosis and therapy as declared by the teachers of inclusive schools and their self-assessment of the same. Furthermore, it explored the relation between the teachers' self-assessment and their age and additional qualifications.

The following research questions were formulated:

1. What are the sources of diagnostic and therapeutic knowledge and skills declared by the surveyed teachers of inclusive schools?
2. How do the surveyed teachers of inclusive schools assess their diagnostic and therapeutic knowledge and skills?
3. Does the age of the teachers of inclusive schools surveyed determine the assessment of their diagnostic and therapeutic knowledge and skills? To what extent?
4. Do the additional qualifications held by the teachers of inclusive schools condition the assessment of their diagnostic and therapeutic knowledge and skills? To what extent?

The variables regarding self-assessment of knowledge and skills were analyzed based on the assumed scale from 1 to 5. Non-parametric Mann-Whitney U tests and Kruskal-Wallis tests were used in this part of the analysis. The significance level $p = 0.05$ was assumed in all analyses. The study is part of

a larger research project devoted to the diagnostic and therapeutic competencies of teachers in public, inclusive and special education schools.

The starting point for the adopted division of knowledge and skills is the one proposed by Z. Gajdzica (2013, pp. 103–114; 2011: *scientific knowledge* – conferences, book publications, journals; *informal knowledge* – media, internet, peer assistance; *departmental institutional knowledge* – materials/conferences organized by the Ministry of National Education (MEN); *non-departmental institutional knowledge* – e.g., workshops and trainings organized by Voivodship Teachers Training Centers (WOMs), post-graduate studies. For the purposes of this research, this division was expanded to include *expert knowledge* – acquired during studies and *knowledge acquired at work* (trainings/workshops organized by the school management). In addition, it was supplemented with various types of skills that are equivalent to the division of knowledge, i.e., *"scientific" skills* – participation in workshops conducted during academic conferences, practical tips taken from academic journals; *informal skills* – media, Internet, peer assistance; *departmental institutional skills* – trainings/workshops organized by the Ministry of National Education; *non-departmental institutional skills* – trainings/workshops organized by WOMs, post-graduate studies; *expert skills* – acquired at university; *skills acquired at work* – trainings/workshops organized by the school management.

Own Research Results

Based on the collected data on the sources of diagnostic and therapeutic knowledge and skills as declared by the surveyed teachers of inclusive schools (figures 1 and 2), it can be concluded that the most frequently mentioned sources of diagnostic knowledge are knowledge acquired at work (76.2%), scientific knowledge (56.2%) and expert knowledge (45.7%). Informal and non-departmental institutional knowledge were indicated by 41.9% and 39% of the respondents, respectively, while other teachers (13.3%) pointed out departmental institutional knowledge. The most frequently indicated sources of therapeutic knowledge were knowledge acquired at work (79%), non-departmental institutional knowledge (54.3%) and scientific knowledge (50.5%). Expert knowledge and informal knowledge were indicated by 44.8% and 36.2% of the respondents, respectively, while 17.1% selected departmental institutional knowledge.

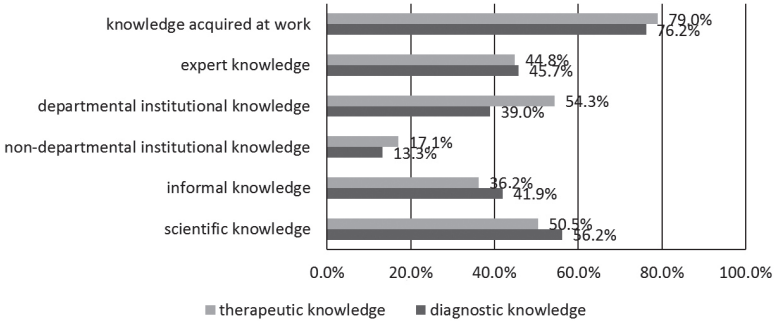

Figure 1.
Sources of diagnostic and therapeutic knowledge declared by the surveyed teachers of inclusive schools.
Source: own research.

Regarding sources of diagnostic skills, the most frequently declared were those acquired at work (78.1%), non-departmental institutional skills (50.5%) and scientific skills (47.6%). Expert and informal skills were indicated by 45.7% and 39% of the respondents, respectively, while 14.3% indicated departmental institutional skills. The most frequently indicated sources of therapeutic skills were those acquired at work (78.1%), non-departmental institutional skills (51.4%) and scientific skills (42.9%). Expert and informal skills were indicated by 41% of the respondents, while 11.4% of the respondents indicated departmental institutional skills.

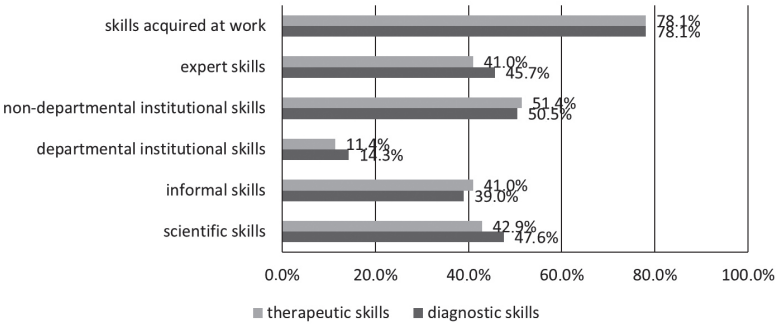

Figure 2.
Sources of diagnostic and therapeutic skills declared by the surveyed teachers of inclusive schools.
Source: own research.

Another issue concerned the assessment by teachers in inclusive schools of their expertise on and skills in diagnosis and therapy (figures 3 and 4).

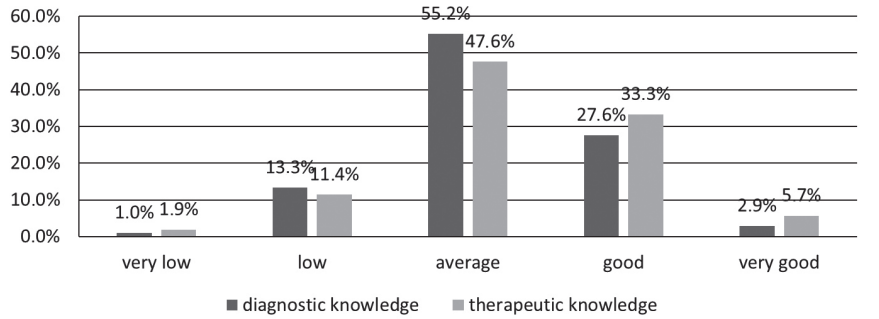

Figure 3.
Self-assessment of diagnostic and therapeutic knowledge of teachers in inclusive schools.
Source: own research.

Diagnostic knowledge was most often assessed by the surveyed teachers as average (55.2%) or good (27.6%), while 2.9% of respondents in this group claimed that it was very good and 14.3% believed that it was low or very low (in this, 13.3% and 1.0% of respondents, respectively). Regarding their therapeutic knowledge, 47.6% of respondents assessed it as average and 33.3% as good, while 5.7% of the teachers surveyed asserted that their knowledge was very good, and a low or very low level of therapeutic expertise was indicated by 11.4% and 1.9% of the teachers surveyed, respectively.

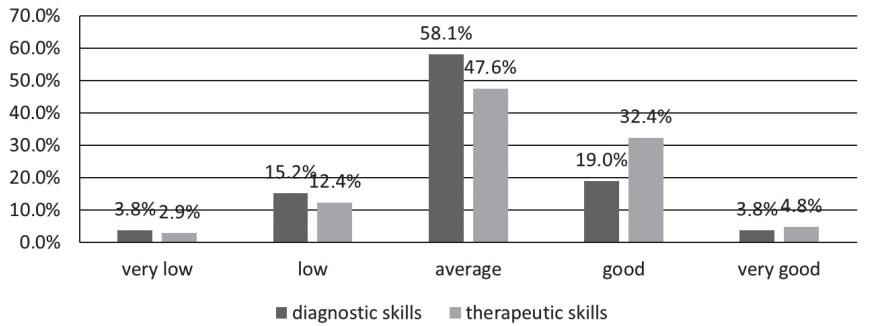

Figure 4.
Self-assessment of diagnostic and therapeutic skills of teachers in inclusive schools.
Source: own research.

Nearly six in ten of the respondents (58.1%) assessed their diagnostic skills as average, and 19.0% and 3.8% of the study participants, respectively, believed their diagnostic skills to be good or very good. At the other end of the spectrum, 15.2% of the teachers in this group rated their diagnostic skills as low, and 3.8% as very low. Regarding therapeutic skills, 47.6% of the respondents declared they were average, while 32.4% assessed them as good, and 4.8% as very good. According to 12.4% and 2.9% of respondents, respectively, their therapeutic skills are at a low or very low level.

A further analysis of the data was carried out in order to determine the relationship between the age of the teachers surveyed and their expertise on, and skills in, diagnosis and therapy (Table 1).

Table 1
The age of the teachers surveyed and their declared knowledge and skills in terms of diagnosis and therapy

Self-assessment of knowledge and skills	Age	M	SD	Min	Q25	Me	Q75	Max	U	p
Diagnostic knowledge	20–39 y.o.	3.1	0.9	1.0	3.0	3.0	4.0	5.0	1091.00	0.148
	40 and over	3.3	0.6	2.0	3.0	3.0	4.0	5.0		
Therapeutic knowledge	20–39 y.o.	3.1	1.0	1.0	2.0	3.0	4.0	5.0	965.50	0.021
	40 and over	3.4	0.7	2.0	3.0	3.0	4.0	5.0		
Diagnostic skills	20–39 y.o.	2.9	1.0	1.0	2.0	3.0	3.0	5.0	1156.00	0.329
	40 and over	3.1	0.7	1.0	3.0	3.0	3.0	5.0		
Therapeutic skills	20–39 y.o	3.0	1.0	1.0	2.0	3.0	4.0	5.0	1000.50	0.040
	40 and over	3.4	0.7	2.0	3.0	3.0	4.0	5.0		

M – average; SD – standard deviation; Min – minimum value; Max – maximum value; Q25 – bottom quartile; Me – median; Q75 – upper quartile; U – Mann-Whitney U test statistics; p – significance.
Source: own research.

There are no statistically significant differences in the levels of self-assessed diagnostic knowledge between teachers aged 20–39 and those aged 40 and over ($U = 1091.00$, $p > 0.05$). The same quartile and median values were noted in both groups ($Q25 = 3$, $Me = 3$, $Q75 = 4$). There are, however, statistically significant differences between the teachers aged 20–39 and those aged 40 and over regarding the self-assessed levels of their therapeutic

knowledge (U = 965.50, p < 0.05). Among the subjects from the first group, the results ranged from Min = 1 to Max = 5. The median in this group was Me = 3, which means that at least half of the subjects achieved a result not higher than this level. Among the respondents from the second group, the results were higher – they were encompassed by the values Min = 2 and Max = 5; a quarter of the respondents did not exceed the level of Q25 = 3, for half of the respondents the results were not higher than Me = 3, and for three-quarters of them not higher than Q75 = 4. This means that the teachers aged 40 years or older rated their therapeutic knowledge higher than the younger teachers did.

There are no statistically significant differences in the levels of self-assessed diagnostic skills between teachers aged 20–39 and those aged 40 and over (U = 1.156.00, p > 0.05). The same values of upper quartiles and median were recorded in both groups (Me = 3, Q75 = 3). There are, however, statistically significant differences in the levels of self-assessed therapeutic skills between teachers aged 20–39 and those aged 40 and over (U = 1050.50, p < 0.05). Among the subjects from the first group, the results ranged from Min = 1 to Max = 5. The median in this group was Me = 3, which means that at least half of the subjects achieved a result not higher than this level. Among the respondents from the second group, the results were higher – encompassed by the values Min = 2 and Max = 5; a quarter of the respondents did not exceed the level of Q25 = 3, for half of them the results were not higher than Me = 3, and for three quarters not higher than Q75 = 4. This means that the teachers aged 40 and older rated the level of their therapeutic skills higher than the younger teachers did.

Further analysis was conducted to ascertain whether the possession of additional qualifications by the teachers surveyed determined their knowledge and skills regarding diagnosis and therapy (Table 2).

Table 2
Additional qualifications of the teachers surveyed and their declared knowledge and skills in the field of diagnosis and therapy

Self-assessment of knowledge and skills	Additional qualifications	M	SD	Min	Q25	Me	Q75	Max	U	p
Diagnostic knowledge	NO	3.1	0.6	2.0	3.0	3.0	3.0	4.0	1055.00	0.044
	YES	3.3	0.8	1.0	3.0	3.0	4.0	5.0		
Therapeutic knowledge	NO	3.1	0.7	1.0	3.0	3.0	4.0	5.0	848.50	0.001
	YES	3.6	0.8	1.0	3.0	4.0	4.0	5.0		
Diagnostic skills	NO	2.9	0.7	1.0	3.0	3.0	3.0	5.0	1050.50	0.039
	YES	3.2	0.9	1.0	3.0	3.0	4.0	5.0		
Therapeutic skills	NO	3.0	0.7	1.0	3.0	3.0	3.0	5.0	852.00	0.001
	YES	3.5	0.9	1.0	3.0	4.0	4.0	5.0		

M – average; SD – standard deviation; Min – minimum value; Max – maximum value; Q25 – bottom quartile; Me – median; Q75 – upper quartile; U – Mann-Whitney U test statistics; p – significance.
Source: own research.

There are statistically significant differences between the teachers with additional qualifications and those who do not have them ($U = 1055.00$, $p < 0.05$) regarding their diagnostic knowledge. Among the subjects from the first group, the results ranged from Min = 2 to Max = 4. The median in this group was Me = 3. Among the subjects from the second group, the results were higher – a quarter of the respondents did not exceed the level of Q25 = 3, for half of them the results were not higher than Me = 3, and for three-quarters not higher than Q75 = 4. It follows that teachers with additional qualifications rated their diagnostic knowledge higher than the other respondents.

Likewise, there are statistically significant differences between the teachers with additional qualifications and those who do not have them ($U = 845.50$, $p < 0.05$) regarding their therapeutic knowledge. Among the subjects from the first group, the results ranged from Min = 1 to Max = 5. The median in this group was Me = 3. Among the subjects from the second group, the results were higher – a quarter of the respondents did not exceed the level of Q25 = 3, for half of them the results were not higher than Me = 4, and for three-quarters not higher than Q75 = 4. This means that teachers with

additional qualifications rated their therapeutic knowledge higher than the other respondents did.

There is also a statistically significant difference in diagnostic skills between teachers with additional qualifications and those who do not have them ($U = 1050.50$, $p < 0.05$). Among the subjects from the first group, the results ranged from Min = 1 to Max = 5. The median in this group was Me = 3. Among the subjects from the second group, the results were higher – a quarter of the respondents did not exceed the level of Q25 = 3, for half the results were not higher than Me = 3, and for three-quarters not higher than Q75 = 4. It can be concluded that teachers with additional qualifications rated their diagnostic knowledge higher than the other respondents did.

Likewise, there are statistically significant differences in therapeutic skills between teachers with additional qualifications and those who do not have them ($U = 852.00$, $p < 0.05$). Among the subjects from the first group, the results ranged from Min = 1 to Max = 5. The median in this group was Me = 3. Among the subjects from the second group, the results were higher – a quarter of the respondents did not exceed the level of Q25 = 3, for half of them the results were not higher than Me = 4, and for three-quarters not higher than Q75 = 4. This means that teachers with additional qualifications rated their therapeutic skills higher than the other respondents did.

Conclusion

Diagnostic and therapeutic knowledge and skills fit into the range of key competencies that a professional teacher should be equipped with. To a large extent, this is due to changes taking place in contemporary social space, which "[…] define new areas in education and require new competencies. They go beyond the canon of basic knowledge, skills and attitudes which constitute a teacher's professional preparation" (Pankowska, 2016). These certainly include both diagnostic and therapeutic knowledge and skills, which fall within the range of the competencies of a present-day teacher who must be professionally prepared to work with a child with diverse educational needs and cognitive capabilities. The research presented above, referring to teachers' declared sources of knowledge and skills in the areas of diagnosis and therapy, allows me to formulate the following conclusions which, however, due to the size of the sample, are not subject to generalization:

1. The surveyed teachers of inclusive schools declare that their knowledge and skills related to diagnosis and therapy consist in competencies which have mostly been acquired in the course of their professional work (over 70%) and in the scientific knowledge and skills acquired at conferences and by reading professional literature (books and academic journals) (over 50%).
2. The surveyed teachers of inclusive schools assess both their diagnostic knowledge and their diagnostic skills as average (over 80% and over 50%, respectively). Therapeutic knowledge is also assessed by the surveyed teachers as average (over 80%), similarly to their skills in this field (over 70%).
3. The age of the surveyed teachers of inclusive school determines the self-assessment of their knowledge and skills in the fields of diagnosis and therapy. There are statistically significant differences between teachers aged 20–39 and teachers aged 40 and over. The teachers who are 40 years old or older assess their knowledge and skills in the field of diagnosis and therapy higher than the younger teachers assess theirs.
4. Having additional qualifications influenced the examined teachers' self-assessment of their knowledge and skills in the fields of diagnosis and therapy. There are statistically significant differences between the teachers with additional qualifications and those who do not have them. Teachers with additional qualifications assess their knowledge and skills in the field of diagnosis and therapy higher than the other respondents.

All in all, the results of the analysis indicate that the teachers of inclusive schools do not assess their knowledge and skills in the fields of diagnosis and therapy as sufficient, despite the fact that they work with children with diverse educational needs on a daily basis. The question remains, therefore, of what should be done to improve the situation, so that a teacher could feel like "a stimulator and regulator of cognitive activities, […] an autonomous creator in professional activity, rather than the mere implementer of imposed tasks; feel that s/he is able to react flexibly and adequately to different situations and the individuality of students" (Pankowska, 2016, p. 192). What seems to be the most adequate answer at this time is to take pro-standardization measures that would allow the teacher to profile education so as to make it person-oriented rather than program-oriented. Only then would it be possible for teachers to responsibly and flexibly pursue the most important goal – the preparation of the student/child, an autonomous individual, for adult life.

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 101–115
DOI: 10.19265/KP.2019.213101

ORIGINAL PAPER
Received: 22.09.2019
Accepted: 18.10.2019

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Self-assessment of Diagnostic and Therapeutic Knowledge and Skills of Teachers in Public Schools

Samoocena wiedzy i umiejętności diagnostyczno-terapeutycznych nauczycieli szkół ogólnodostępnych

Keywords:
diagnostic competence, therapeutic competence, self-assessment of knowledge and diagnostic-therapeutic skills

Summary: Teachers influence the student with their individuality, hence their knowledge, skills and attitudes in the field of diagnosis and therapy are the essence of the educational and didactic activities undertaken by the teacher in the school space. Competences are not a permanent value, they can be subject to change and they constitute the developmental professional potential of the teacher in the motivational, cognitive, emotional and social areas.

The article presents a selected area of research concerning the sources of teaching knowledge and skills in the fields of diagnosis and therapy and their self-assessment, taking into account the nominal variables of age and additional qualifications. The presented text is part of a larger research project devoted to the diagnostic and therapeutic competences of teachers of public, inclusive and special schools.

Słowa kluczowe: kompetencje diagnostyczne, kompetencje terapeutyczne, samoocena wiedzy i umiejętności diagnostyczno-terapeutycznych

Streszczenie: Nauczyciel oddziałuje na wychowanka swoją osobowością, stąd jego wiedza, umiejętności, postawy w zakresie diagnozy i terapii stanowią istotę działań edukacyjno-dydaktycznych podejmowanych przez nauczyciela w szkole. Kompetencje nie są wartością stałą, ale elementem zmiany i stanowią rozwój potencjału zawodowego nauczyciela w obszarze motywacyjnym, poznawczym, emocjonalnym i społecznym.

Artykuł przedstawia wybrany obszar badań dotyczący źródeł nauczycielskiej wiedzy i umiejętności w zakresie diagnozy i terapii oraz ich samoocenę, z uwzględnieniem zmiennych nominalnych: wieku i dodatkowych kwalifikacji. Przedstawiony tekst jest częścią większego projektu badawczego, poświęconego kompetencjom diagnostycznym i terapeutycznym nauczycieli szkół ogólnodostępnych, integracyjnych i specjalnych.

Introduction

A teacher's competences, which are incorporated in his or her knowledge, skills and attitudes, are the starting point of his or her identity. Their attribute is the "dynamics showing in action, in a person's relationship with reality" (Strykowski, 2005, p. 17). Acquired teacher's competences are proven by attitudes towards activity and problem solving (Cieślikowka, 2007, p. 215). The teacher and his or her attitudes towards students are the most important tools of influencing students (Wyczesany, 2002, p. 91).

Apart from substantial, didactic, pedagogic, psychological, communication, design, self-education, media, information technology and technical competences, J. Kuźma also lists didactic and diagnostic competences, which are defined as related to getting to know the student, cooperation and democratic management, as well as shaping social and integration attitudes, courtesy and pedagogical culture (Kuźma & Morbitzer, 2005, p. 25).

The role of the teacher has evolved from simply transferring knowledge to developing the students' learning potential and resilience, shaping meta learning, inspiring the individual's self-development and influencing the internal motivation of the student in a partnership-based dialogue. "In the conditions of freedom and the diversity of human life in all fields, the model of teacher as the 'teaching technician' – relaying 'agreed' knowledge is still developing

and is maintained (it is cheaper) based on positivistic rationality" (Dróżka, 2002, p. 17).

School is a place of making diagnoses, where observing a child's cognitive, social and emotional development allows for the introduction of support activities which support the development of a young human being. The substantial and methodical knowledge of the teacher regarding special educational needs does not end with theory; equally important are the etiology of disability, its meaning for the general circumstances of the child and educational and therapeutic prognoses. The purpose of diagnostic and therapeutic work planning is the understanding of the individuality of a disabled child and the mechanisms and conditions of their development (Pytlarczyk, 2007, p. 12). Diagnoses made in the educational environment have many benefits for students, because observing their behavior in specific didactic situations allows for verifying various diagnostic and therapeutic instruments. The teacher is the source of knowledge about the students in his or her class because the he or she is individual-oriented and knows the students' capabilities and needs. Such individualization gives education special meaning; it also acts as a regulator for effective and quality-oriented pedagogic diagnostics. Diagnostic and therapeutic competences complement competences necessary for individualization (organizational, innovation, communication, facilitation, integration). Therefore, they are, besides didactic, care and educational competences, something absolutely essential in the teacher's work (Jachimczak, 2012, p. 164). As noted by Grzesiak: "It is extremely important for teachers that diagnostic and pedagogic self-evaluation are present on a daily basis and for the teacher to approach elements which directly influence active and effective participation of each student in the learning process. These are: a teacher's readiness to undertake new tasks (roles), the current degree of the teacher's role in counteracting educational threats in school, environmental conditions for performing these roles and to accepting new roles by the teacher" (Grzesiak, 2008, p. 41). Proper diagnoses performed by the teacher allow him or her to specify how to work with a child in order to eliminate challenges, support development and improve internal motivation.

Beata Bocian-Waszkiewicz, making a review of teacher's competences in inclusive teaching, notes their diagnostic and therapeutic skills. In the scope of the latter, the teacher shows knowledge of diagnostic methods, techniques and tools; analyses the data; recognizes the student's problem area; plans corrective actions; specifies the effectiveness of undertaken actions. Therapeutic skills of

the teacher are shaped by subjective treatment, empathy, pedagogic tactfulness, gradating difficulties, the adjustment of expectations to the individual psychophysical capabilities of a student resulting from their development, accompanying difficulties or detected problem areas, organizing the student's work with regard to their capabilities and needs, appreciating even minor achievements of the student – positive reinforcement (Bocian-Waszkiewicz, 2015, pp. 94–95).

A different point of view is presented by Karolina Tersa, who states that a teacher's incompetence in diagnostics causes the teacher to reject the responsibility to make diagnoses. The teacher's understanding of diagnostics often becomes methodical, which gives a comfortable feeling that it's not connected with pedagogical competence (Tersa, 2014, p. 98). Beata Jachimczak claims that "there is, however, a limiting attitude of removing the teacher's responsibility for understanding the developmental problems of children and transferring therapeutic actions to other specialists outside of the pre-school or school institution. This may cause a lack of supportive actions for the child or impede the monitoring of the child's progress or regress in development" (Jachimczak, 2012, p. 164).

The situation of a child with special educational needs in a public school, in light of Zenon Gajdzica's study of the functioning of mildly intellectually disabled children in public schools, is as follows: a significant number of teachers (128 early primary school teachers from the Silesian voivodeship participated in the survey) felt underprepared for working with such students. Few of them improved their professional competences, e.g., by attending post-graduate studies in teaching disabled students (Gajdzica, 2001). A study conducted in 2008 by Grzegorz Szumski and Anna Firkowska-Mankiewicz (2010) showed that nearly one-third of teachers in early primary school education declared themselves qualified to work with special needs students, and therefore, public schools are not devoid of substantial support. The authors assume that this results from the teachers' own initiative or from school principals' policy. It was also shown that the respondents usually read special pedagogy literature. They usually cooperated with specialists, treating them as a valuable source of support.

Krystyna Barłóg (2008) studied the area of teachers' competences for supporting mildly intellectually challenged children's development in different forms of early school education. Teachers in public schools evaluated their competences significantly lower than teachers in inclusive and special schools. Most of them used the category of "moderately satisfactory" for evaluating

their preparation. Marta Uberman and Aleksandra Mach (2016, pp. 165–185) studied the feeling of being professionally competent to work with students with disabilities among teachers in early school education in public schools. The purpose of the study was to specify the evaluation of these competences among the aforementioned 103 teachers. The global result obtained for the early education teachers in evaluation of their own professional competences in working with a child with disabilities indicates that 75% of the respondents evaluate their preparation level as average. Ten percent of the teachers admitted to having a low level of competence, with insufficient knowledge and skills for pedagogic work with students with disabilities, while 15% of the respondents felt confident that their competences are efficient for undertaking didactic and revalidation work with a student with disabilities attending a public school. Praxeological competences were evaluated as highest – 44% of the surveyed teachers considered them to be high and 42% as average. The teacher therefore has no difficulties with interpreting specialist diagnoses included in orders and opinions issued by psychological and pedagogical clinics. Teachers give good ratings to their skills in identifying developmental and educational difficulties in children with disabilities or observing revalidation work rules. They do well in analyzing students' strengths and weaknesses. This skill is the first factor allowing the teacher to effectively plan the educational and revalidation works for children with special educational needs. In general, teachers foresee the results of the didactic actions that they implement; they monitor achievements of students with disabilities and issue opinions on the efficiency of the support they receive.

The indicator of educational and therapeutic work efficiency is supporting the special-needs child's development in the cognitive, social, emotional and motor areas. It is influenced by a proper diagnosis and choice of specialists who will support the development of the child and cooperate with the child's family. Responsible organization of education and therapeutic work in the future will influence the quality of life of the disabled person in society.

Methodological assumptions for own research

The presented research is aimed finding out the sources of knowledge and skills regarding diagnosis and therapy declared by public school teachers and their self-evaluation, as well as an analysis of the dependence of the declared evaluation on the teachers' age and qualifications.

In accordance with the assumptions and purposes, the following research questions were formulated:

1. What are the sources of the diagnostic and therapeutic knowledge and skills of the surveyed teachers of public school?
2. How do the surveyed teachers evaluate their diagnostic and therapeutic knowledge and skills?
3. Does the age of the surveyed public school teachers influence ther evaluation of their diagnostic and therapeutic knowledge and skills? If it does, to what extent?
4. Do additional qualifications held by the surveyed teachers of public school influence their evaluation of their diagnostic and therapeutic knowledge and skills? If they do, to what extent?

Variables regarding the self-evaluation of knowledge and skills were analyzed based on the primarily assumed scale from 1 to 5. In this part of the analysis, non-parametric tests of *U Mann-Whitney* and *Kruskal-Wallis* test were conducted. In all analyses, the significance level is $p = 0.05$.

In order to answer the questions raised, a diagnostic survey directed at public school teachers was applied. The research tool was the survey questionnaire divided into two parts – general information and closed questions regarding the sources of the teachers' diagnostic and therapeutic knowledge and skills and a self-evaluation of their knowledge and skills in this scope. The questionnaire included categorized questions with degree of a given characteristic, where there was a three-degree scale: 1 – most important, 2 – important, 3 – unimportant.

The presented tests are a part of a bigger research project on diagnostic and therapeutic competences in public, inclusive and special schools.

The starting point for the scientific analysis is the division proposed by Z. Gajdzica (2011; 2013, pp. 103–114). This researcher differentiated sources of knowledge such as subject area knowledge, knowledge acquired on the job, trainings and workshops organized by the school board. Additionally, typology of the sources was improved by the types of skills acquired during conferences, from scientific publications, common skills including, for example, using media, the Internet and connected with a colleague's support; departmental institutional skills – trainings/workshops held by MEN (Ministry of Education); institutional skills – trainings organized by the Methodology Centre (WOM), post-graduate studies; subject area skills – acquired during the studies preparing for the job; skills acquired on the job – trainings/workshops organized by the school board.

The survey was held in the Silesian voivodeship in eight randomly chosen public schools; 120 teachers who work with special educational needs children participated in the survey.

More than half of the teachers (53.3%) were 40 years of age or older, and 46.7% of the respondents were pedagogues aged 20–39. Most of the respondents (62.0%) have additional qualifications.

Own research results

On the basis of collected data regarding the sources of knowledge and skills in diagnostics and therapy declared by the surveyed teachers at inclusive schools (Figures 1 and 2), it can be said that in the case of diagnostic knowledge, the most common sources are knowledge acquired on the job (71.5%), subject area knowledge (51.8%) and "scientific" knowledge (46.7%). Institutional non-departmental and institutional departmental knowledge are indicated by 46.0% and 45.8% respondents, respectively. The remaining participants (41.6%) are using common knowledge. The most indicated sources of knowledge on therapy are knowledge acquired on the job (73.7%) and institutional non-departmental knowledge (53.3%). Subject area knowledge (preparation for the job) and "scientific" knowledge are declared by 52.6% and 47.4% respondents, respectively. The remaining subjects use common knowledge (35.0%) and institutional departmental knowledge (34.3%).

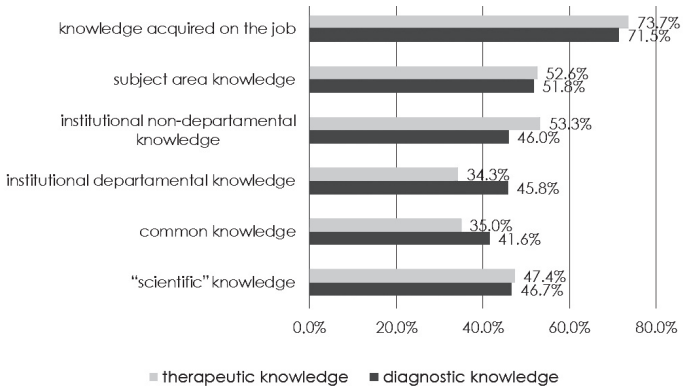

Figure 1.
Sources of knowledge declared by the surveyed teachers of public school.
Source: own research.

With regards to the sources of skills in diagnostics, the most common sources are the skills acquired on the job (85.6%), subject area skills (74.6%) and institutional non-departmental skills (54.2%). Common and "scientific" skills were chosen by 43.2% and 24.6% of the respondents, respectively. The remaining participants (6.8%) use institutional departmental skills. The most often chosen sources of skills in therapy are those acquired on the job (82.2%), subject area skills (79.7%) and institutional non-departmental skills (50.8%). Common and "scientific" skills were chosen by 50% and 22% of the participants, whereas 9.3% of the respondents use institutional departmental skills.

Figure 2 presents the data regarding the sources of diagnostic and therapeutic skills.

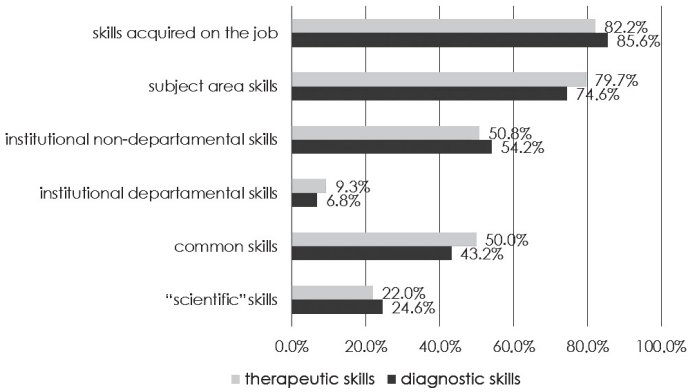

Figure 2.
Sources of skills in diagnosis and therapy in surveyed teachers.
Source: own research.

Another issue pertained to the surveyed teachers' self-evaluation regarding their diagnostic and therapeutic knowledge and skills, shown in Figures 3 and 4.

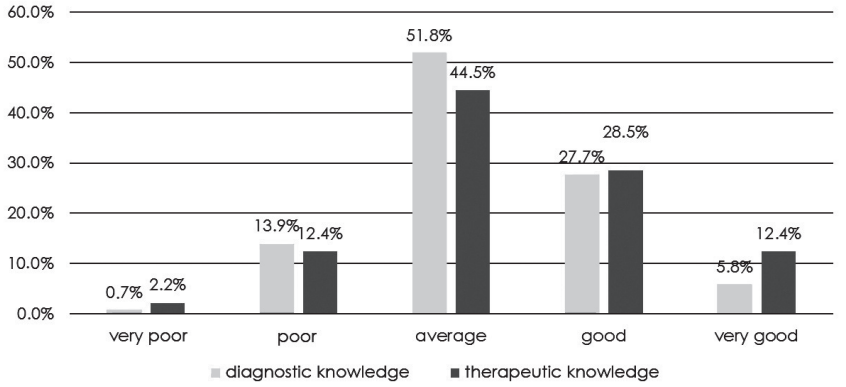

Figure 3.
The surveyed teachers' self-evaluation of their diagnostic and therapeutic knowledge.
Source: own research.

According to 51.8% and 27.7% of the respondents, respectively, their diagnostic knowledge is average or good, while 5.8% of the respondents find them to be on a very good level. The answers "poor" and "very poor" were chosen by 13.9% and 0.7% of participants. In the case of therapeutic knowledge, 44.5% of the participants describe their knowledge as average and 28.5% of them as good. In the opinion of 12.4% of the participants, their knowledge is very good. The answers "poor" and "very poor" were chosen by 12.4% and 2.2% of people in this group.

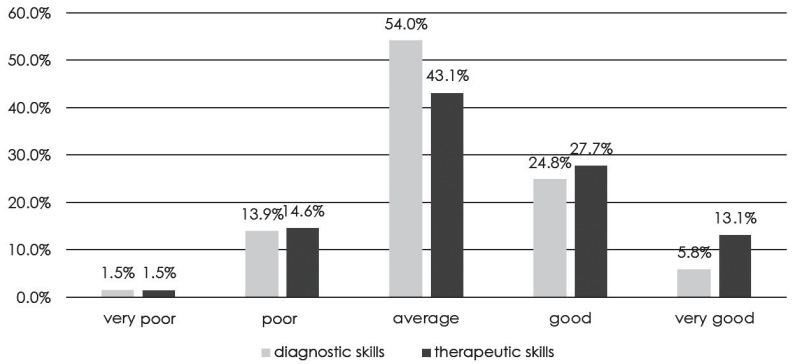

Figure 4.
Self-evaluation of the surveyed teachers' skills in diagnosis and therapy.
Source: own research.

According to 54.0% of the respondents, their diagnostic skills are average. Good and very good skills are declared by 24.8% and 5.8% of respondents, respectively. Moreover, 13.9% of people in this group evaluate them to be poor, and 1.5% of them – very poor. In the case of therapeutic skills, 43.1% participants say that they are average. They are considered good and very good by 27.7% and 13.1% respondents, respectively. In the opinion of 14.6% and 1.5% of the respondents, they are on a poor and very poor level.

Then, data analysis was performed, which allowed for looking at any correlations between the age of the surveyed teachers and their declared knowledge and skills in diagnosis and therapy (Table 1).

Table 1
Age of the surveyed public school teachers and their declared knowledge and skills in diagnosis and therapy

Self-evaluation of knowledge and skills	Age	M	SD	Min	Q25	Me	Q75	Max	U	p
Diagnostic knowledge	20–39	3.1	08.	1.0	3.0	3.0	4.0	5.0	1977.000	0.090
	40 +	3.4	0.8	2.0	3.0	3.0	4.0	5.0		
Therapeutic knowledge	20–39	3.3	1.0	1.0	3.0	3.0	4.0	5.0	2125.000	0.333
	40 +	3.5	0.9	1.0	3.0	3.0	4.0	5.0		
Diagnostic skills	20–39	3.0	0.8	1.0	3.0	3.0	4.0	5.0	1884.500	0.032
	40 +	3.4	0.8	2.0	3.0	3.0	4.0	5.0		
Therapeutic skills	20–39	3.3	1.0	1.0	3.0	3.0	4.0	5.0	2141.500	0.375
	40 +	3.5	0.9	2.0	3.0	3.0	4.0	5.0		

M – medium; SD – standard deviation; Min – minimum value; Max – maximum value; Q25 – lower quartile; Me – median; Q75 – upper quartile, U – statistics of U Mann-Whitney test, p – significance.
Source: own research.

Between the teachers aged 20–39 and those aged 40 and more, there were no statistical differences regarding their diagnostic knowledge ($U = 1977.00$, $p > 0.05$). In both groups, similar quartiles and medians values were specified ($Q25 = 3$, $Me = 3$, $Q75 = 4$).

Between the teachers aged 20–39 and those aged 40 and more, there were no statistical differences regarding their therapeutic knowledge ($U = 2125.00$,

p > 0.05). In both groups, the same quartiles and medians values were specified (Q25 = 3, Me = 3, Q75 = 4).

There were statistical differences between the teachers aged 20–39 and those aged 40 and more regarding their diagnostic skills (U = 1884.50, p < 0.05). In both groups, the same quartile and median values were specified (Q25 = 3, Me = 3, Q75 = 4).

Between the teachers aged 20–39 and those aged 40 and more, there were no statistical differences regarding their therapeutic skills (U = 2141.50, p > 0.05). In both groups, the same quartile and median values were specified (Q25 = 3, Me = 3, Q75 = 4).

Another analysis looked at whether holding additional qualifications by the surveyed public school teachers influenced their declared knowledge and skills in diagnosis and therapy (Table 2).

Table 2

Additional qualifications of surveyed public school teachers and their declared knowledge and skills in diagnosis and therapy

Self-evaluation of knowledge and skills	additional qualifications	M	SD	Min	Q25	Me	Q75	Max	U	p
Diagnostic knowledge	no	2.9	0.6	1.0	3.0	3.0	3.0	4.0	1455.500	0.000
	yes	3.4	0.8	2.0	3.0	3.0	4.0	5.0		
Therapeutic knowledge	no	2.9	0.8	1.0	3.0	3.0	3.0	5.0	1154.000	0.000
	yes	3.7	0.9	2.0	3.0	4.0	4.0	5.0		
Diagnostic skills	no	2.9	0.6	1.0	3.0	3.0	3.0	4.0	1419.500	0.000
	yes	3.4	0.8	1.0	3.0	3.0	4.0	5.0		
Therapeutic skills	no	2.8	0.8	1.0	2.0	3.0	3.0	5.0	1098.000	0.000
	yes	3.7	0.9	2.0	3.0	4.0	4.0	5.0		

M – medium; SD – standard deviation; Min – minimum value; Max – maximum value; Q25 – lower quartile; Me – median; Q75 – upper quartile, U – statistics of U Mann-Whitney test, p – significance.
Source: own research.

Between the teachers not holding and holding additional qualifications, there were statistically significant differences regarding their diagnostic knowledge (U = 1455.50, p < 0.05). Among the surveyed in the first group,

the results fell between Min = 1 and Max = 4. Median in this group amounted to Me = 3. Among the respondents from the other group, the results were higher – in one-quarter of the respondents, they did not exceed the level of Q25 = 3; in half, they were no higher than Me = 3; and in three-quarters, they were no higher than Q75 = 4. This means that the teachers with additional qualifications evaluated their diagnostic knowledge higher than the other respondents.

Between the teachers not holding and holding additional qualifications, there were statistically significant differences regarding their therapeutic knowledge ($U = 1154.00$, $p < 0.05$). Among those surveyed in the first group, the results fell between Min = 1 and Max = 5. Median in this group amounted to Me = 3. Among the respondents from the other group, the results were higher – in one-quarter of the respondents, they did not exceed the level of Q25 = 3; in half they were no higher than Me = 4; and in three-quarters, they were no higher than Q75 = 4. This means that the teachers with additional qualifications evaluated their knowledge on therapy higher than the other respondents.

Between the teachers not holding and holding additional qualifications, there were statistically significant differences regarding their diagnostic skills ($U = 1419.50$, $p < 0.05$). Among those surveyed in the first group, the results fell between Min = 1 and Max = 4. Median in this group amounted to Me = 3. Among the respondents from the other group, the results were higher – in one-quarter of the respondents, they did not exceed the level of Q25 = 3; in half, they were no higher than Me = 3; and in three-quarters, they were no higher than Q75 = 4. This means that the teachers with additional qualifications evaluated their skills in diagnosis higher than the other respondents.

Between the teachers not holding and holding additional qualifications, there were statistically significant differences regarding their declared skills in therapy ($U = 1098.00$, $p < 0.05$). Among the surveyed in the first group, the results fell between Min = 1 do Max = 5. Median in this group amounted to Me = 3. Among the respondents from the other group, the results were higher – in one-quarter of the respondents, they did not exceed the level of Q25 = 3; in half, they were no higher than Me = 4; and in three-quarters, they were no higher than Q75 = 4. This means that the teachers with additional qualifications evaluated their skills in therapy higher than the other respondents.

Conclusions

The presented research pertaining to the sources of the teacher's knowledge and skills in the areas of diagnostics and therapy allow for formulating the following conclusions, which, however, are not subject to generalization because of the sample size.

1. The surveyed teachers from public schools declare that their knowledge pertaining to diagnosis and therapy was acquired on the job (70%) and the subject area knowledge which prepared them for the job. Skills in diagnosis and therapy are competences acquired on the job (more than 80%) and during preparation for the job (more than 70%).
2. The surveyed teachers of public schools rate their diagnostic knowledge as average (more than 51%), and only 28% respondents rate it as good. Diagnostic skills are considered average by 54% of respondents and good by 24%. Their therapeutic knowledge is considered average (44.5%), similarly to their acquired skills (43%).
3. The age of the surveyed teachers in public schools does not influence the evaluation of their knowledge and skills in diagnosis and therapy. Between the teachers aged 20–39 and those 40 and older, there are no substantial statistical differences pertaining to their knowledge in diagnosis and therapy. However, there are substantial statistical differences regarding the diagnostic skills between teachers aged 20–39 years and teachers aged 40 and up, while there is no such difference in reference to their therapeutic skills.
4. Additional qualifications held by the surveyed teachers of public schools influence the self-evaluation of their knowledge and skills in diagnosis and therapy. Between the teachers with and without additional qualifications, there are statistically significant differences regarding their self-evaluation. This means that teachers who have additional qualifications evaluate their knowledge and skills in diagnosis and therapy higher than the other respondents.

Summary

An increasing number of children with disabilities attend public schools. Supporting children experiencing challenges is a process which requires teachers to improve their diagnostic and therapeutic competences, keep their knowledge

up to date and seek the best educational and therapeutic methods. Showing the holistic nature of topical knowledge, professional knowledge and caution based on responsibility for the actions undertaken towards children with special educational needs, it is necessary to note the importance of reflective practical experience when considering actions undertaken strictly in connection with the educational reality and the occurring civilizational, social, technical and cultural changes. "Reflective practical experience is an experience where a person is facing the necessity to modify the intended actions" (Pearson, 1994, p. 154).

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 117–128
DOI: 10.19265/KP.2019.213117

ORIGINAL PAPER
Received: 3.09.2019
Accepted: 25.09.2019

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Diagnosis of Leadership Potential in High School Students with Special Needs in the Environment of an Inclusive Educational Institution

Diagnoza potencjału przywódczego uczniów szkół średnich ze specjalnymi potrzebami edukacyjnymi w środowisku integracyjnej instytucji edukacyjnej

Keywords:
inclusive education, leader, leadership qualities, high school students, diagnostics

Summary: There is a need in Ukraine to create special conditions in higher educational institutions to serve the increasing number of people with special needs. Inclusive education involves the creation of an educational environment that meets the needs and capabilities of the child, regardless of the characteristics of his or her psychophysical development.

Our work focuses on the study of the "leadership potential of the individual." This is defined as a socio-psychological characteristic of the individual, reflecting the ability to influence the environment through one's own personal resources.

It has been found that a leader should have the maximum influence on the group's life. A leader must represent the group values. Also, he or she should be able to take responsibility for the group and be focused on the common tasks. The task was to determine whether the level of leadership development depends on the availability of special needs for high school students. A set of diagnostic methods was used for the purpose of pedagogical diagnostics: the technique "Diagnosis of motivation for success and fears of failure," the technique for determination of leadership potential and the method "Leadership Self-assessment."

The conducted diagnostic research made it possible to state that the students' special needs are not significant obstacles for the development of their leadership qualities. The results showed that high and average levels of leadership potential prevail. We believe that if proper conditions in a general school for children with special needs are created, they can become active civic activists and charismatic leaders.

Słowa kluczowe:
edukacja włączająca, lider, cechy przywódcze, licealiści, diagnostyka

Streszczenie: Na Ukrainie istnieje potrzeba zapewnienia uczniom ze specjalnymi potrzebami edukacyjnymi odpowiednich warunków w szkołach średnich. Edukacja włączająca zakłada stworzenie takiego środowiska edukacyjnego, które zaspokoiłoby potrzeby i wspomagałoby możliwości ucznia, niezależnie od cech jego rozwoju psychofizycznego.

Niniejszy artykuł koncentruje się na zbadaniu „potencjału przywódczego jednostki", definiowanego jako społeczno-psychologiczna cecha odzwierciedlająca zdolność wpływania na środowisko przy wykorzystaniu własnych zasobów. Założono, że lider powinien mieć maksymalny wpływ na życie grupy, reprezentować wartości grupy, być w stanie wziąć odpowiedzialność za grupę i skoncentrować się na wspólnych zadaniach. Zadanie polegało na ustaleniu, czy specjalne potrzeby edukacyjne uczniów szkół średnich przekładają się na poziom przywództwa. Do diagnostyki pedagogicznej wykorzystano zestaw metod diagnostycznych: technikę „Diagnozy motywacji do sukcesu i obaw przed porażką", technikę określania potencjału przywódczego, oraz metodę „samooceny przywództwa".

Przeprowadzone badania diagnostyczne pozwoliły stwierdzić, że szczególne potrzeby uczniów nie stanowią istotnych przeszkód w rozwoju ich zdolności przywódczych. Wyniki

pokazały, że przeważają wysokie i średnie poziomy potencjału przywódczego. Można więc założyć, że jeśli stworzone zostaną odpowiednie warunki w szkole dla uczniów o specjalnych potrzebach, nie ma przeszkód, by stali się oni aktywnymi działaczami obywatelskimi albo charyzmatycznymi liderami.

Introduction

Solving the many urgent social problems is becoming particularly important in Ukrainian society. The socialization of children with special needs is among these social issues. Nowadays, the development of society and the education system is under the pressure of the global tendency of the increasing number of people with disabilities. According to the UN, every tenth person on the planet has a physical, mental or sensory disorder. Twenty-five percent of the population suffer various health disorders. The Ministry of Social Policy of Ukraine has already registered about 3 million people with disabilities, including 168 thousand children. In addition, their number is increasing: 200–220 thousand people are annually registered. According to this statistic, from 450 thousand pregnancies, 150 thousand children are born with birth defects, including 20 thousand with severe disorders.

The constant decline in children's health is a global concern. Over the past ten years, the overall rate of children with physical disabilities in Ukraine has increased 1.2 times, and the prevalence of diseases 1.3 times (Chaikovskyi, 2016). Diseases of the nervous system account for 1.5%. The prevalence of physical diseases among children accounts for 3.14% (Korytskyi, 2013). The overall global trend is also characterized by an increase in childhood disability.

According to UNESCO, there were 514 million people with disabilities in the world in 1989. Nowadays, this number is close to 680 million, among whom, more than 100 million are children.

In the context of the social transformations taking place in Ukraine, the priority task of educational policy is to develop the younger generation's activity. One of its aspects is "leadership – the ability of the individual to influence others, to be the initiator and participant of the social changes" (Volkivska, 2016, p. 3). Currently, a humane, tolerant attitude toward children with special needs is common in Ukraine.

We believe it is necessary to create such conditions in educational institutions that would contribute to the restoration of their natural potential, the development of children's cognitive, physical, emotional and spiritual-moral forces. At the same time, combining the educational and rehabilitation processes, we understand the importance of inclusive education. The European Agency for Special Needs and Inclusive Education views inclusive education as providing high quality education in schools. Such education values the rights, equality, access and participation of all students (Symeonidou, 2018, p. 13).

Due to limitations in communication, self-care, movement and control over their behavior, these children's development depends on meeting their needs with other people. The integration of children with disabilities into society largely depends on the creation of a positive image of such children and fostering their leadership potential's formation and development. Further, the development of leadership potential promotes successful self-realization. It increases the young person's future prospects. That is why research of the leadership potential of high school students with special needs in an inclusive educational environment of secondary educational institutions is an urgent subject of modern socio-pedagogical science.

Literature review

The subject of the inclusive education of children with special needs has been investigated by A. Bitova, A. Kolupayeva, S. Lebedeva, N. Malofeev, N. Shmatko and others. Theoretical and practical aspects of management, the key ideas of which can be used to prepare leaders, have been addressed in the work of foreign scientists: G. Gantt, L. Hilbert, G. Emerson, A. Maslow, E. Mayo, D. Muni, F. Taylor, L. Urvik, A. Fayol, M. Follett, G. Ford, M. Friedman, L. Iacocca and others.

The problem of studying in an inclusive environment is also actively researched in the Polish best practices. Thus, the key aspect of Z. Gajdzica's article is that the disability defines the person's functioning in many aspects. It enhances a person's uniqueness and, at the same time, favorably emphasizes their individuality (Gajdzica, 2016, p. 49). An interesting article in the context of our study is G. Szumski and M. Karwowski's *Psychosocial functioning and school achievement of children with mild intellectual disability in Polish special, integrative and mainstream schools* (2014). The authors sought to assess the effectiveness of integrative and inclusive education in Poland. Also, they wanted

to determine the relations between the psychosocial functioning and school achievement of pupils with mild intellectual disabilities attending special, integrative and mainstream schools.

Problems of the formation and development of children's and adolescents' leadership qualities have been the subject of study in thesis research. Thus, V. Yahodnikova focused on the formation of leadership qualities of high school students in a personally oriented educational process of the general education school (2006); A. Semenov investigated the education of leadership qualities in primary school students by means of action-oriented games (2014); I. Myskiv studied the development of school leadership in the United Kingdom (2009); D. Alfimov analyzed the theory and methodology of leadership qualities training of the individual in the modern secondary school (2012). Nevertheless, the question of the development of leadership potential of high school students with special needs in an inclusive educational environment at secondary educational institutions has not been systematically investigated.

Inclusive education is a rather flexible, individualized system of training for children with psycho-physical impairments in their place of residence in a secondary school. The training is conducted according to an individualized curriculum. Medical, social and psychological-pedagogical support is provided. Inclusive education involves the creation of an educational environment that meets the needs and capabilities of the child, regardless of his or her psychophysical development. On the other hand, the concept of inclusive education reflects the main idea that all children are valuable and active members of the society. Education in inclusive schools is useful for children with special educational needs as well as for children with typical levels of development, their family members and society in general (Voroshchuk, 2016). Inclusive education involves the creation of a special educational environment that must meet the needs and capabilities of each child. It must provide adequate conditions and opportunities for education within the special educational standards for treatment and rehabilitation, education and training, and the correction of disorders of psychophysical development and early socialization.

The legislative and regulatory instruments in the field of inclusive education are the following: the order of the Ministry of Education and Science of Ukraine "On approval of the Action Plan for the introduction of inclusive education in higher educational institutions for 2009–2012," the concept of "State standard of the special education" (2000), the Concept development of inclusive education (2010). These documents focus on the formation

of a new philosophy of society that involves the following: fostering a positive attitude towards people with disabilities; improving the education and rehabilitation system for children of this category; the use of innovative inclusive learning technologies using adapted international experience. Thus, in the law of Ukraine on education, an inclusive educational environment is a set of conditions, methods and the means of implementation for the joint training, education and educational development of its recipients, taking into account their needs and opportunities (Zakon, 2017).

We can distinguish an inclusive educational environment as "a space of an educational institution that provides comfortable conditions for children with special needs who need correction and rehabilitation of psychophysical development. This comfort is the foundation that can foster a humanistic approach and ensure the success of the educational process of adolescents. It can contribute to the preservation and enhancement of their health" (Soroka, 2018, p. 210). We believe that the most comfortable inclusive educational environment has significant benefits for children with special needs. It contributes to improving the cognitive, social, emotional, motor and language development of children with special needs as a result of interaction with adults and peers; it also contributes to establishing friendly relations with peers. In addition, the organization of the educational process is based on the orientation of the children's strengths, taking into account their abilities and interests.

To understand the essence of the concept of "leadership potential," it is necessary to deal with the components of this concept. These components are the following: *personality potential*, *leader*, *leadership*. Thus, in D. Volkivska's thesis research, "personality potential" is defined as a person's capabilities that can be realized in the presence of certain resources and conditions (2016, p. 8). "Personality potential" is mainly regarded as a meaningful characteristic, reflecting the set of innate and acquired abilities the person draws from to relate to the surrounding reality. It is the determining norm of one's possible response to the changing conditions of the social environment. At the same time, the potential of the individual contains innate potential (abilities, personal qualities, hereditary factors) as well as helps in restoring intellectual, psychological and volitional resources. These resources contribute to the successful personal and social development of the individual.

Leadership means social activity – an active life position – which is a certain guarantor of fresh ideas, extraordinary approaches and bold decisions (Palakh, 2002). Leadership is compared to administration and management

in Kalashnikova's study. It sees leadership as management that is implemented by influencing the behavior of followers. Personal leadership exerts influence in order to achieve socially important goals and in accordance with socially important values (Kalashnikova, 2011). D. Volkivska emphasizes that leadership is a group value, the commitment of which is the key to the personal development of the leader and the followers in the process of achieving a common goal (2016, p. 9). The author argues that leadership can manifest itself: in the presence of groups and individuals with adequate leadership potential; in a specific social or professional situation that requires non-standard, leadership influence; where there is the perception and support of participation in the situation of groups of followers; where there is community commitment. T. Hura's research emphasizes that "leadership" is impossible without the influence that emerges between people who seek changes. Therefore, leadership implies influence on others, as a result of which people seek changes aimed at achieving the desired results in the future (Hura, 2015).

Summarizing the above achievements of scientists, we understand "leadership" as one of the processes of the organization and management of a small social group which contributes to the achievement of group goals in the best possible time.

Methodology and results of research on the leadership potential of students with special needs

For the practical organization of research on leadership potential, it is helpful to consider the scientific definition of "leader." For example, in an explanatory dictionary of the Ukrainian language, a leader is a leader of a political party, a leading figure of a public organization or a person or team that is in first place (Ivchenko, 2002). The Great English-Ukrainian Dictionary treats "leader" as leader, head; chief; commander; a group member whose authority or power in one or more areas of activity is unconditionally accepted by the remaining members of a small group (Mazur, 2011). Based on the scientific approaches of D. Volkovska, S. Kalashnikova and B. Parygina, we understand the phenomenon of "leader" as the following: the member of the group who can best manage the group in a particular situation; the most authoritative person who regulates relationships within the group; the person in whom the group recognizes the right to make decisions that reflect group interest; a person who realizes the public interest while satisfying his or her own self

fulfilment. We believe that a leader must be the most socially active person with the highest level of trust in the group.

Hence, we define the "leadership potential of the individual" as a system of resources and capabilities. Their realization will serve the acceptance of the person in the group as a leader in a particular situation. Based on the scientific achievements of Vasil'ev, Lyubchak and Kupenko (2010), we define leadership potential as a socio-psychological characteristic of the individual. It reflects the ability to influence the environment through one's own personal resources. This phenomenon envisages the development of abilities and opportunities to successfully demonstrate leadership qualities in the peer group.

We have chosen teenage children with special needs as the object of leadership potential diagnostics in our practical research. The most common and acceptable standard definition of "special needs" in the International Standard Classification of Education is the following: "Persons whose education requirements need additional resources and have special educational needs. Moreover, additional resources may include: staff (to assist in the learning process); materials (various teaching aids, including auxiliary and corrective); financial resources (budgetary allocations for additional special services)" (Vygotskyi, 2003, p. 104).

Defects can be multifaceted in children and manifest variously as, *inter alia*, an inability to make contact, communicate; misunderstanding for others; difficulties in performing considerable physical activity, intellectual tasks; hearing problems. One can observe social maladaptation, the violation of social contacts and low sociometric status in children with special educational needs. This deepens the violation of their mental development and can negatively affect the emotional-volitional sphere.

From a practical point of view, we conducted an experimental study that can be summarized as follows. We conducted it in order to determine the leadership potential of adolescents with special needs. The experiment was conducted on the basis of specialized secondary school of I–III degrees with in-depth study of foreign languages. The experiment involved 14 students from forms 9–11 (five students with emotional and volitional disabilities, three with reduced vision, four with hearing impairment and two students with impaired locomotor system). It should be noted that selected high school students are taught in high school No 7 in accordance with typical educational programs since their disabilities are not too expressed and do not significantly affect the educational process. Diagnosis of the leadership potential of children with

special needs made it possible to identify the "starting" leadership opportunities of these children.

Complex methods were used for conducting the pedagogical diagnostics: the technique "Diagnosis of motivation for success and fear of failure" (A. Rean), the technique for determination of leadership potential; the methodology of "Leadership Self-assessment" by N. Fetyskina, V. Kozlova and G. Manuilov.

Motivation for leadership was tested in children using the method of A. Rean "Diagnosis of motivation for success and fear of failure." The results of the methodology showed the prevalence of motivation for success (positive motivation) in seven (50%) students. The tendency for motivation for success was defined in four (28.6%) respondents and the tendency for motivation to fail was noted in three (21.4%) of the students, whereas the motivation for failure (negative motivation) was not inherent in any of the teenagers. Thus, it can be stated that the motivation for success in children who have special educational needs is almost indistinguishable from that of healthy children.

The presence of high school students with special needs leadership potential was determined using the method – "Determining the level of leadership potential." The results of this methodology indicated the following: five (35.7%) of the respondents had a strong leadership potential; an average level of leadership was observed in six (42.9%) students; a low level of leadership potential was noted in three (21.4%) students. We were pleased to note that none of the high school students were shown to be prone to dictation.

In addition, we suggested that the high school students take the self-assessment test of leadership using the methods of N. Fetyskina, V. Kozlova and G. Manuilova. This test allowed us to determine the current level of leadership in joint activity. The results showed that a high level of leadership is inherent in six (42.9%) of the students, an average level of leadership in five (35.7%) of the students and a low level in three (21.4%) of the students. Destructive leadership was not identified in any of the respondents. The generalized results of the study of leadership potential in children who have special educational needs by the three methods are presented in table 1.

Table 1
Summarized indicators of the level of leadership potential of high school students with special needs

Leadership potential level	Diagnosis of Motivation for Success and Fear of Failure		Evaluation Identifying Leadership Potential		Leadership Potential Self-Assessment		Summarized Results	
	Abs. count	%	Abs. count	%	Abs. count	%	Abs. count	%
High	7	50	5	35.7	6	42.9	6	42.9
Average	4	28.6	6	42.9	5	35.7	5	35.7
Low	3	21.4	3	21.4	3	21.4	3	21.4

Source: own research.

Conclusion

The study has allowed us to make several generalizations. Firstly, a leader must have maximum influence on the group's life and personalize the group values; a leader must be able to take responsibility for the group and be oriented towards the common tasks. Secondly, we have not found that the special needs of the students present a significant impediment to developing leadership skills. Thirdly, the generalized results of the diagnostic study showed a predominance of high (42.9%) and average (35.7%) levels of leadership potential among children with special needs. Fourthly, high school children with special needs can achieve a high personal level of leadership development under proper conditions. We attribute this to the fact that high school students with special needs strongly expressed leadership qualities. They are actively involved in school life. Some of them are representatives of the school board. Therefore, they show leadership qualities and abilities to best meet their duties.

We will devote our further research to the study of psychological and pedagogical conditions for establishing a positive inclusive educational environment that would positively influence the formation of leadership qualities.

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 129–143
DOI: 10.19265/KP.2019.213129

ORIGINAL PAPER
Received: 11.07.2019
Accepted: 2.09.2019

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Relationship between Implicit Theories, Grit and Academic Achievement in School-Age Children

Związek między teoriami pośrednimi, wytrwałością i osiągnięciami naukowymi u dzieci w wieku szkolnym

Keywords:
Implicit Theories of Intelligence, Growth Mindset of Intelligence, Growth Mindset of Personality, Grit, Academic Achievement

Summary: Research on implicit theories of intelligence has focused on academic achievement, elucidating the benefits of adopting a growth mindset for students of all ages. However, few studies investigated the advantage of having a growth mindset of personality or having grit on academic performance. Therefore, this study investigated the influence of grit and implicit theories of intelligence and personality on academic performance in

fifth and sixth-grade boys and girls. Our hypothesis was that a relatively higher grit and/or a growth mindset would result in better academic success. Students were tested in their respective classrooms using questionnaires for grit, mindset of intelligence and mindset of personality. Quarter grades and standardized scores were obtained for all students. The results of this study reveal a benefit to having a growth mindset of personality on English and Reading. A growth mindset of intelligence correlated positively with Math, English and standardized scores of Math and Language. Grit did not affect academic performance. Our results suggest that educational institutions would benefit from mindset interventions promoting a growth mindset of intelligence and personality in their students.

Słowa kluczowe: pośrednie teorie inteligencji, nastawienie na rozwój inteligencji, nastawienie na rozwój osobowości, wytrwałość, osiągnięcia naukowe

Streszczenie: Badania nad teoriami pośrednimi koncentrowały się do tej pory głównie na osiągnięciach naukowych, wyjaśniały korzyści wynikające z nastawienia na rozwój w ocenie uczniów w każdym wieku. Niewiele badań dotyczyło jednak korzyści wynikających z pojmowania osobowości w sposób wzrostowy lub tych związanych z wytrwałością w nauce. Dlatego niniejsze studium koncentruje się na zbadaniu związku między wytrwałością, teoriami pośrednimi i osobowością, w kontekście ich wpływu na wyniki w nauce u chłopców i dziewcząt w piątej i szóstej klasie szkoły podstawowej. Badanie zakładało, że relatywnie większa wytrwałość i nastawienie na rozwój przełoży się na sukces naukowy. Uczniowie badani byli za pomocą kwestionariuszy dotyczących wytrwałości, nastawienia na rozwój inteligencji i nastawienia na rozwój osobowości; następnie poddano analizie ich oceny kwartalne i ustandaryzowane wyniki w nauce. Badanie wskazuje na korzystny wpływ, jaki nastawienie na rozwój osobowości wywarło na wyniki z języka angielskiego i czytania. Nastawienie na rozwój inteligencji natomiast koreluje dodatnio z matematyką, angielskim i ustandaryzowanymi wynikami z matematyki i języka. Wytrwałość nie miała wpływu na wyniki w nauce. Nasze wyniki sugerują, że instytucje edukacyjne skorzystałyby z promowania nastawienia na rozwój inteligencji i osobowości u swoich uczniów.

Effect of Implicit Theories of Intelligence and Personality on Academic Achievement

According to implicit theories of intelligence (Dweck, 2006), an individual's perception of the malleability of their intelligence can contribute to the difference between a highly motivated individual and a struggling individual, especially in the academic setting (Gal & Szamoskozi, 2016; Costa & Faria, 2018). While individuals with a growth mindset view intelligence as a malleable trait that can be improved upon through a learning process, individuals with fixed mindset view intelligence as a fixed, constant trait. Because of these contrasting perspectives, those who believe that intelligence is unchanging struggle when facing difficulties that challenge them (O'Dell, 2017; Salekin, Lester & Sellers, 2012; Dweck, 2000).

A large portion of existing research on the implicit theories of intelligence focused on academic achievement, elucidating the benefits of adopting an incremental mindset for students of all ages. Bostwick, Collie, Martin and Durksen (2017) explored the effect of a growth mindset on mathematical achievement of Australian students in secondary schools. They observed a positive relationship between growth mindset and growth orientation, which in turn was positively associated with higher academic achievement. Renaud-Dube, Guay, Talbot, Taylor and Koestner (2015) reported that a growth mindset and intrinsic academic motivation are associated with a student's intentions to stay in school. Individuals with growth mindset are also more likely to have constructive coping mechanisms when dealing with academic challenges, as was shown through a different study with Taiwanese eighth-grade students (Shih, 2011). Having a growth mindset of intelligence at the beginning of seventh grade predicted higher math grades earned by the end of eighth grade (Blackwell, Trzesniewski & Dweck, 2007). Other studies in this area further confirmed the beneficial effects of a growth mindset of intelligence on a variety of measures of academic achievement, such as final exam course grades in mathematics and social sciences, mathematical ability and perceived academic performance (Tempelaar, Rienties, Giesbergs & Gijselaers, 2015; Shively & Ryan, 2013; Shih, 2011; Ahmavaara & Houston, 2007; Leondari & Gialamas, 2002). On the other hand, a recent meta-analysis examining the effect of implicit theories of intelligence and its related interventions on academic achievement argues that such relationship is weak and is mainly limited to students with low socioeconomic status or students who are academically at risk (Sisk, Burgoyne, Sun, Butler & Macnamara, 2018). The lack

of a strong effect of implicit theories of intelligence on academic achievement according to this recent meta-analysis might be because educators' mindsets, in addition to students' mindsets, can have an effect on academic achievement. A recent study analyzed college faculty mindset, whether growth or fixed, in addition to their various identities, and then assessed student performance, motivation and experience accordingly. Students taught by professors with fixed mindsets performed more poorly in STEM courses than those taught by professors with growth mindsets. This study suggests that an educator's implicit theories of intelligence influence the experience, motivation and performance of students academically (Canning, Muenks, Green & Murphy, 2019). The association between poor performance and faculty mindset was significantly higher in Latinos, Blacks and Native Americans than in White or Asian students (Canning et al., 2019).

Like implicit theories of intelligence, implicit theories of personality are beliefs that either see personality as malleable or as static (Dweck, 2006). Most studies on implicit theories of personality investigated the benefit of a growth mindset about personality on social aggression, social interaction, forgiveness and self-esteem (Li, Zhao & Yu, 2019; Renaud & McConnel, 2007; Ng & Tong, 2013; Yeager, Miu, Powers & Dweck, 2013; Yeager, Trzesniewski & Dweck, 2013; Yeager, 2017; Embree, 1986; Wang, 1997). Very few studies have examined the relationship between implicit theories of personality and academic performance (Yeager, Lee & Jaimeson, 2016; Scott, Johnson, Spitzer, Trzesniewski, Powers & Dweck, 2014). By administering an implicit theories of personality intervention to ninth-graders, Yeager, Lee and Jaimeson (2016) were able to examine the effect of a growth theory on their academic performance throughout the school year. In both the fall and spring semesters, the students who underwent the intervention and hence developed a growth mindset had higher core course GPAs than the students in the control groups, therefore identifying a benefit of a growth mindset of personality on academic performance. More specifically, Powers and Dweck found that the interventions promoting a growth mindset of personality improve overall grades for students that already held a fixed mindset of personality but not for those who already held a growth theory of personality (Scott et al., 2014). Thus, holding the belief that an individual's personality can change plays a crucial role in influencing and maintaining academic performance, especially in students who originally think otherwise.

Grit and Academic Achievement

Grit is a skill that deals with resilience and perseverance (Duckworth, 2016). The concept of grit is relatively new, and therefore a limited number of studies have investigated its relationship to academic achievement. Grit is often associated with overcoming difficult challenges such as moving to a new country at a young age. Consequently, grit was found to help explain the lack of academic gap between native students and newcomers (Tovar-García, 2017). In a study done with adolescents, grades 7–12, high levels of grit predicted academic performance (Cosgrove, Chen & Castelli, 2018). The skills and deliberate practice associated with grit contributed to greater academic success and the completion of long-term goals in Korean college students (Suran & Young Woo, 2017). Students who completed medical school in four years were found to have higher grit scores than those who completed their studies in five years (Miller-Matero, Martinez, MacLean, Yaremchuk & Ko, 2018). When an educational intervention on the topic of grit was implemented, it was found that gritty individuals tended to select more difficult tasks and score higher on standardized tests (Alan, Boneva & Ertac, 2016).

Gender Differences in Implicit Theories

To our knowledge, very few studies have reported gender differences in implicit theories of intelligence. We know so far that gender differences influence the effect of implicit theories of thoughts, emotions and behavior in adolescents. Early adolescents were specifically chosen because of the developmental window that occurs during the ages of 10–14, especially for girls (Schleider & Weisz, 2016). Research showed that for all categories – thoughts, emotions and behavior – girls developed stronger entity theories than boys (Schleider & Weisz, 2016). This longitudinal study also noted that girls who had more severe emotional or behavioral issues experienced a greater development of fixed mindset of thought, emotion and behavior throughout the six-month study. On the contrary, there was no correlation between emotional or mental problems and fixed or growth mindset beliefs for boys. One possible explanation for this gender effect is that teenage girls may experience relatively more interpersonal stress because of the significant biological changes occurring during this transition phase. Therefore, early adolescent girls might be more likely to develop negative reactions to stressors, such as hopelessness and

rumination, that are associated with an entity theory (Schleider & Weisz, 2016; Yeager et al., 2014).

Studies investigating the effect of implicit theories of personality and the effect of grit on academic performance are sparse. Even sparser are studies looking at gender effects in relation to implicit theories and grit. Accordingly, we decided to investigate in one study the effect of grit and implicit theories of intelligence and personality on academic performance in fifth and sixth-grade boys and girls. Our hypothesis was that a relatively higher grit and/or a growth mindset would result in better academic success.

Methodology

Participants. Fifth-grade (N = 19) and sixth-grade (N = 15) students from a private school in the state of Indiana participated in the research study. For both grades combined, the age range was 10–12 years of age, with 80% Caucasians, 6% African American/Black, 9% Hispanic/Latino and 5% not declaring ethnicity. Parental consent was received prior to collecting data. Students also gave verbal assent before filling the questionnaires.

Fifth-grade students who participated in the study consisted of 11 females and 8 males (Figure 1). Sixth-grade students who participated in this study consisted of 8 females and 7 males (Figure 2).

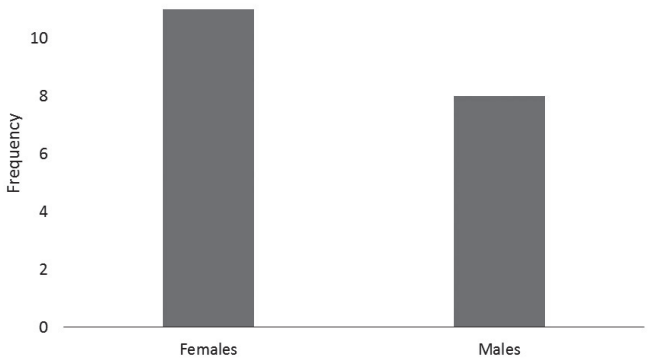

Figure 1.
Male and Female frequency in fifth graders.
Source: own research.

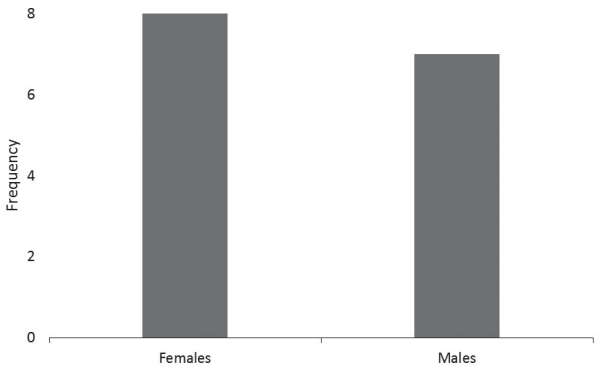

Figure 2.
Male and Female frequency in sixth graders.
Source: own research.

Measurements and Procedures. The study was approved by the Holy Cross College Institutional Review Board and by the principals of the private school. Parents received a packet including a consent form describing the study and a demographic questionnaire pertaining to their children and to the family. The researchers collected signed consent forms and the demographic questionnaires prior to testing the children. Students were given three questionnaires: 12-Item Grit Scale (Duckworth, 2016), Implicit Theories of Intelligence Scale (ITIS) for children (Dweck, 2006), and Implicit Theories of Personality Scale for children (Dweck, 2006). Questionnaires were given in a classroom setting under the supervision of the researcher and teachers. The school third-quarter grades on Math, English and Science and the Northwest Evaluation Association (NWEA) fall standardized test scores for Math, Reading and Language were obtained from the school administration for all grades. NWEA scores are measured in Rasch UnIT (RIT) units. The test was administered once in the fall and once in the spring, but this study only considered the fall scores. Testing was done in the third and fourth quarter of the school year. Quarter grades for all grades were measured using the same grading scheme ranging from zero to one hundred points. Quarter Reading grades were obtained for fifth-grade students only, because Reading is not a subject tested in class in older grades. Using a median split procedure, we separated students into Low Grit/High Grit groups, Fixed Mindset of Intelligence/Growth Mindset of Intelligence groups and Fixed Mindset of Personality/Growth Mindset of Personality groups. We used SPSS to run t tests and Pearson *r* correlations at an alpha level of 0.05.

Results

No significant effect of implicit theories of intelligence (Figure 3) and no effect of grit (Figure 4) was found across both grades on any of the quarter grades or NWEA scores. As shown in Figure 5, t test analysis showed a marginally significant benefit to having a growth mindset of personality on quarter English grades $t(32) = -1.79$, $p = 0.08$ for fifth and sixth-grade students combined. Fifth graders with a growth mindset of personality also had higher scores on quarter Reading grades $t(17) = -2.38$, $p = 0.03$ (Figure 6). This could not be confirmed for sixth-grade students, as Reading is not a subject they are evaluated on. Fifth and sixth-grade students with a growth mindset of personality had higher scores for implicit theories of intelligence $t(32) = -2.16$, $p = 0.04$ than students with a fixed mindset of personality as shown in Figure 7. No effect of implicit theories of personality on grit was found. In order to rule out any gender differences in implicit theories, grit or academic performance, we compared boys and girls across both grades on implicit theories of intelligence, implicit theories of personality, grit, quarter grades and NWEA scores and found no statistically significant difference between fifth and sixth-grade boys and fifth and sixth-grade girls.

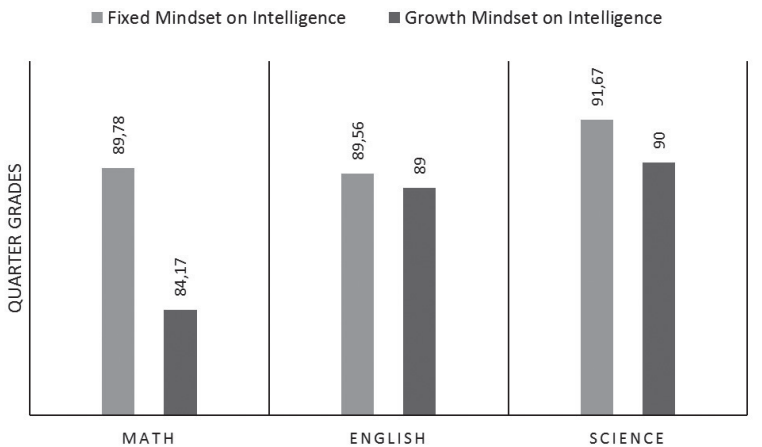

Figure 3.
No effect of implicit theories of intelligence on quarter grades for fifth and sixth-grade students, $p > 0.05$.
Source: own research.

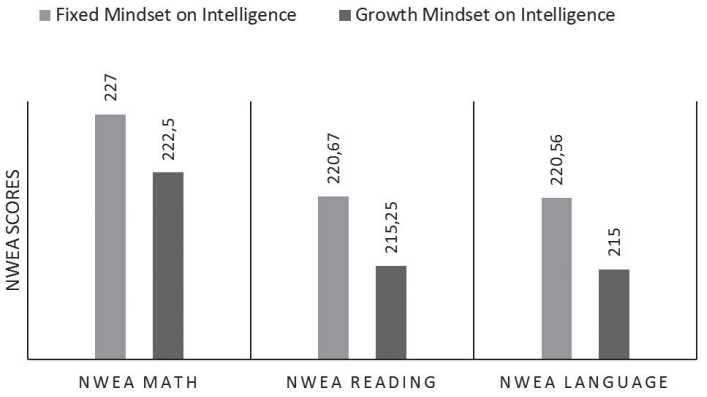

Figure 4.
No effect of implicit theories of intelligence on NWEA scores in fifth and sixth-grade students, $p > 0.05$.
Source: own research.

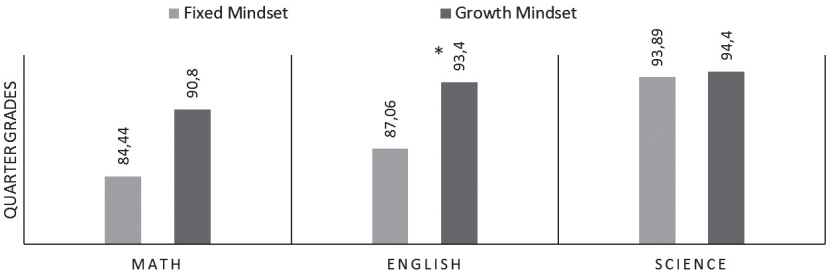

Figure 5.
Fifth and sixth-grade students with a growth mindset of personality have relatively higher quarter grades in English, *marginally significant, $p = 0.08$.
Source: own research.

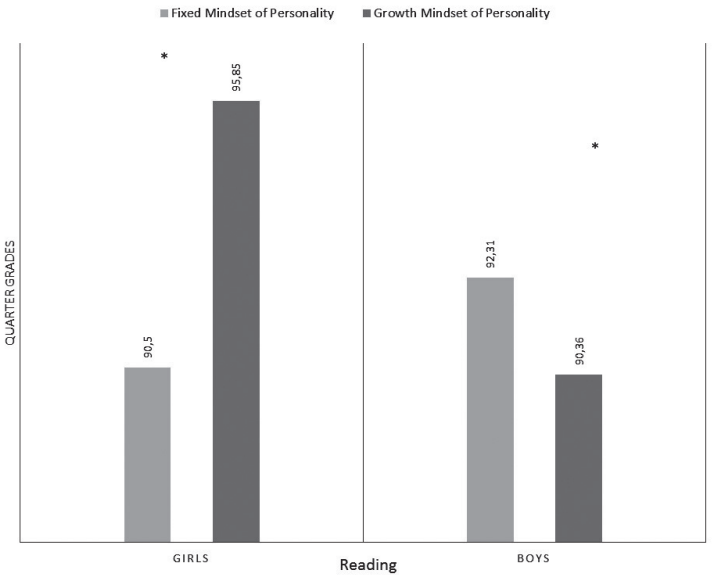

Figure 6.
Fifth-grade students with a growth mindset of personality had higher quarter grades on Reading than students with a fixed mindset of personality, $*p < 0.05$.
Source: own research.

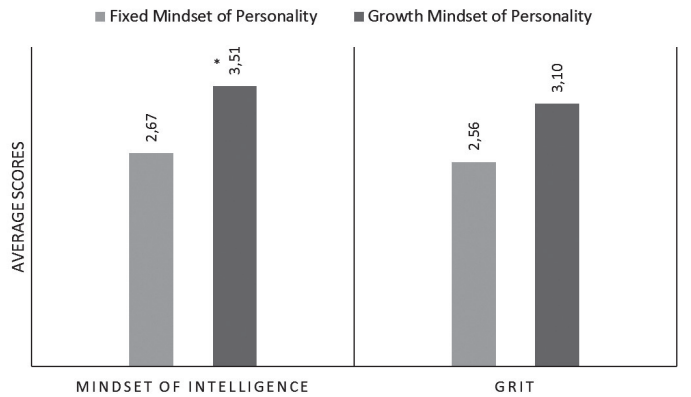

Figure 7.
Fifth and sixth-grade students with a growth mindset of personality had relatively higher scores of implicit theories of intelligence, $*p < 0.05$, but not grit, $p > 0.05$.
Source: own research.

As shown in Table 1, there were significant positive correlations between fifth and sixth-grade students' implicit theories and various variables pertaining to academic performance. All correlations listed in Table 1 were significant at an alpha level of 0.05, including significant positive correlations between quarter Math grades and implicit theories of intelligence ($r = 0.37$, $p = 0.03$) and quarter English grades and implicit theories of intelligence ($r = 0.47$, $p = 0.005$). Mindset of intelligence also correlated positively with NW Math scores ($r = 0.38$, $p = 0.03$) and with NW Language ($r = 0.47$, $p = 0.007$). Mindset of personality was positively correlated with quarter English grades ($r = 0.37$, $p = 0.03$) and with quarter Reading grades in fifth-grade students only ($r = 0.48$, $p = 0.04$). No correlations were found between grit and academic performance in any subjects.

Table 1
Statistically Significant Pearson r Correlation Coefficient between Mindset of Intelligence, Mindset of Personality and Academic Performance in Fifth and Sixth-Grade Students

	Math N = 34	English N = 34	Reading N = 19	NW Math N = 34	NW Language N = 34
Mindset of Intelligence	0.37	0.47		0.38	0.47
Mindset of Personality		0.37	0.48		

Note: $p < .05$
Source: own research.

Discussion

The results of this study reveal a beneficial effect of a growth mindset of intelligence and personality on academic performance in fifth and sixth-grade students. A growth mindset of personality was found to be beneficial for classroom English and Reading scores. A growth mindset of intelligence was positively correlated with classroom Math, English grades and standardized Math and language scores. This is in accordance with our hypothesis. We also hypothesized that higher grit would result in better academic performance, but our results did not confirm this hypothesis. Grit did not affect performance on any of the subject topics investigated in this study. Students with more

incremental mindset of personality had more incremental mindset of intelligence but not grit.

In accordance with our results, previous studies (Blackwell et al., 2007; Bostwick et al., 2017) have also highlighted the influence of a growth mindset in personality and intelligence on academic performance. Just as Yeager, Lee and Jamieson (2016) suggest, a growth mindset of personality may reduce threat-type reactions that negatively affect cognitive performance, leading to higher short-term and long-term academic performance. Accordingly, in our study, we observed beneficial effects to growth mindset of intelligence and personality on quarter grades and standardized scores that reflect long-term academic goals. The limited effect of a growth mindset observed in our study on Math and the lack of effect on Science is in agreement with Canning et al.'s conclusion suggesting that the stereotypes surrounding STEM courses may potentially influence teachers' own mindsets and eventually, student motivation and performance (2019). Therefore, the positive association between a growth mindset of intelligence and mathematical achievement is not diminished, but instead limited.

Our results revealed no effect of grit on academic achievement. Grit has been shown previously to improve academic achievement (Alan et al., 2016; Cosgrove et al., 2018). Even though these few studies have shown an academic advantage to grit, the latter is mainly known to be associated with passion and perseverance including persistence in the face of challenges (Duckworth, 2016). There is a possibility that the reason why our results show an effect of incremental mindset on academic achievement but not an effect of grit is due to the fact that the implicit theories scales we used were tailored to children in the age range of our subjects, but the 12-item grit scale we used was not and therefore might have lacked sensitivity. Another weakness of this study is the small sample size in both grades tested. In order to increase the sample size and in order to have a sample that is more representative of the general student population, we would like to extend the study to the public-school system and to a variety of other grades in elementary and secondary school.

In conclusion, an incremental mindset of intelligence and personality seem to give a selective advantage academically to fifth and sixth-grade students. Grit did not affect academic performance. Future studies need to investigate the effect of combined mindset and grit interventions in students to see if installing a growth mindset and increasing grit might provide an additive academic advantage and if that effect is affected by gender.

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 145–159
DOI: 10.19265/KP.2019.213145

ORIGINAL PAPER
Received: 25.10.2019
Accepted: 5.11.2019

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"Mutual Learning Education" – Constructivism in School Practice

"Edukacja wzajemnego uczenia się" – konstruktywizm w praktyce szkolnej

Keywords: early school education, constructivism, action research, teacher, educational methods

Summary: The vision of school based on constructivist education, in which the students are active participants and where the child's knowledge is developed in the course of interaction with the environment, has long been the goal of many educational experts. Unfortunately, it remains just a theoretical construct for most of them, not applicable in a real school. Similarly, many teachers and principals, though they agree with the assumptions of constructivist education, do not see the possibility of implementing it at school and ask directly: What would it look like? What is the essence of it? What should it be based on? These doubts formed the basis for the development of a research project titled "Mutual Learning Education – Constructivism in School Practice," whose main objective was to transform the instructional teaching paradigm applied by teachers into a constructivist educational model. This article presents the results of part of the research conducted within the framework of the above-mentioned project devoted to changing the instructional educational methods applied by teachers into constructivist methods intended to strengthen students' skills connected with responsibility and involvement in the development of their knowledge.

Słowa kluczowe: edukacja wczesnoszkolna, konstruktywizm, badania w działaniu, nauczyciel, metody edukacyjne

Streszczenie: Wizja szkoły opartej na konstruktywistycznej edukacji, w której uczeń jest aktywnym uczestnikiem, gdzie wiedza dziecka tworzona jest w toku interakcji z otoczeniem, stanowi od dawna cel wielu ekspertów w dziedzinie edukacji. Niestety, dla większości z nich pozostaje jedynie konstruktem teoretycznym, niemającym zastosowania w realnej szkole. Podobnie myśli wielu nauczycieli i dyrektorów, którzy mimo że zgadzają się z założeniami edukacji konstruktywistycznej, nie widzą możliwości urzeczywistnienia jej w szkole i pytają wprost: „Jak miałoby to wyglądać?", „Na czym właściwie polegać?", „Na czym się opierać?". Te wątpliwości stanowiły podstawę do opracowania projektu badań w działaniu pt. „Edukacja wzajemnego uczenia się – konstruktywizm w praktyce szkolnej", którego głównym celem było dokonanie transformacji instrukcyjnego paradygmatu nauczania stosowanego przez nauczycieli w konstruktywistyczny model edukacyjny. W artykule zaprezentowano wyniki części badań prowadzonych w ramach tego projektu, poświęconych zmianie instrukcyjnych metod edukacyjnych nauczycieli na metody konstruktywistyczne, wzmacniające u uczniów umiejętności w zakresie odpowiedzialności i zaangażowania w rozwój własnej wiedzy.

Introduction

In recent years, in opposition to instructive education – which does not give the child the opportunity to develop competences related to the operationalization of knowledge and critical, reflective thinking – the vision of modern education based on the **theory of constructivism** was born, designed to change inductive didactics into an education of mutual learning, in which the teaching process is based not so much on sharing knowledge or activating the student, but on transforming the teaching relationship, thanks to which a student becomes an explorer, discoverer and thinker, and the teacher – a tutor and animator of the student's learning process (Witkowska-Tomaszewska, 2015, p. 62).

Mutual learning education is based on a process of cooperation and shared experience because children and teachers learn together, although their learning goals are different. Students are involved in developing their own knowledge and understanding of the world, while teachers learn how to help them with

this (Witkowska-Tomaszewska, 2015, p. 67). In this perspective, the goals in education are replaced by values, because education is to be a platform for developing self-decision, self-steering and autonomy, i.e., the basic resources that create the subjectivity of an individual. This means that "mutual learning education" is a pedagogy that follows the student, where the teaching content is not the purpose of education but accompanies it, because the main value is the holistic development of students – "equipping them with tools that will allow them to face the challenges of changing reality, in harmony with each other and with others" (The Royal Ministry of Education, 1997, p. 5). This means that the main purpose of mutual learning education – which is rooted in constructivist learning theories – is to equip a child not so much with knowledge but with the appropriate "resources" that allow them on the one hand, to actively participate in the changing reality of knowledge and on the other, to create their own individual development path. Building this holistic vision of education should be based on six values, which are also the basic pillars of mutual learning education.

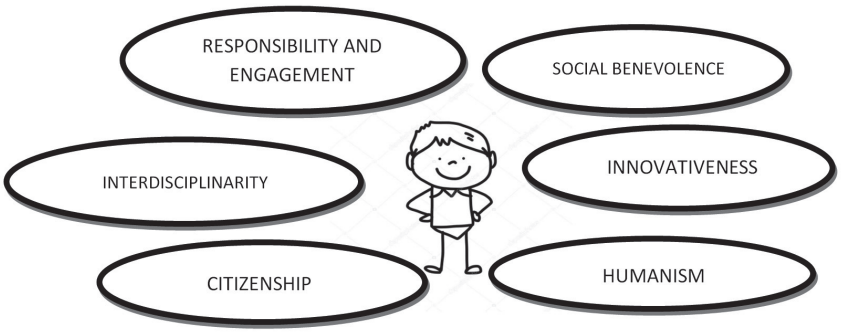

Figure 1.
Pillars of mutual learning education.
Source: own work based on Core Curriculum (The Royal Ministry of Education, 1997) and assumptions (Eurydice European Office, 2002).

Developing HUMANISTIC values in children is the first pillar of education based on mutual learning. This means building education that refers to fundamental values, such as tolerance, respect for dignity, subjectivity, spirituality, etc.

The second pillar of holistic education is the development of INNOVATIVENESS, i.e., focusing on strengthening children's creative ways of acting and

thinking, learning through experience, learning through practice and creating education in reference to human cultural heritage, developing a child's critical thinking by referring to scientific learning and understanding of reality (experiencing, experimenting, diagnosing, etc.).

The third pillar of building mutual learning education is the development of CITIZENSHIP values, i.e., strengthening students' skills and competences needed to build a bridge between personal development and labor market expectations. In order for children to achieve this state of internal homeostasis, the school should show them both the benefits and dangers of modern technologies and strengthen the skills needed to use new technological solutions to create a new quality of the social and personal lives of individuals. This approach requires active learning, i.e., a teaching system in which students "build their own knowledge by engaging their own skills and through personal involvement in the process of acquiring their own knowledge. […] Education should show the student that success is manifested in their personal work, through their own skills and teach them how to take responsibility for the learning process and their own life" (The Royal Ministry of Education, 1997, p. 18). To achieve this, the child must be involved in the learning process.

INTERDISCIPLINARITY is the fourth pillar of mutual learning education, which means that the school should organize the learning process in a holistic way. It is important that knowledge always refers to man, society and nature, which are the basis for developing children's maturity to life, taking on personal and social challenges, learning to cooperate and cooperating in a group, learning to act for the benefit of the community and for its good, for one's personal development, etc.

The fifth pillar of mutual learning education is the development of PROSOCIAL values, i.e., the development of social awareness by strengthening procivic attitudes related to being an active participant in the local community, thus teaching children, e.g., knowledge about the rights and responsibilities arising from being a member of a given community. An important element of this dimension of a holistic education is the process of the inclusion of the local community, in other words, creating a socialized school by involving members of the local community to contribute to the teaching process.

The last dimension of mutual learning education is developing RESPONSIBILITY and COMMITMENT, i.e., building interpersonal and intrapersonal skills that teach children the skills to participate fully in the planning process

and to evaluate the learning process, as well as to develop as a person (interests, expressing emotions, curiosity, peer-relationships, cooperation, etc.).

In so-defined education, there is a departure from the teaching paradigm in favor of the learning paradigm. The education process is, therefore, based on the cooperation and common experiences of the teacher and the student. The main task of the former is to help students organize educational situations that will contribute to their development in the six dimensions of learning already discussed. This approach requires a completely new way of organizing work from a teacher. Most teachers at an instructive school use an authoritative style of managing the educational process which is based on control over all student activities and continuous verification of their achievements (Witkowska-Tomaszewska, 2015, pp. 80–81).

In constructivist education, the teacher becomes a co-author of the educational process and a partner of the student in his or her development, and thus adopts a democratic model of class management. This means that students take an active part in making decisions, and the teacher only defines the goals of the activities, leaving the method of implementation at the students' discretion.

The vision of a school based on constructivist education, in which the student is not the recipient of education, but its active participant, where the child's knowledge is formed through interaction with the environment, has long been the goal of most theorists and practitioners in education. Unfortunately, it remains mostly only a theoretical construct for academic lecturers, with no application in real school. Similar reflections come from teachers and headmasters who, although agreeing with the principles of constructivist education, do not see the possibility of implementing it at school, asking directly: What should it be like? What is the essence of it? What should I rely on? These doubts formed the basis for developing a research project that aims to change teachers' educational practice from instructive to constructivist.

Methodological assumptions of own research

This article is devoted to presenting part of the research on changing the instructional education methods of teachers to constructivist methods that strengthen students' skills in the area of responsibility and commitment to the development of their knowledge (stage iii).

The research was conducted as part of the project "Mutual learning education – constructivism in school practice," which was implemented at Primary School No. 264 in Warsaw in selected classes of early primary-school education.

The main theoretical goal of the project was to transform the instructional teaching paradigm used by teachers working in primary school in grades 1–3 into a constructivist educational model.

The project was conducted in an interpretive paradigm. Action research was the method applied in the project. The source literature provides numerous definitions explaining the essence of this research method. The methodological assumptions of this project adopted Robin McTaggart's definition, according to which, action research is understood as a research method consisting in "self-reflective activity that the participants in social situations undertake to expand and strengthen the rationality and justice of their social and educational practices, as well as understanding these practices, but also the situations in which they take place" (Kemmis & McTaggart, 1988). In other words, under the project of "Mutual Learning Education – Constructivism in School Practice," action research was conceived as a method consisting in reflective actions taken by practitioners aimed not only at self-reflection on their daily activities, but also their undertaking in this regard of specific activities improving the quality of their daily practice with the substantive support of the researcher.

Making such an attempt in the school domain – as many practitioners and education theorists emphasize – is currently of particular importance. This aspect is raised by Prof. Czerepaniak-Walczak (2014, p. 182), who points out "that hundreds, and even – globally – thousands of publications containing the results of educational research appear every year, they have low (if any) impact on change of school and improving learning conditions because they are unrelated to school practice." That is why it now seems important to reorient the research towards engaged research, in which the educational context and educational practice are both important.

Based on the assumptions and western countries' experience (see Elliott & Adelman, 1974; Elliott & MacDonald, 1975; Hustler, Cassidy & Cuff, 1986), the "Mutual learning" project has attempted to bridge the gap between theory and practice. The foundation of the project was "creating a base for development of learning as a practice grounded on empirical data […]. Over the past thirty years, many academic researchers in education in the United Kingdom, Europe and the United States […] have pointed out the worrying fact that teachers rarely use the results of education research in their practice.

[…] The interest of teachers in research requires encouraging them to participate in such research projects that directly affect and strive to overcome their practical problems" (Elliot, 2010).

This project was interactive – in accordance with the assumptions of the action research involved. Its participants went through three levels: educational inspiration (stage I of the project), evaluation of their own educational practice (stage II) and transformation (stages III and IV).[1] During evaluation meetings, the teachers, after self-evaluation of their professional work, identified areas in which they want to change their work to make the transformation of instructional educational practices into constructivist practices possible.

The methods used for data collection were focused group interviews with the teachers who qualified for the project, evaluation meetings every two weeks, all-day observations of classes every two weeks and film and photographic documentation of classes prepared by the researcher and the teachers.

The study covered teachers of grades 1–3 who declared their willingness to change their educational practice. Three teachers qualified for the project: two teaching third grade and one teaching first grade. The basis for the qualification was the preparation of a field project for students and conducting one demonstration class.

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[1] **STAGE I: Educational inspirations.** Teachers who qualified for the project, together with a group of six other Polish teachers from kindergartens and schools in Warsaw and three university teachers of the Maria Grzegorzewska University – A. Korwin-Szymanowska PhD., E. Lewandowska PhD., A. Witkowska-Tomaszewska PhD., under the leadership of Kirsti Vindal Halvorsen PhD. from the University of Agder – attended a study visit dedicated to learning about the holistic Norwegian education. The visit took place in the training center of the University of Agder in Kristiansand and was a continuation of the project entitled *Education for a sustained development in teacher training*. At this stage, the teachers participated in practical classes and theoretical lectures demonstrating various methods and manners of work with children. **STAGE II: "Educational awareness." Self-evaluation** aimed at specifying what the teachers' theories related to the "nature of a student's mind" were and what were those of the students concerning "the nature of the learning process." It was a stage of self-evaluation, which was the basis for determining the needs and goals of work in the field in their own professional work and setting goals for subsequent stages of the project. **STAGE III: Transformation of the educational practice of "Methods."** During evaluation meetings, educational methods were developed that aimed – according to the results of the first research phase – at moving away from instructional methods in favor of methods that develop children's responsibility skills and engaging students in developing their knowledge. **STAGE IV: Transformation of the educational practice of "Organization of the learning environment"** in line with the results of the self-evaluation was devoted to changing the learning environment.

Own research results

In accordance with the assumptions of the involved action research, the teachers independently determined the scope of change of their methodological experience. During group interviews, they identified two main areas in which they wanted to change their educational practice. The first area was in the educational methods used in their daily work practice. The second was a change in the teaching environment and space.

The paper will focus on the first area devoted to educational methods. As part of the transformation of instructional educational methods, methods were developed together with the teachers to support children's competence in responsibility and commitment to the development of their knowledge, attitudes and skills, which is the foundation of constructivist education. During evaluation meetings, teachers proposed the introduction of methods that would support pupils in developing competences in three areas:

1. Responsibility for oneself as well as for one's knowledge and social and cultural competences ("self-teaching," "student-shaping record book");
2. Involvement in the lesson design process ("young scientist," "floor book");
3. Design and management of own actions and thinking ("my calendar").

The first research tool covered by the study the teachers introduced to the education process was the "self-teaching" method – aimed at developing children's responsibility for themselves and their knowledge as well as their socio-cultural competences. It consisted in each pupil keeping a school record book in which at the beginning of a week, the students set two or three tasks for themselves that they would like to work on in a given week. For example: "Do not disturb others in the lesson" (Karol, 3rd grade); "Volunteering for answers" (Ania, 3rd grade); "Volunteering at least once for reading" (Kasia, 3rd grade); "Remember to do homework" (Karol, 3rd grade). At the end of the week, the children themselves assessed what they had achieved and assigned themselves short descriptive and numerical grades in their own diaries. The teachers supported students at the stage of setting goals and assisted students in the self-evaluation process. At the end of the week, during summing-up of the classes, the children talked about their successes and failures.

Comment: For the teachers participating in the project, this method marked a turning point in the area of the student assessment system. Thanks to it, for the first time in their practice, they shifted the focus from external assessment

of students to self-reflection assessment. Thus, they gave the students space to take responsibility for their educational attitude and the level of their school competence. In the first stage, despite their great commitment and willingness to change, the teachers were full of doubts and fears. They said, among other remarks: "I don't really know how to implement it." "I can't believe it will work. But we will try." "Well, we will have something new here as the kids start to judge themselves." After a month of using the method in everyday practice, one could already notice observations and reflections about the assessment system and also about the pupils themselves and their attitudes: "They really try hard." "Some set very low goals and others too high." "It is important to talk to them when setting goals." "Interestingly, the children got really involved." "Some of them surprised me with their goals. I didn't know it was important to them." "It's interesting that they care more and try harder now." "They're really committed." "I won't say it's perfect in class now, but it's different." There were also reflections that concerned the teacher's own practice: "I didn't know I would make it." "I have a completely different approach to grading." "Sometimes I'm more tired."

The second research tool implemented into the educational process was the "student-forming record book." Under this method, each child set up a notebook in which they had the opportunity to present what they had learned, found out, discovered, what was interesting or boring to them, etc. On the first page, students wrote their name and gave their student-forming record book a title to give it the form of a book, e.g.: "My Encyclopedia of Knowledge," "My Book," "Great Book of 3a," "Explorer's Book," etc. A weekly topic of classroom activities was written at the top of the page. Each page of the notebook was divided into four parts. Each part contained a question posed to the author. The first part: *What would I like to find out?* The second: *What have I learned?* The third: *What are the three most interesting pieces of information, facts, news, trivia from this week*? The fourth: *What was not of interest to me? What was boring?* Children filled out the notebooks at the end of the school week as part of their self-evaluation of the knowledge and skills they managed to discover, learn, etc. They could make use of all the materials that they accumulated during the classes – notebooks, textbooks, books, notes, photos, etc.

Comment: This method was an opportunity for teachers to depart from the traditional way of organizing classes, where the student is perceived as an "empty vessel that they should fill with knowledge" (Klus-Stańska & Szczepska-Pustkowska, 2009, p. 52), in favor of seeing students as education partners

who define for themselves what the goal of education is and as people who are capable of taking responsibility for their own knowledge and skills. This tool, despite the fact that teachers devoted a lot of time to its development, has raised many doubts as to the sense of the whole undertaking. This crisis occurred in the first phase of introducing the diary in the classroom: "[The children] did not know what was going on." "There was a terrible confusion." "I lost the whole lesson, while the children did not know what to write in the notebook." "In my class, it was only Weronika who got the idea of the record book." "I do not know if it makes sense, they are not yet mature enough." After a month of using the method, the teachers still had many objections, pointing to the immaturity of children and the need to standardize the educational process. The teachers displayed great discouragement with this tool: "I am tired now." "I don't think it makes any sense." "The worst thing is that they don't feel like doing it." The lack of visible and quick effects caused a great deal of frustration and the desire to give up. There was a lot of irritation at giving up control over the educational process. According to the teachers, giving up control was to result in the maturity and responsibility of the children, similarly to the principles expressed in the poem by Julian Tuwim – "It's easy all right: Click, and there is light! Flick once more – then, We're in darkness again. And if you give it another go – You get the glow you had before. It has such a secret might There in the wall, that tiny trick! Night – light – Light – night" (Tuwim, 2010, transl. David Malcolm). The teachers did not take into account the fact that for a long time, the children had taken part in education in which they were fully controlled by the teacher and that they did not yet have the resources that would allow them to use this tool. Moreover, they had not been aware that departing from the instructional manner of organizing the educational process meant giving up power, even at the price of chaos or a temporary regression of the children. The teachers withdrew from using this tool. The experience of one year's work shows that it is very important to gradually introduce this method into the educational process, to spread it out over time. It is worth introducing parts I and II in the first two months, stage III in the next two and stage IV in the end. It is only after six months that the record book has been fully completed.

The third tool introduced into the educational process with the aim of transforming the teaching-learning process from instructional to constructivist was the **"floor book"** tool. Before discussing a given issue, the teacher and children created a lesson schedule. The floor book assisted in this process.

A large sheet (this can also be done on the board) is divided into four parts. PART I: "WHAT WE ALREADY KNOW" – after the topic is stated, the children, together with the teacher, wrote down what they already knew on the subject. PART II: "WHAT DO WE WANT TO KNOW" – the pupils wrote down what they would like to find out. The teacher also contributes here, writing what she would like to share with them, what to teach them, what to tell about. PART III: "HOW TO FIND OUT" – the teacher, together with the children, lists the exercises, tasks, workshops, experiments, etc. that should be done to find out what they want to know. Students can use textbooks, books, encyclopedias, information from the Internet, and they can even invite guests as well. Each idea is taken into account and discussed with the class and teacher. PART IV: "WHO? WHAT? HOW?" – is related to the division of tasks. Who will take care of the preparation of a given exercise, task or a workshop? Who can provide us with the things that will be useful to us? The teacher shares the duties and responsibilities with the children.

Comment: This method was the second tool for teachers – after the student-forming record book – giving them the opportunity to develop competence in the skills of constructing a democratic educational process. The teachers and students jointly design the learning process, thus giving them the opportunity to practice the skills of planning their own educational space. After experience with the student-forming record book, the teachers started from looking for ways to introduce the tool into the educational process. They came to the conclusion that work should take place in teams specially selected for the task. They tried to match groups in such a way so that each child had a different function in the team: a leader, a creator, a narrator, a judge. After the ideas were developed by the teams, they were discussed in the classroom and a common weekly work plan was developed. The work process resembled the "snowball" method. This proved very helpful. In this case, in the teachers' opinion, the period of anarchy and chaos with the children was much shorter: "The crucial thing is to divide them into teams." "Thanks to working in a group, the children quickly understood what was going on." After a month of using the tool, there were many comments in the teachers' opinions regarding the educational competence of students: "It was easy for the kids to determine what they know about a given topic, but it was very difficult for them to say what they would like to learn." "Children have a hard time specifying what they want to know." "They don't need to look for information, they want to be told what to write there." "It was the first time the children wanted to go to the library to pick

a book." "They are very creative when they are to invent the lesson content themselves." This tool gave the teachers an opportunity to observe the student as a co-author of the educational process. And although they gave students a lot of space to develop and create the educational process, they still tried to take control and strongly interfere with children's ideas in many situations. The need to preserve the homogeneity of the educational process and to base it on the educational package meant that teachers repeatedly proposed the children to include exercises and tasks from the textbook in their ideas. When this issue was raised during the evaluation meetings, they were clearly surprised by their approach: "I did not pay attention to this." "I know it, but you have to implement the textbook." "We cannot afford holes in the package."

The fourth method introduced into the educational process was the **"young scientist"** tool – aimed at developing children's competence in the field of involvement in the lesson design process. It was intended to offer an interactive way of designing lessons, changing the role of the pupils from the recipients of education to active participants who develop their knowledge and skills through research, discovery, exploration, searching for answers and the skillful asking of questions.

Comment: This method was very natural for teachers. You can see that the construction of active classes in which the student is a discoverer and researcher is easy for teachers: "At last, it's something we know about." "Yes, this method is the coolest." "We could have started with that." "Cool thing." The multiplicity of ideas has shown that teachers have great ease and freedom in creating and designing active lessons for children. The "Young Scientist" method also very much showed the "educational dissonance" in the teachers' workshop. On the one hand, the teachers created a space for a creative and constructive learning process, while on the other, they used an instructional approach in practice. In other words, one could clearly see the strong roots in the instructional model of thinking about education, in which the goal is more important than the development of the child's knowledge and skills. An example of a good illustration of the mechanism of "educational dissonance" could be the *Tree* class. The teacher did not give the children space to explore, search, make mistakes, etc. The lesson was organized so that the children would follow the teacher's way of thinking and acting the entire time. As a result, although the children were in an open space, they were unable to observe or discover anything by themselves. The teacher wanted them to be under her complete control. The children were given instructions which they were supposed to follow, e.g., "please find a maple

leaf," "please mark roots, bark on the tree model," "please measure this tree." Another example would be the situation that arose during the lesson entitled *The Color Palette.* When one of the pupils discovered a firebug and started to call for the other children, the teacher's comment was as follows: "Stop it with this insect now, you are to collect objects for the color palette." During the project, this cognitive dissonance significantly decreased because the teachers began to focus more on the children and what was interesting to them, and to build their knowledge around it. An example would be a dead pigeon which the children discovered in the bushes during fieldwork entitled *Measures and Sizes*. The teacher came up to the children and answered their questions and doubts. She told them about the circle of life. This method showed that following the child – and not only his or her "passive activation" – is a very important element of the learning process and involves paying attention to a pupil's doubts, discoveries and, sometimes, mistakes.

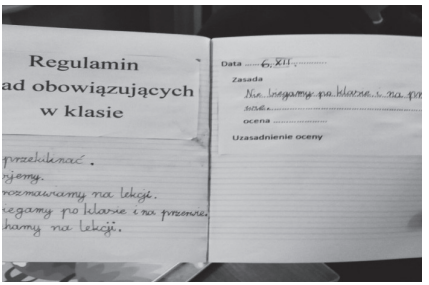

Figure 2.
Grade 3., Self-Teacher.
Source: own research.

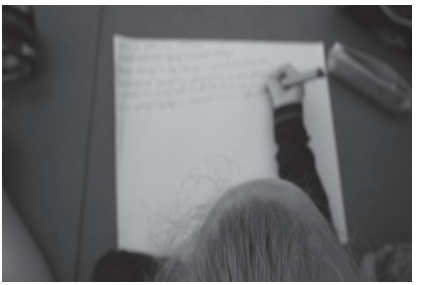

Figure 3.
Student-Forming Record Book, grade 3.
Source: own research.

Figure 4.
Floor book prepared by the students of grade 3.
Source: own research.

Figure 5.
Air Classes.
Source: own research.

Figure 6.
Tree lesson.
Source: own research.

Figure 7.
Colour palette lesson.
Source: own research.

Conclusion

The research offers a practical guide on how to transform instructional educational methods into constructivist ones. It also shows how the ideas of constructivism can be practically transferred to the everyday life of the school in the field of early school education design.

In addition, the presented analyses show the importance of action research as a research method. It proves that engaged research is an invaluable source of inspiration and guidelines for work, both for practitioners (by creating specific education tools that can be easily transferred to everyday life in school) and for theoreticians dealing with the process of change or the context of changing the education paradigm. Most importantly, the research is a platform for the joint activities of theoreticians and practitioners in the field of changing education.

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 161–175
DOI: 10.19265/KP.2019.213161

ORIGINAL PAPER
Received: 2.10.2019
Accepted: 11.10.2019

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Assessment of Social Support for a Mother Raising a Child Diagnosed with Asperger Syndrome, as Experienced by her Family. A Case Study

Ocena wsparcia społecznego przez matkę dziecka z zespołem Aspergera doświadczanego przez jego rodzinę. Studium przypadku

Keywords:
Asperger syndrome, autism spectrum disorders, adulthood, family, social network, social support

Summary: The article discusses a variety of issues related to social support given to Polish families raising a child with Asperger syndrome. The questions regarding the position of Asperger syndrome in the current ICD-10 classification are presented along with the full spectrum of problems faced by people with this type of disorder. The article also discusses selected issues related to the functioning of the whole family. Theoretical considerations focus on social support understood as a special kind of assistance provided to a family in a difficult situation. The paper analyzes the features of the social network, including social support networks, along with the changes that have taken place in these structures. The article also discusses the sources and types of social support experienced by the family in a 10-year period.

Słowa kluczowe: zespół Aspergera, zaburzenia ze spektrum autyzmu, dorosłość, rodzina, sieć społeczna, wsparcie społeczne

Streszczenie: W artykule omówiono kwestie związane ze wsparciem społecznym doświadczanym przez rodziny z dzieckiem z zespołem Aspergera. Zagadnienia dotyczące pozycji zespołu Aspergera w aktualnej klasyfikacji ICD-10 zostały przedstawione wraz z pełnym spektrum problemów, z którymi borykają się osoby z tego typu zaburzeniami. W artykule omówiono wybrane zagadnienia związane z funkcjonowaniem rodziny. Teoretyczne rozważania koncentrują się na wsparciu społecznym rozumianym jako szczególny rodzaj pomocy udzielanej rodzinie w trudnej sytuacji. Przedstawiono cechy sieci społecznościowej, w tym sieci wsparcia społecznego, wraz z prezentacją zmian, które zaszły w tych strukturach. W artykule omówiono również źródła i rodzaje wsparcia społecznego doświadczanego przez rodzinę w ciągu 10 lat.

Introduction

According to the ICD-10 classification, Asperger syndrome[1] (F84.5) belongs to the category of overall developmental disorders (F84) and is characterized by qualitative deviations from the norm in terms of social interactions, communication patterns and a limited and stereotypical repertoire of interests and activities. The absence of a general delay or impairment of speech development and cognition distinguishes this syndrome from childhood autism. At the beginning of adulthood, psychotic episodes occur sporadically (International Statistical Classification of Diseases and Health Problems – X Revision, pp. 248–249). The latest DSM 5 classification of the American Psychiatric Association introduced the general category of "Autism Spectrum Disorders" (ASD) (DSM 5, 2013) which includes the following entities: autistic disorder, Asperger disorder, childhood disintegrative disorder and overall developmental disorder not otherwise diagnosed (Chojnicka & Płoski, 2012, pp. 249–250).[2]

[1] Due to the specificity of the case described, the article uses the term Asperger syndrome, with the exception of the cited fragments containing the term "autism spectrum disorder," i.e., ASD or HF – ASD (meaning high functioning ASD) (see: Ozonoff, Dawson & McPortland, 2015).

[2] DSM 5 criteria allow for the designation of subgroups that are distinguished by three levels of symptom severity and three levels of required support. The classification also takes into account the presence of unusual sensory reactions to the environment.

Psychiatric comorbidity is an important problem in ASD, which can affect 70% of patients in childhood, and up to 100% throughout their lives (Rosenberg, Kaufman, Law & Law, 2011). On the basis of their thorough review of the scientific research completed so far, Rybakowski et al. (2014) indicate that the most common comorbid disorders in people with ASD are anxiety disorders (30–50%), OCD (17%) and social anxiety disorder with agoraphobia (17%). The incidence of depression ranges from 1.5 to 38%, bipolar disorder from 2.5 to 3.3%, and ADHD from 30 to 50%. Sleep disorders affect 40–83% of patients with ASD (see: Płatos, 2016, pp. 38–40, 77–79). Sensory disorders are also a serious problem which, according to some adults with Asperger syndrome, have a greater impact on their lives than the common problems in social and emotional functioning (Attwood, 2013, p. 299). The occurrence of mental disorders in people with Asperger syndrome may be the result of a combination of both genetic and environmental factors. Therefore, it is important to recognize their living environment and the needs of the people affected in order to prevent low self-esteem, suffering and difficult and socially inappropriate behaviors (Mazzone, Ruta & Reale, 2012), as well as to secure social assistance and support.

E. Pisula and D. Porębowicz-Dörsmann (2017) emphasize that people with ASD are a very diverse group and suggest the need to conduct research in more homogeneous groups. Research on families raising a child with Asperger syndrome is undoubtedly a response to this postulate.

Parental stress is particularly often pointed out in studies devoted to the functioning of families raising children with ASD. Although the list of stressors is long (see: Pisula, 2015, pp. 26–41), behavioral problems of children with ASD, including children with Asperger syndrome where the severity of the problems is relatively low, are a serious challenge for families (Pisula, 2015, pp. 31–32). P.A. Rao and D.C. Beidel (2009, after: Grootscholten, van Wijngaarden & Kan, 2018) examined parents of children with HF – ASD and asserted that a higher intellectual level of children does not lower the stress level in parents. In fact, although the children had fewer externalization (behavioral) problems, they had more internalization problems, such as anxiety and depression, which may greatly contribute to parental stress. Although the type of stressors changes with the child's age (Pisula, 2015, p. 35), behavioral problems may still be present in adulthood, constituting a barrier to independent living (after: Smith, Greenberg & Mailick, 2012). The functioning of adults with Asperger Syndrome can be further complicated

by psychological symptoms in comorbidities (after: Mazone et al., 2012). Numerous studies show that parenting children with ASD causes significant stress even when the child reaches adolescence and adulthood (e.g., Smith, Greenberg & Mailick, 2012). Studying their daily experience for eight days, L.E. Smith and colleagues found that mothers of teenagers with ASD were three times more likely to experience stress on a given day than mothers of children with other disabilities. These stressful experiences were related to the emotional well-being of mothers; the researchers speculate that stressors accumulate over years of care and hence have a cumulative effect on the mothers' well-being (Smith et al., 2010).

In fact, when people with ASD reach adulthood, the burden on their carers increases, which is caused by the unmet needs of young people with the disorder (after: Grootscholten et al., 2018). It should be added that for most adults with ASD, parents, especially mothers, remain the primary carers and the main source of support (Howlin et al., 2004, after: Van Bourgondien, Dawkin & Marcus, 2014, p. 18). Their stress is most often dictated by the fear for their child's future, lack of employment and other serious limitations, including the lack of independent living opportunities, the child's experience of loneliness, and lack of specialized services (Van Bourgondien et al., 2014, pp. 18–22). E. Pisula also accentuates the experiences of violence and emotional harassment reported by parents (Pisula, 2015, p. 36; see: Płatos, 2016, pp. 42–44). The results of Polish research likewise indicate a great sense of fear and helplessness in parents of adults with ASD (Autism – Situation of Adults, 2014, p. 259).

Parental stress, therefore, depends on many factors whose impact is so complex that its detailed analysis goes beyond the scope of this article. J. Prata, N. Lawson and R. Coelho (2019) have developed an integrative model of factors affecting parental stress, in which, in addition to factors related to parents and children, they listed those related to social support, including professional support, support within the family system and social assistance, and the socioeconomic status of the family.

Support for the family should be understood as assistance available in its environment provided by institutions and associations, as well as by individual people and other families with whom it forms interpersonal relationships. The family relationship with the surrounding social network is considered to be the main determinant of social support. Assistance and support provided to families with a disabled child is tantamount to helping the disabled child

(Radochański, 1991, p. 7). For parents of adults with ASD, social support can be a particularly important resource due to the additional burden associated with, among others, aging parents, as well as a reduction in formal services (Shattuck et al. in: Smith, Greenberg & Seltzer, 2012). In many studies, social assistance has been recognized as a key factor in reducing the negative psychological effects of raising a child with ASD and other disabilities (after: Ekas, Lickenbrock & Whitman, 2010).

Social support is very important for parents because it enables them to be heard, share their experiences, find hope and gain information on various strategies for working with their children (after: Heiman & Berger, 2007). For families of children with severe developmental disorders, it is important to have larger social networks. For example, L.E. Smith, J.S. Greenberg and M.M. Seltzer (2012), who assessed the impact of social support on the well-being of mothers, came to the conclusion that mothers with larger social networks reported a decrease in symptoms of depression.

A. Axer (1983) lists three basic ways of understanding social support systems. These are institutions and networks of institutions, as well as assistance programs that meet the needs of their clients; assistance organizations inspired by professionals and spontaneous organizations; natural systems, which include people from the immediate environment whose feelings, attitudes and behavior favorably affect the subject. The natural system is the most durable and reliable source of family support (Axer, 1983, pp. 200, 207–208). Ekas and colleagues have found that informal sources of support, including partners, other family members and friends, are particularly important for mothers of children with ASD. These sources of support are associated with lower levels of parental stress and lower levels of depression. Support received from partners and friends was associated with an increase in life satisfaction and better mental well-being. Support from other family members increased mental well-being, too (Ekas et al., 2010). T. Heiman and O. Berger (2007) indicate the need for effective intervention programs for parents that would focus on developing coping skills to better respond to their own changing needs as well as those of their children. Because the needs of the people with developmental disorders change when they enter adulthood, the demands regarding social support for the family also change. In fact, however, this is often when the family becomes the sole care provider for the adult with ASD.

Organization of Research and Method Used

Based on the above assumptions, a qualitative study was conducted, i.e., a case study of a family with a child diagnosed with Asperger syndrome and comorbid mental disorders. The analysis aims to draw attention to the difficult and complex situation of the family of an adult with ASD, in which problems accumulate due to the lack of help from social services. The purpose of the case study is to provide a comprehensive description and understanding of the case along with the surrounding context (Strumińska-Kutra & Koładkiewicz, 2012, p. 4). The goal of the study is also to assess the social support received by the family, with a focus on the changes in the social network and the support granted by it, as well as other sources and types of social support. Material, informational, instrumental, unconditional (spiritual) and emotional support are all assessed (Sęk & Cieślak, 2004, pp. 18–20), as well as support in care.[3] I conducted the study ten years after the first interview, which allowed me to capture the changes in the family system, social network and social support network. The study used document analysis and individual in-depth structured interview (Gutkova, 2012, p. 113). The interview was conducted using the Social Network and Social Support Network questionnaire. The tool was prepared based on the interview questionnaire Assessment of Surroundings and Social Support (OOiOS) (Bizoń et al., 2001, pp. 617–634).[4] Prior to the interview, the medical documentation and record of the interview conducted in 2006 were reviewed. The obtained information was subject to qualitative analysis.

Analysis of Own Research Results

Characteristics of the Family. As of 2006, Barbara's[5] was a two-parent family with two daughters: 14-year-old Marta, who was diagnosed with Asperger syndrome, and 21-year-old Iwona – a student. The health status of the family members was good. Barbara assessed the family's financial situation and housing

[3] Support in care should be understood as replacing the mother in caring activities for the child, in order to enable her rest, regeneration and mobilization of strength.

[4] The authors state that this tool was created on the basis of clinical experience and can be used in cognitive research (Bizoń et al., 2001, p. 627). The tool is used to collect data about people who perform support functions for the examined person and to develop an adequate support system.

[5] Names have been changed for the purposes of this research.

conditions as good, too. She took care of Marta together with her mother (the girl's grandmother). Sometimes her older daughter also helped her. According to Barbara, the relations between the sisters were appropriate. Barbara, a teacher by profession, worked in an elementary school, while her husband worked abroad. They usually spent their free time outdoors – at a swimming pool, horseback riding, hiking in the countryside and walking. Barbara emphasized that their "life revolved around Marta," and that the above-mentioned forms of family activity were selected mainly taking into account the interests, needs and capabilities of the younger daughter. Marta also enjoyed spending time with her grandmother, with whom she felt particularly connected. Barbara did not report any upbringing problems regarding her older daughter, whom she tried to devote her free time to.

Diagnosis of Developmental Disorders and Health Condition. Marta was born healthy and initially developed properly. According to Barbara's report, she noticed the first alarming symptoms in the form of delayed motor development in her daughter at the age of several months. There were behavioral problems in the preschool period, including hyperactivity and tantrums, lack of interest in contact with peers and lack of tolerance for strangers. During this period, the child was diagnosed with a "slight delay in motor development," followed by "attention deficit hyperactivity disorder," "autistic traits" and "high-functioning autism." The final diagnosis of Asperger syndrome (F84.5) based on the ICD-10 classification was issued when Marta turned 10. Intellectual development was described as "within the norm." Barbara described the diagnosis period as "long and burdensome for the family and the child." At the age of 22, Marta had her first episode of psychosis with loss of consciousness; 20 months later, she also experienced an epileptic seizure. In both cases, she was treated in a psychiatric hospital. Finally, she was diagnosed with acute and transient psychotic disorders (F23) and other epilepsies (G 40.8). Marta has a certificate of moderate disability.

Marta's Education and Therapy. Marta received individual and group therapy for children with autism spectrum disorder since her diagnosis. She carried out her education in generally accessible, public institutions. She also obtained a statement of special education needs. In junior high school and high school, she was eligible for an individualized education program. Her parents chose this form of education because of the child's difficult behavior: tantrums, verbal aggression, hyperactivity, anxiety and attention deficit disorder. Even though Marta's teachers had no previous experience working with students

with autism spectrum disorders, Marta's parents were satisfied with this form of schooling. The girl attended additional English classes, achieving significant successes in this subject. Due to difficulties in learning mathematics, however, she did not take the *matura* exam, which, according to Barbara, was a wrong decision influenced by the teacher's suggestions. Marta has been at home since graduating from high school. For a few months she participated in occupational therapy workshops but, in Barbara's view, was not satisfied with this form of activity; the facility was intended for people with intellectual disabilities and thus did not meet her daughter's need for social contacts.

All in all, Barbara positively assessed Marta's education period. First of all, her daughter's functioning improved gradually under the influence of educational and therapeutic activities: "It was a good time in Marta's life and in the family's life […] she liked English, she was eager to learn […], we went to therapy for some time and Marta liked to be there […], she studied, although she had problems, she was nervous, but she finally managed." The implementation of the compulsory schooling in the form of individualized instruction created the right conditions to meet Marta's need for security and offered her appropriate educational support: "at home she was calmer and remained active; she was not worried about what would happen at school, what the children would say."

The subject of education often appears in Barbara's narrative, which may suggest that this type of support is, in her opinion, particularly important. Barbara drew attention to the noticeable progress in her daughter's development and the hopes associated with it: "we saw progress in her development, she went ahead, we were very happy, everything started to fall into place, […] after junior high school there was high school, language competitions that she won […] hopes for studying at a university […], we were very happy […]. She had private lessons in mathematics because she had a problem with it, but she did quite well with other subjects […]. I was hoping that maybe she would make money doing translations […] and Marta thought so too. And now all is lost." The present situation, as Barbara points out, is caused by her daughter's loneliness, lack of contact with peers and the resulting sense of exclusion.

Current Family Situation. In the course of 10 years, the family situation has changed significantly.[6] The older daughter became independent and started her own family. Barbara divorced her husband. She believes that the main reason for the breakup of the marriage was the separation resulting from his

[6] As of 2016.

employment outside the country. Although the father sends money to Marta, he contacts his daughters only occasionally. The material situation of the family deteriorated. Barbara believes that Marta does not understand the new circumstances, and that the departure of her father undermined her sense of security, deteriorated her functioning and became a source of suffering: "I think she does not understand what happened; I explain to her that her dad will not be with us anymore, that he has a new wife, but she doesn't understand; she asks again and gets nervous […]. At other times, I think she understands more, because when I told her that her dad would not come back, she started watching movies from her baptism and communion in which he carried her and kept her on his lap."

Currently, the most serious problem is Marta's health. For the family, this is a particularly difficult situation to come to terms with. During the interview Barbara did not hide her regret: "I have already gotten used to autism, we learned to live with it, we sorted out our lives, and here's another blow […]. This disease takes everything from her and us […]. Why did this happen to her? […] and what awaits her?" Particularly strong emotions were aroused by reference to recent events, including the severity of disease symptoms and adverse prognosis: "the last attack was terrible, she lost consciousness, she was out of touch, my mother thought that Marta was dying […]. I am very worried because doctors say that these attacks will happen again; it is not known when, but they will definitely happen again, and this uncertainty is the worst." Marta's stays in a psychiatric hospital, which the young woman could not accept, were an exceptionally difficult experience for the family.

Social Network and Social Support Network. The family's social network, and the social support network inscribed within it, was formed during the period when Barbara and her mother first sought help and remained unchanged for several years. The social network of 42 people was made up of close and distant family members, neighbors and a large group of friends, mainly from Barbara's work. Barbara maintained close contacts with other parents from the Association of Intervention and Therapy for Children with Autistic Disorders and Their Families. Among the people helping with Marta's treatment were doctors and psychologists from the Child and Adolescent Mental Health Clinic. Barbara also had the support of therapists and teachers, riding and swimming instructors, and a psychologist running a parent support group.

The social support network numbered 40 people and was dispersed. Sources of support were present in different areas, with the exception of the closest

neighborhood. The immediate family, friends from the Association and professionals constituted the strongest support system, with Barbara's mother being the primary source of support. The family also received all types of social support, including emotional, and, to a lesser degree, material support, care support and unconditional support. Informational and instrumental support were also well secured.

Over the past 10 years, the social network and social support network have changed. Currently, these structures have 18 and 12 people, respectively. The family group decreased by only one person, but the number of friends from work definitely decreased. Barbara broke off contacts with the parents from the Association and with the staff of the facility. She justified her decision by the nuisance of traveling to meetings and the lack of the need to maintain relationships with parents of children with autism: "The Association and parents were very good at the beginning; we went there with Marta and my mother […]. Commuting took a long time; it was especially difficult in winter. We gave up because these meetings did not bring anything new to our lives."

Experienced Social Support. Barbara enumerated the many people who have supported her. Doctors, psychologists and therapists from specialist clinics, and parents of children with autism were sources of information and instrumental support. Barbara benefited from their experience, as they willingly shared their insights. Through participation in individual and group classes, she learned various techniques for working with her child and the procedures for dealing with difficult behavior. She was emotionally supported by family, friends from work, parents of children with autism, doctors, psychologists, therapists and teachers. As she says: "We have been shown a lot of heart and kindness. Marta's relations with extended family members were particularly valuable. My daughter, despite her behavior problems, was accepted and liked."

The most important person for Barbara has been her mother, who has engaged in helping her daughter and has been happy to help in the care, upbringing and education of her granddaughter: "Mom quickly began to work, she established and kept in touch with parents of disabled children, completed specialist training, told me what to do, taught me how to deal with Marta." Barbara's narrative, therefore, shows much gratitude for her mother's help and commitment: "Without her support it would be hard for us; thanks to my mother I could devote more time to my older daughter and we avoided major problems of adolescence." Barbara's parents were also a source of material

support. Barbara knew that in the most difficult moments she would be able to count on the support of her mother and older daughter.

Evaluation of Received Social Support. As indicated above, Barbara's parents have been a source of material support. Marta is completely looked after by her mother and grandmother. Barbara believes that her daughter will remain dependent on other people's care, a thought which fills her with sadness. Support in care has been particularly important since she noticed her daughter's first alarming symptoms. Because of her parents' professional work, her father's absence and the implementation of individual education, Marta spent a significant part of her time at her grandmother's home. They currently live together. Barbara believes that thanks to her mother's help she was able to work, train, improve the financial situation of the family and help her older daughter take care of her child: "I owe my mother a lot, actually everything, studies, work […]. If it wasn't for her, I couldn't do it, all the more so, now." Currently, because of the new diagnosis, caring for Marta is of particular importance. Barbara's mother has remained the only source of support in care and of unconditional support (besides Barbara's older daughter): "Who will help me, who will help Marta? It is difficult to talk about it […], but there is mother and Iwona, although she has her own life, but we can count on her with Marta."

Barbara highly appreciates the informational and instrumental support she experienced over the past years, starting with the diagnosis she obtained when Marta turned 10. Marta's psychosis motivated her to contact the doctor who provided the original diagnosis – and whom she trusted. She positively assesses the activities of medical personnel, describing them as competent, committed and kind. The information she received in the hospital and during follow-up visits concerned the symptoms and expected course of the disease, methods of treatment and rehabilitation, as well as possibilities of getting help and support. Instrumental support, however, is considerably lower due to the absence of people who experience similar problems: "I don't know anyone who has a child with psychosis. In the hospital, I focused on Marta and did not talk to people […] I did not know what to do, we were helpless. This type of support in the past was secured by a group of parents from the Association and therapists, but it only concerned the management of a child with Asperger syndrome."

In the past, emotional support was provided by both natural and professional sources. For Barbara, this was especially important because, as she says: "it helps

you survive difficult times […], gives you strength and a sense of security." It seems that the support received has helped the family adapt to Marta's disability. Although in the family environment the number of people who emotionally supported Marta has decreased, in the social network there still are Barbara's mother and older daughter, who are its most important elements.

Conclusion

In this study, I evaluated the social network, social support network and social support experienced by one family over the course of 10 years. My analysis of the collected research material shows that after a relatively stable period, the family now has to face a particularly serious problem, which is the further mental illness of one of its members. At present, the situation resembles that of a family with a small child, when, after receiving the diagnosis, parents seek help and support. The recent events have made the mother well aware of the difficult situation in which she and her family find themselves – the future of her daughter is uncertain due to the autism spectrum disorders, comorbid psychiatric disorders, unfavorable medical prognosis, the inability of an adult with Asperger syndrome to lead an independent life and the high dependence on care provided by the mother and relatives (Van Bourgondien et al., 2014). Regarding the change of stressors that correspond to the child's age, the research findings are consistent with the findings described in the literature on the subject (Pisula, 2015). Social support should, therefore, be adapted to these changes. The formation of a social network, and social support networks, remains an open question. The new situation should contribute to the search for sources of support, e.g., groups of parents who experience similar problems and can support the family by providing information and can become a source of positive interpersonal reactions, social support or assistance behavior.

Barbara's mother and her help were frequently mentioned in the interview. Due to the increased demand for this type of care and the restrictions related to the aging process and loss of strength of the strongest source of social support, i.e., Barbara's mother, the family situation is difficult, and requires taking the steps necessary to strengthen social networks with people who can support the family in the future. This issue is important in the context of the family's adapting to the new situation. Research confirms the importance of having larger social networks (Smith, Greenberg & Seltzer, 2012), including sources

of informal social support from family members, friends and acquaintances (after: Pisula, 2015, p. 39). The indication of the older daughter as a potential source of support for Marta when Barbara's mother will no longer be able to provide care is noteworthy. However, it seems that for adult siblings, maintaining their own family, their own personal and professional life and supporting a person with Asperger syndrome and co-occurring mental disorders may be difficult or even impossible (Van Bourgondien et al., 2014, p. 30). What could make it easier is the general better functioning of a person with ASD (after: Van Bourgondien et al., 2014, p. 30) which is why such improvement should be sought by securing information and instrumental support.

At this point, various programs addressed to families, including parents and people with ASD, (see: Smith, Greenberg & Mailick, 2012; Gryniuk-Toruń, 2017) and aimed at developing the skills of using new, effective ways of acting should be indicated. Currently, however, these types of support are very limited. Establishing direct contacts or using online networks to get in touch with parents experiencing similar problems, therefore, are the most available ways to master new strategies, to increase guardianship competences and to adapt to the new situation. The analysis of the collected research material shows a worrying phenomenon: only natural systems appear in the social support network when a person with ASD reaches adulthood. Although it is impossible to overestimate their importance in terms of improving the situation of a family with an adult with ASD (Ekas et al., 2010), specialist support institutions should be available in the family environment, as the remaining resources of natural systems may yet cease to be sufficient.

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 177–189
DOI: 10.19265/KP.2019.213177

ORIGINAL PAPER
Received: 11.05.2019
Accepted: 2.07.2019

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Art Therapy in Preventing Social Exclusion According to Students and Teachers

Arteterapia w zapobieganiu wykluczeniu społecznemu w opinii uczniów i nauczycieli

Keywords:
art therapy, psychological and pedagogical support, prophylaxis

Summary: One of the important tasks of a modern school is to provide psychological and pedagogical assistance to students who experience difficulties. A wide range of dysfunctional behaviors hindering relationships with others may lead to social exclusion of adolescents. An important solution could be the application of art-therapy-based methods in the work with such students, making use of the therapeutic qualities of particular fields of art in the process of influencing their personality and emotional sphere. In the study presented herein, an attempt was made to determine the place of art therapy in solving the problems of teenagers in the opinion of the participants of art therapy classes and their teachers.

Słowa kluczowe:
arteterapia, pomoc psychologiczno-pedagogiczna, profilaktyka

Streszczenie: Jednym z istotnych zadań współczesnej szkoły jest zapewnienie pomocy psychologiczno-pedagogicznej uczniom przejawiającym problemy. Duża rozpiętość zachowań dysfunkcyjnych utrudniających relacje z innymi może w konsekwencji prowadzić do wykluczenia społecznego dorastających. Istotnym rozwiązaniem wydaje się zastosowanie w pracy z uczniami

metod opartych na arteterapii, wykorzystujących terapeutyczne walory poszczególnych dziedzin sztuki w procesie oddziaływania na osobowość i sferę emocjonalną nastolatków. W zaprezentowanych badaniach podjęto próbę ustalenia miejsca arteterapii w rozwiązywaniu problemów nastolatków – w opinii uczestników zajęć arteterapeutycznych i ich nauczycieli.

Introduction

The job of a modern school is not limited to the transfer of knowledge to its students. A particularly important area is the organization of psychological and pedagogical assistance in accordance with the Regulation of the Minister of National Education of 9 August 2017 on the principles of the organization and provision of psychological and pedagogical assistance in public nursery schools, schools and educational organizations (Journal of Laws, Item 1591), which imposes on teachers, among others, the obligation to provide professional expertise to students showing symptoms of a risk of social maladjustment affected by a crisis, traumatic situation, neglect, dangerous environment or manifesting difficulties in adaptation (§ 2.2).

Adolescents experiencing personal difficulties and inadequately performing assigned social roles are more often exposed to difficulties in peer relations and exclusion. Students with behavioral or emotional problems during adolescence are particularly affected by identity crises and experience difficulties with self-esteem and adequate self-appraisal. The problems indicated usually require the organization of specialized classes geared towards developing emotional and social competences (§ 6).

Working with students manifesting dysfunctional behaviors poses a specific challenge and often requires exceptional pedagogical inventiveness. The violation of social norms and rules, lack of respect for the rights of others, aggression, violence and problems related to addictions often overlap with teenagers' problems arising from a sense of the lack of understanding resulting from intergenerational differences and rapid socio-cultural changes, and may additionally hinder proper functioning in the environment. Often, professional activities in the field of psychological and pedagogical assistance are the only

chance to protect these students from permanent conflicts, peer rejection and exclusion from the social group.

B. Skwarek and W. Szulc emphasize that the wide range of disorders in the behavior of children and adolescents, which is now being revealed, make the application of art therapy important, "not only as a therapy, but also as a method of personal development" (2017, p. 97).

Art therapy in literature on the subject (Marcinkowska, 2013, p. 17) is often referred to interchangeably with the term therapy through art. Both names refer to activity through art, but there is a certain difference between them. In the first case (art therapy), there is the relation: subject/therapeutic group–therapist. In the second case (therapy through art), the subject of the interactions plays the role of a therapist at the same time. It should be noted that both situations can occur in art therapy as well as in therapy through art. Art, stresses A. Linek, "is an attempt to find the sense and purpose of life on the path of one's own development. With its help we tame anxiety, fear or stress. A wide range of artistic techniques allows us to locate the problem, name it, understand and overcome it" (2012, p. 88). According to A. Wojciechowski (2007), therapy – understood as care, treatment or nursing – is both creativity and art, as well as participation in culture. Art therapy is a method of comprehensive therapeutic influence which is important for the development or correction of both the psychological and physical sphere of the subjects of interactions. A. Papaj emphasizes that it manifests itself in practically every field of art: painting, dance, music, theater, film, photography or literature (2010, p. 262).

In general, art therapy is treated only as therapy using various art techniques. In a broader sense, art therapy refers to many areas and includes music therapy, choreotherapy, bibliotherapy, as well as therapies where visual arts, theater and film are applied. E. Konieczna (2007), when classifying art therapy in its broadest sense, distinguishes art therapy, bibliotherapy, choreotherapy, chromotherapy, drama therapy, aesthetic therapy, ergotherapy, horticultural therapy, activity-based therapy, music therapy and poetry therapy. Art therapy can be applied in different environments – regardless of the level of physical, mental and social functioning – and among various age groups. It is also perfect for working with people with deficits and problems in social functioning by introducing the idea of using art with the participation of learning through social, instrumental and targeted conditionality. The therapeutic functions of expression help one to relax, overcome a lack of belief in oneself and overcome

complexes. It is worth noting that the use of forms of art therapy facilitates the expression of conflicting, difficult and traumatic content and helps in finding ways to overcome them.

The goals that guide the therapeutic work determine the realized functions of art therapy. In the literature on the subject, the leading functions of art therapy indicated by M. Kulczycki are mentioned and include: recreational (providing appropriate conditions for rest and separation from problems), educational (expanding knowledge about oneself and the surrounding reality) and corrective (re-modeling harmful mechanisms of functioning into beneficial and valuable ones). The above functions of art therapy have been extended by E. Konieczna to include the expressive function (revealing suppressed emotions and helping to relieve tension), compensatory (satisfying depressed needs), cognitive (in terms of naming and expressing feelings) and regulatory (enabling self-fulfillment and self-acceptance) function (Linek, 2012, p. 92).

A. Korbut indicates that there is now a growing interest in art therapy (2016, p. 278). The author emphasizes that art therapy activities undertaken among students contribute to compensating for deficiencies or limitations in the psychophysical dimension, therefore they are recommended for children with various deficits. Art therapy techniques are also successful in endangered environments.

The catalogue of problems that art therapy methods are used to overcome is extensive. Among the most frequently indicated premises for the use of art therapy in work with adolescent youth, M. Stańko (2009) mentions disturbances in social relations, oppositional and defiant disorders, family problems (domestic violence, sex abuse, divorce or death in the family), school phobias, specific disorders in the development of school skills and psychological consequences of chronic somatic diseases.

The desirable effects of the use of art in preventive work are confirmed, among others, by the studies by M.G. Khadar, J. Babapour and H. Sabourimoghaddam (2013) on the influence of art therapy on the reduction of symptoms of disobedience in boys attending primary school. After 12 sessions with the use of painting therapy, the participants were more inclined to share their feelings, and their communication skills improved.

British studies (Cortina & Fazel, 2015) show the role of using art therapy methods in targeted intervention aimed at students with emotional and behavioral problems at risk of "falling out of the education system." A reduction of emotional problems, problems with behavior and peer relations, and

improvement of mood and functioning in the emotional and social spheres were observed in adolescents covered by the program.

Results of research conducted by H.A. Bejger in a socialization institution showed that the use of art therapy in educational work contributed to the improvement of the mental condition of the pupils, "which manifested itself in an improved mood and better well-being, the development of interests, faith in their abilities, improved relations with the educators and increased ability to deal with anger and aggression" (2018, p. 87). In the light of the above considerations, art therapy is a recognized method of working with teenagers in need of help and support because of their personal problems and difficulties in social functioning. It also turns out to be a significant way of satisfying individual needs and supporting the development potential of students in various forms of psychological and pedagogical support organized by teachers and educators.

Assumptions of the methodology of own research

Recognizing the importance of art therapy in pedagogical activities, especially in the field of solving the problems of teenagers which may indirectly lead to social exclusion, the subject of the study was determined to be the prophylactic effects of art therapy at school.

The aim of the study was to outline the place of art therapy in work with adolescents manifesting educational problems in the opinion of the students participating in the classes using art therapy methods and their teachers.

The research was looking for an answer to the question: What is the function of art therapy methods in working with students with educational problems?

The research was conducted in the school years 2017/2018 and 2018/2019 in the Łódź Province in randomly selected schools and junior high schools in which psychological and pedagogical support was provided for students with educational problems in the form of psycho-educational and socio-therapeutic activities using methods of art therapy. The participants of the study included 100 students of lower secondary school (ages 15–17) who qualified to participate in socio-therapeutic and psycho-educational classes and 63 randomly selected teachers teaching the examined teenagers. The diagnostic survey method in the form of a questionnaire was used in the study. Both students and teachers anonymously filled in the questionnaires containing closed and semi-open questions.

Value of art therapy classes in the pupils' perception

The effective implementation of tasks faced by educators is not only the efficient use of knowledge and competent use of skills, it is also involves accurate identification of the real needs of the subjects and awareness of the importance of experiences accompanying the participants of classes of a preventive and therapeutic nature. Proposing activities based on the assumptions of art therapy to students is also connected with the need to be open to their new – often differing from the established patterns – behaviors and reactions. The role of the person conducting classes is to ensure the quality of communication and a favorable working atmosphere.

Therefore, it seems important to establish what the participating students think about the classes during which forms of art therapy are used.

Table 1
The advantages of art therapy in the opinion of students

Item no.	CATEGORY OF REPLY	L	%
1.	Nice atmosphere	82	82%
2.	New experiences	73	73%
3.	Possibility of creative activity	60	60%
4.	Good fun	56	56%
5.	Relaxation	56	56%
6.	Friendly leader	52	52%
7.	In the group there are peers who like what I like	47	47%
8.	I can tell you what I think	45	45%
9.	Possibility of success	39	39%
10.	I am learning something new	20	20%

N = 100
Source: own research.

Students see a number of advantages in art therapy classes (Table 1). First of all, a pleasant atmosphere and the possibility of gaining new experiences make this an attractive form. For more than half of the respondents, these are activities that help to relieve tension and stress; it can be assumed that thanks

to the kindness of the teacher, this is a chance for good fun and relaxation for students experiencing unpleasant situations in school life. Therefore, it is worth exploring the issue and establishing how the students feel about themselves during classes with a schoolteacher who uses art therapy in socio-therapeutic or psycho-educational classes (Table 2).

Table 2
Pupils' responses regarding their own wellbeing in classes assisted by art therapy

Item no.	CATEGORY OF REPLY	L	%
1.	I am happy	63	63%
2.	I forget about my problems	54	54%
3.	I am curious what will happen...	50	50%
4.	I am active	47	47%
5.	I am calm	45	45%
6.	I enjoy the presence of others	45	45%
7.	I can feel that others accept me	39	39%
8.	I am relaxed	35	35%

N = 100
Source: own research.

It turns out that the use of art therapy in preventive work brings the desired results – at least this is what the surveyed students' statements in Table 2 show. Apart from the values associated with well-being (joy, distance from difficult situations associated with problems and peace), there are issues important for shaping pro-social attitudes of teenagers (45% of participants indicated the response – "I am happy with the presence of others") and strengthening their self-esteem (39% chose "I feel that others accept me").

To sum it up, it can be concluded that the use of art therapy in work with youth contributes to equipping adolescents with new desirable individual and social competences. Moreover, the influence of art helps to shape desirable interpersonal behaviors and encourages self-reflection, which, in turn, translates into more efficient functioning in the assigned social roles. Being in touch with art helps students to forget about problems and provides solutions that can be helpful in various life situations.

Students also see specific benefits from participating in the classes, as summarized in Table 3. In the opinion of adolescents, one of the main advantages of classes conducted with the use of art therapy is that they strengthen self-esteem – they give them faith in their abilities and mobilize them to self-knowledge. Apart from helping the students to recognize emotional and affective states – their own (60%) and those of others (40%), important advantages of the classes also include shaping constructive interpersonal relations (relations with others – 53%; cooperation skills – 38%).

Table 3
Benefits of participating in classes with the use of art therapy in the perception of participants

Item no.	CATEGORY OF REPLY	L	%
1.	They awaken faith in my abilities	70	70%
2.	Influence on getting to know yourself better	68	68%
3.	They help to better understand and control one's own emotional reactions	60	60%
4.	They improve relations with others	53	53%
5.	Encourage to make an effort	52	52%
6.	They develop my interests	42	42%
7.	Sensitize to the experiences and emotions of others.	40	40%
8.	They teach cooperation	38	38%

N = 100
Source: own research.

The analysis of students' opinions concerning the value of classes with the use of art therapy techniques (Table 1), their well-being during these classes (Table 2) and the benefits of these classes (Table 3) allow us to indicate the importance of particular functions of art therapy in the opinion of teenagers. It should be stressed that all the functions of art therapy were performed during the activities with the young people.

Participants most often point to the advantages associated with the recreational function of art therapy – a pleasant atmosphere during classes, good fun, relaxation, lessening of tension, a kind leader, forgetting about problems (from 82% to 35% of participants indicated these advantages), its educational function – new experiences, better knowledge of oneself and encouragement

to undertake effort (from 73% to 52%), and its regulatory function – the ability to express themselves, achieve success and express themselves (from 70% to 42% of indications).

Over half of adolescents emphasize the importance of the corrective function – the possibility of creative action and improvement of relations with others (from 60% to 38% of participants) and the expressive function – better understanding of their own emotional reactions (60%).

The participants the least often identified benefits resulting from the implementation of the compensatory function – the possibility of activity, being in the presence of others, accepting people with similar needs (from 47% to 39% of participants) and the cognitive function – sensitization to the experiences and emotions of others (40%).

Therefore, it can be concluded that the prophylactic approach of including art therapy works well with students and brings satisfactory results for pedagogical activity.

The role of art therapy in the opinion of teachers

The research conducted also looked at what the teachers think about the use of art therapy methods in their work with students who manifest problems. At the beginning, it was necessary to determine in which situations, according to the respondents, it is worth using methods of art therapy.

Table 4
Indications for art therapy work with students showing problems in the opinion of teachers

Item no.	THE TYPE OF PROBLEMS	L	%
1.	Failures at school	15	24%
2.	A reluctance to learn	15	24%
3.	Truancy	10	16%
4.	Disturbances in social relations	40	63%
5.	School phobias	45	71%
6.	Incorrect interpersonal communication	32	51%
7.	Conflictual tendencies	35	56%
8.	Aggression and violence	48	76%
9.	Danger of addiction	55	87%

Item no.	THE TYPE OF PROBLEMS	L	%
10.	Experiments with legal highs	55	87%
11.	Emotional problems	63	100%
12.	Depression and anxiety disorders	63	100%
13.	Stress	63	100%
14.	Shyness	60	95%
15.	Low self-esteem	63	100%
16.	Family problems	60	95%

N = 63
Source: own research.

It should be emphasized that the categories of problems the interviewed teachers thought could be overcome with the use of art therapy (Table 4) are included in the catalogue of behaviors predisposing adolescents to be included in specialized classes with the use of art therapy.

All the interviewed teachers saw emotional problems, disturbances in social relations, depression and anxiety, stress and low self-esteem as indications for the participation of students in art therapy classes. The majority of respondents (over 75%) do not believe in the effectiveness of solving teenagers' school problems by using art therapy methods in their work with them, and every second respondent does not associate the application of these methods with the improvement of interpersonal relations. Teachers also underestimate the importance of art therapy techniques in working with problems of aggression, violence and addictions.

Analysis of data allows us to assume that most teachers identify art therapy methods with psychotherapeutic work. They less often see art therapy's importance in overcoming student problems of a behavioral or didactic nature.

Teachers were also asked about the tasks which, in their opinion, are fulfilled by art therapy classes (Table 5). It turned out that all respondents saw the role of art therapy in its recreational and expressive functions. They least appreciated its role in shaping positive, valuable contacts with others (56%). It is worth stressing that a similar opinion was expressed in this respect by the participants of the classes – 53% of them stated that the skills acquired during the classes improve their relations with others, 38% believed that they teach cooperation (see Table 3).

Table 5
Art therapy functions according to teachers

Item no.	FUNCTION	L	%
1.	Recreational – relieving stress and tension	63	100%
2.	Educational – recognizing needs, broadening knowledge about oneself	42	67%
3.	Corrective – improving relations with others	35	56%
4.	Expressive – revealing emotional and affective states	63	100%
5.	Compensatory – meeting needs	45	71%
6.	Cognitive – naming and expressing emotional and affective states	50	79%
7.	Regulatory – self-fulfillment and self-acceptance	39	62%

N = 63
Source: own research.

Summary and conclusions

A comparison of the importance given to the different functions of art therapy shows the differences in the approach of students and teachers to this issue. Teachers more often point to the value of its expressive, compensatory and cognitive functions, which are less frequently perceived by students. It can be presumed that this relates to the pedagogical competence of teachers who have – and certainly should have – substantial knowledge about the essence of art therapy. On the other hand, the students participating in classes are provided with a sense of security, and the knowledge and skills acquired are associated with attractive forms of activity and relaxation for them. This discrepancy between the opinions of the teachers and students participating in the classes may also confirm that the classes conducted by school pedagogues with the use of art therapy methods meet the standards of work in the field of psychological and pedagogical assistance.

The use of art therapy in working with youth contributes to equipping adolescents with new desirable individual and social competences. The youth confirmed that through active participation in activities in which they directly interact with art, they acquire new skills essential for establishing constructive relations with others. For more than half of the respondents, these are activities that help to relieve tension and stress.

Teachers consider art therapy to be an important solution for overcoming student problems. In the opinion of all the interviewed teachers, indications for the participation of students in art therapy classes are emotional problems, disturbances in social relations, depression and anxiety, stress and low self-esteem. Unfortunately, teachers are not sufficiently aware of the value of art therapy methods in solving students' behavioral and didactic problems.

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 191–207
DOI: 10.19265/KP.2019.213191

ORIGINAL PAPER
Received: 27.06.2019
Accepted: 2.09.2019

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Selected Skills of Participants in Mediation Proceedings in Family Matters

Wybrane umiejętności uczestników postępowania mediacyjnego w sprawach rodzinnych

Keywords:
mediation, mediator, mediation models, skills, communication, results of studies

Summary: The article presents the results of pilot studies. It refers to the opinions of participants of mediation and mediators regarding the parties' skills (with particular focus on communication skills). The study was conducted using questionnaires devised for this occasion (for both the participants in mediation and the mediators). What is worth noting are the convictions of the parties regarding their own communication skills, the diversity of the respondents' opinions, *inter alia*, in terms of their interpersonal skills and the ability to communicate their own needs, the high degree of emotion and the ways of dealing with clients' emotions indicated by mediators. In the opinion of the mediators, the parties have high self-presentation skills but at the same time are not able to accept either criticism or praise. Differences in communication styles and decision-making methods for women and men participating in mediation were indicated. Moreover, the major areas of communication and taboo in the process were identified. The research leads

to the conclusion that family mediators should take into account the possibility and preparation of the parties, so that they can be more effective.

Słowa kluczowe:
mediacja, mediator, modele mediacji, umiejętności, komunikacja, wyniki badań

Streszczenie: Artykuł stanowi prezentację wyników badań pilotażowych. Odnosi się do opinii osób poddanych mediacji i mediatorów w zakresie umiejętności stron (ze szczególnym uwzględnieniem umiejętności komunikacyjnych). Badania przeprowadzono za pomocą przygotowanych kwestionariuszy (dla uczestników mediacji i mediatorów). Na uwagę zasługuje przekonanie stron co do własnych umiejętności komunikacyjnych, zróżnicowane opinie respondentów, m.in. w zakresie umiejętności interpersonalnych i komunikowania swoich potrzeb, duża emocjonalność oraz wskazane przez mediatorów sposoby radzenia sobie z emocjami klientów. W ocenie mediatorów strony posiadają wysokie umiejętności autoprezentacji, a jednocześnie nie potrafią przyjmować krytyki i pochwał. Wskazane zostały różnice w stylach komunikacji i sposobach podejmowania decyzji uczestniczących w mediacji kobiet i mężczyzn. Określone zostały także główne obszary komunikacji oraz tematy tabu w procesie. Badania prowadzą do konkluzji, że działania mediatorów rodzinnych powinny uwzględniać możliwości i przygotowanie stron, dzięki czemu staną się efektywniejsze.

Introduction

At various points in every person's life, disputes will undoubtably arise – they are an inherent element of our functioning in society. As social beings, we have the need to maintain good relations with others in every sphere of our lives. Sometimes it happens, however, that we are not able to settle a conflict alone, and then mediation is necessary.

"Mediation is the intervention in a standard negotiation or conflict of an acceptable third party who has limited or no authoritative decision-making power but who assists the involved parties in voluntarily reaching a mutually acceptable settlement of issues in dispute" (Moore, 1996, p. 15).

Mediation is a method of used in judicial proceedings relating to mediation in a dispute, in addition to facilitation, negotiation or arbitration. While the general aim of mediation is to achieve a consensual resolution of a conflict or to reach a compromise, it seems that the universal and primary aim of mediation is to help the parties when they ask for support. With regard to the emotional sphere, mediation is designed to suppress existing negative emotions and replace them with new positive ones. Mediation does not resolve a dispute, but rather focuses on the elimination of the conflict that exists at the given moment (Dziugieł, 2003). Unlike the negotiation process, where we strive to achieve an objective that is in our interest, what counts most in mediation is the common interest of the parties. Negotiations between the parties (during mediation) are usually understood as actions that consist in adjusting the solutions that are considered ideal and desirable by either of the parties until the moment when these solutions can be attained by both. The term "(commercial) transaction" can serve as a synonym of "negotiation," where we exchange the goods we own for those we want to receive from the other party (Dziugieł, 2003).

A mediator is the person who manages the proceedings, supports the mediation process, alleviates emerging tensions, but does not impose solutions. He or she is impartial, accepted by the parties and neutral in the proceedings. The mediator facilitates communication between the participants in the dispute and creates space for a consensus. In the theoretical and practical space, there exist models of mediation that characterize the activities of the participants (mediators, parties) in the context of reported problems (issues) and needs (expectations). Table 1 presents selected models indicating the actions undertaken by the mediator.

Table 1
Selected mediation models and actions undertaken by the mediator

Model	Mediator's actions
Facilitative mediation	The mediator seeks to resolve the conflict in a way that would satisfy the parties in the dispute, but his or her role is only supportive. S/he asks questions, approves and normalizes the participants' points of view. S/he helps the parties to identify and analyze options for resolving the dispute. The mediator does not give advice or express opinions; s/he organizes joint sessions so that the parties can hear each other's views and have a significant influence on the outcome. S/he takes responsibility for the mediation process, but the outcome remains the responsibility of the parties.

Model	Mediator's actions
Evaluative mediation[1]	The mediator assists the parties in reaching a settlement by pointing out the weaknesses of the proposed solutions. S/he can make formal or informal recommendations to the parties. Mediators usually meet with the parties separately, and the parties' attorneys also attend the meetings. In this model, mediators help to assess the parties' legal position and the costs vs. the benefits of pursuing a legal resolution rather than settling in mediation.
Transformative mediation	The mediator aims at changing attitudes and relations between the participants in the proceedings. Apart from a satisfactory solution to the problem, a change in the way of thinking becomes essential. The parties structure both the process and the outcome of the mediation, and the mediator follows their lead.
Therapeutic mediation	In the therapeutic model, mediators try to work in pairs. The principle is to take into account the fact that in disputes, there are diverse positions and life conditions of the parties. What becomes essential are the ways of dealing with people with developmental and behavioral deficits (resulting from, among others, stress). The mediator's role expresses itself in empathy, support and assistance.
Narrative mediation	The mediator aims to co-create stories that emphasize competences and strengths, not conflict. The mediator allows the parties to authorize relations in a peaceful, collaborative and respectful way. Mediation allows its participants to exchange information, giving hope for a better understanding of the problems and an analysis of the issues at stake. It creates space to clarify expectations, interests and needs (hidden). What is essential is to try and find a common ground and, most importantly, to implement a mutually satisfactory solution.

Source: own work based on Baruch Bush & Folger, 2004; Gmurzyńska & Morek, 2009; Zumeta, 1998.

It should be noted that no theoretical model exists in mediation practice in its pure form. Models overlap one another, and mediators use various techniques depending on the course of the process and the capabilities and expectations of the parties. The primary goal of mediation (in the understanding of formal proceedings) is settlement. The parties should negotiate the agreement themselves, because then they feel more obliged to abide by its terms.

Current state of research

Although family mediation has been a long-standing issue in literature on the subject, research into the skills of the parties is not extensive. Researchers

[1] The evaluative model emerged in court-mandated or court-referred mediation. Attorneys usually work with the court to select a mediator and are active participants in the process. This type of mediation is used by mediators whose work is based on prestige and social position and not solely on legal authority. The model is rarely applied in Poland.

more often refer to mediation models, process efficiency, parties' satisfaction with participation in proceedings, the role of the mediator and the opportunities offered by mediation. In the field of social sciences, some of the latest research on family mediation has been conducted, among others, by Lorig Charkoudian, Jamie Walter and Deborah Thomson (2018). The researchers attempted to correlate the behavior of mediators and participants in mediation in an analysis of 130 family cases. Their analysis led to the conclusion that reflective strategies (used by mediators) were linked to positive results, while guidance strategies had significant negative effects. Lisa Parkinson (2019) presented a different perspective on family mediation. In her opinion, mediation proceedings are limited by the framework of accepted models (theories). The author, through qualitative research with the participation of children, pointed to the legitimacy of using ecosystem-based family mediation, which she calls a discreet process with clearly defined rules and limits, i.e., a process adapted to the needs of a particular family, with special emphasis on listening and conversation.

The effectiveness of family mediation depends on the degree of the participants' involvement in the proceedings during their work on the problem (Morris, Halford, Petch & Hardwick, 2016). According to the researchers, variables such as socio-demographic situation, educational problems and children's behavior do not influence refusal to participate in the process. Lack of participation in mediation usually results from a strong conflict between the parties.

Interesting research results have been obtained in Polish studies. Research conducted by Hanna Przybyła-Basista (2006) shows that the majority of separated spouses are satisfied with their participation in mediation (90% – when an agreement was reached, 55.2% – when no agreement was reached). The analysis of the spouses' statements points to a sense of understanding and listening as fundamental issues in the mediation process. It was also found that the parties recognize the positive importance of mediation for their children (60.9%) and that mediation creates space for a better understanding of the partner.

Anna Cybulko (2019) presented a study conducted within the framework of her doctoral dissertation. According to the author, mediators use four models of action in their work, with the vast majority of practitioners (75%) focusing on two: supported development mediation and classical mediation. The models used refer to the moderational role of the mediator. As experience increases, knowledge of mediation models changes, and at the same time, the

accuracy of the narrowly understood role in mediation and identification of the model being implemented decreases.

Research on the awareness and knowledge of society concerning alternative resolution of disputes was presented by Karolina Lubas (2017). In the course of her research, she found that 63% of women and 53% of men considered mediation to be an effective method of resolving disputes. In addition, 71% of women and 53% of men indicated that mediation is important for society. The author states that the problem of the insufficient use of mediation concerns many countries. In civil and commercial matters, it is used in less than 1% of cases in the EU. In terms of the number of mediation cases, Poland ranks fifth (together with Hungary) behind countries where mediation has a long tradition.

In March 2014, a questionnaire survey was carried out for social workers. The research referred to the possibilities and need for using mediation and negotiation in social work (Podolas, 2014). The survey was conducted in the form of an audit questionnaire.[2] The results show a diverse understanding of the concepts, principles and roles in the mediation process. Nearly 20% of the respondents could not provide any mediation rule, and 15% of the respondents misinterpreted the role of a mediator. In the respondents' opinions, mediation is used in conflict situations within the family, in terms of taking up drug abuse treatment, care and upbringing matters, mobilization to improve relations with other family members or decisions regarding child custody.

Methodological assumptions of own research

The study discussed herein presents the results of pilot studies during which an attempt was made to determine the skills of the parties to mediation (with particular emphasis on communication skills). Selected skills of the participants in mediation proceedings became the subject of the conducted research.

The following research problems have been identified in the course of the study:

1. What skills (in the area of communication) do the participants of family mediation have?
2. Are the preferred communication styles and decision-making methods different for men and women participating in mediation?
3. Which means of communication do the mediation parties prefer?

[2] The research was conducted among welfare workers.

The opinions were obtained by means of questionnaires devised for the purpose of the study (both for participants in mediation proceedings and mediators)[3] and supplemented by (participatory) observations conducted during the mediation process.[4] Two groups of respondents were included in the study.

The first group comprised 62 participants of mediation in family proceedings. The study was conducted in the period from November 2018 to April 2019. The aim was to collect and analyze opinions on the ways parties communicate with each other during mediation.

The second group consisted of 11 mediators entered on the permanent List of Mediators (in the District Court in Gliwice) as well as on the List of Mediators recommended by different associations and organizations. The study involved active mediators with experience in family cases. This part of the research was conducted in June and July of 2019.

Taking into account to how little mediation is used in each area of law (www.mediacja.gov.pl/files/doc/rk-mediacje-agrotec-02.09.pdf/), as well as the nature of the research group, it should be considered that the number of family mediators (in the area of Gliwice) is limited and variable, which translates into the number of participants in the study.

The mediators were asked to express their opinions on the mediation parties' skills in communication, non-verbal communication, self-presentation, forming and receiving praise and dealing with emotions. In the course of the research, an interview consisting of six questions was used, which was supplemented by targeted and planned observation based on the principle of refraining from exerting any undue influence.

Results of own research

On the basis of definitions provided in the literature on the subject of styles in communication between spouses and partners (partner and non-partner styles; Rostowska, 2001; Harwas-Napierała, 2008), the participants

[3] The presented questions refer to issues of pedagogy as a theoretical and practical science, in direct reference to the system ontology, which proposes to grasp the whole surrounding reality as a process and as a continuous becoming. For more on the subject of ontology, see: Matraszek & Such (1989); Palka (2006).

[4] The author is a family mediator with several years of experience, president of the Polish Mediation Centre in Wodzisław.

in mediation were asked questions concerning their opinions on the preferred style of communication with a partner in a dispute. The results are presented in Table 2.

Table 2[5]
Preferred communication styles (opinions expressed by participants in mediation)

Areas in the field of style	Parties to the mediation proceedings N = 62	
	Partner style	Non-partner style
Information exchange / conversation	13 (20.96%)	49 (79.04%)
Form of communication (message) / means of communication	20 (32.25%)	42 (67.75%)
Message content / expectation	23 (37.09%)	39 (62.09%)
Action control / purpose, intention	36 (58.06%)	26 (41.93%)

Source: own research.

Participants in mediation were asked how they communicate in the area of information exchange (in relation to current affairs, family), how they communicate particular information, what form the information takes and the intention and purpose of the message. The partner style dominated only in the area of action control / purpose, intention (58.06%); in other areas, the respondents indicated communication to be carried out in the non-partner style. The areas that were particularly highlighted were: information exchange / conversation (over 79% of the respondents) and form of communication / means of communication (67.75% of the respondents). Moreover, in the opinions of the male participants in the survey, communication with a partner is in line with the non-partner style in each of the indicated areas, while the female participants indicated that in the context of message content (53.12% of the respondents) and intentions (68.75%), the partner style dominates. On the basis of the presented research, one can conclude that there are differences in how the ways of communication are perceived, which has a direct impact on the decision-making process. It seems that the ability

[5] Multiple choice question.

to communicate one's needs in a marriage/partner relationship is a basic skill and shapes healthy relations from the perspective of a spouse, parent or child. Family communication styles refer to the way of thinking, position or point of view. What becomes a determinant is the understanding and respect for difference. Partners avoid giving each other advice or orders. In the area of non-partner communication, there is a lack of acceptance of certain behaviors or views. This results in resignation from meeting one's own needs or compliance with the expectations or requirements of the interlocutor.

The next question concerned decision-making methods. The decision-making process itself consists of a group of thought operations which, when organized in the right order, make it possible to assess the situation and choose the most advantageous option. The factor triggering the decision-making processes is a problematic situation (Holska, 2016). The participants in mediation were asked how often and in what manner they make decisions regarding family matters. Their responses are presented in Table 3.

Table 3
Decision-making methods regarding family/relationship – opinions of participants in mediation

Preferred response	Parties to the mediation proceedings N = 62		
	often	sometimes	rarely
Jointly	16 (25.80%)	17 (27.41%)	29 (46.77%)
The male partner's opinion prevails	19 (30.64%)	20 (32.25%)	23 (37.09%)
The female partner's opinion prevails	20 (32.25%)	16 (25.80%)	26 (41.93%)
Through negotiation	10 (16.12%)	20 (32.25%)	32 (51.61%)
Through mediation / third party participation	6 (9.67%)	3 (4.83%)	53 (85.48%)

Source: own research.

The analysis of the participants' responses does not allow us to determine the dominant decision-making model. The respondents *rarely* use mediation or assistance of a third party in dispute resolution (85.48% of respondents).

In the opinion of the largest group of respondents, decisions are *rarely* made jointly (46.77% of respondents), similarly to those made through negotiations (51.61% of respondents). In the opinion of 30.64% of respondents, the male partner's opinion *often* prevails during the decision-making process; similar indications apply to the female partner's opinion being regarded as the prevailing one.

The majority of surveyed women *often* take into account the opinion of their partner when making decisions (40.62%), whereas joint decisions are made *rarely* (56.25%). Most of the surveyed women *rarely* negotiate (53.25%) or use the help of a third party/mediator (87.50%).

The men stated that they *often* (50%) and *sometimes* (33.33%) take into account their partner's opinion, thus they also consider their partner's opinion when making decisions. The male respondents *rarely* use the help of a third party/mediator (83.33%). Moreover, over 86% of the surveyed men indicated that they *sometimes* or *rarely* make decisions through negotiations.

The subjective assessment of the parties in terms of communication skills is presented in Tables 4 and 5.

Table 4
Assessment of skills in terms of communication with partner (opinions of participants in mediation)

	Very good	Good	Average	Poor	Very poor
Participants in mediation	26 (41.93%)	29 (46.77%)	5 (8.06%)	2 (3.22%)	0

Source: own research.

Table 5
Assessment of the partner's communication skills (opinions of participants in mediation)

	Very good	Good	Average	Poor	Very poor
Participants in mediation	12 (19.35%)	10 (16.12%)	21 (33.87%)	16 (25.80%)	2 (3.22%)

Source: own research.

The parties' belief in their own communication skills is clear. The subjective assessment of the survey participants shows that the majority of respondents (88.74%) consider their communication skills with their partner to be *very*

good or *good*. The respondents rated their partner's communication skills much worse – only 19.35% consider them to be *very good* and 16.12% rate them as *good*.

In view of the above, it was important to find out the mediators' views on the assessment of the parties' communication skills. The mediators taking part in the study clearly describe the participants' skills as *very poor* (27.27% of the surveyed mediators) and *poor* (54.54%), also in the area of non-verbal communication. The remaining responses pointed to *average* (18.18%) and *very good* (9.09%) communication skills. The difference in the assessments of the their communication skills may result from their different level of emotion and the specific situation in which the mediation participants find themselves. Observations made during mediation proceedings demonstrate that each of the parties tries to present himself or herself in the light most advantageous to them in order to gain the mediator's favor.

Self-presentation – a manner of applying verbal and non-verbal signals while presenting opinions and exhibiting behaviors aimed at telling others who one is (or who one wants to be perceived as) – constitutes another area referring to the respondents' communication skills. Mediators were asked a question referring to the parties' self-presentation and shaping of their image.

The surveyed mediators primarily rated the parties' skills in self-presentation as *good* (27.27% of surveyed mediators) and *very good* (54.54%), while fewer indicated that their skills are *average* (9.09%) or *poor* (9.09%). None of the mediators indicated the answer *very poor*. When it comes to forming and accepting criticism and praise, the ratings are different, namely 45.45% of the surveyed mediators consider the parties' skills to be *average* and 27.27% regard them as *poor*, while only 18.18% chose *good* and 9.09% *very good*. The respondents did not attribute the indicated skills to the mediation parties and in most cases assessed them as *average* or *poor* (a total of eight respondents).

Criticism usually generates troublesome emotions (shame, anger, anxiety, fear, embarrassment). It is commonly believed that the critic has bad intentions, which naturally hinders a proper reaction. Surprisingly, the same is true of receiving praise. This may be influenced by such factors as low self-esteem, lack of self-confidence, high expectations or even clumsiness that make it impossible to accept praise (a compliment). As a special process, mediation is saturated with emotions that make it difficult to properly recognize the intentions of the interlocutor.

As mentioned earlier, there are strong emotions appearing in mediation proceedings, which seems natural in a situation that demands making key decisions. Emotions influence behavior and constitute the source of reaction. In mediation proceedings, an emotional exchange of blows can be observed. The way in which the participants deal with emotions in mediation affects the final arrangements of the meeting and in particular, the possibility of settling the dispute. Below is presented a selection of the mediators' answers to the question: *How do the parties in the mediation process deal with emotions?*

> My experience shows that the parties deal with emotions in different ways. The most common reaction is an outburst of crying, breaking up of meetings or seeking support from a mediator or other third parties (e.g., attorneys). Another way is to adopt an evasive approach.
> A woman, aged 39

> In my practice, I encounter anger expressed towards the partner – that's the most common reaction. Then, you should try to direct the conversation in such a way that the parties want to work on solving the problem.
> A woman, aged 45

> My experience at work is that the parties are afraid to show emotions; it also happens that they break up the meeting or I propose that they should do that – there is time to vent and then return to the talks.
> A man, aged 39

> Most often, screaming, crying, anger – this is how women react. You can see anger in men, but they want to control their emotions, they more often ask for breaks. I cannot describe it in detail, because every situation is different. As many problems as there are, there are that many ways of dealing with them.
> A woman, aged 49

> During mediation, the best known and practiced way of cooling emotions is to change the subject, walk around an arcade and only after some time, return to the talks.
> A man, aged 52

The respondents' describe communication behaviors evoking the "lose-lose" model of negotiation, in which the other side is considered to be the enemy. When we communicate with the enemy, we express anger by shouting or

interrupting the meeting. On the other hand, one should never give in, and the goal is to control your position. In their opinions, the mediators propose ways to control the parties' emotions, such as on-demand breaks, changes in subject matter or venting.

In mediation proceedings, of particular significance is the thematic scope determined by a court decision or indicated by the parties. One of the first activities of a mediator is to specify his or her role and the area to be discussed. People in close (intimate) relationships and may have problems with concentration and task-oriented activity. There is always a temptation to use the knowledge one has about their partner, schematic and unfair perception, which is often accompanied by emotions. The subject matter of the meetings refers to family matters. Tables 6 and 7 present, respectively, the areas of communication and lack of communication most often indicated by the respondents.[6]

Table 6
Indicated areas of communication (opinions of participants in mediation)

	Children / family	Recognized values	Daily duties	Finances	Free time / interests	Intimacy
Participants in mediation	51 (82.25%)	6 (9.67%)	31 (50%)	13 (20.96%)	10 (16.12%)	25 (40.32%)

Source: own research.

Table 7
Indicated areas of a lack of communication (opinions of participants in mediation)

	Sexual intimacy / bodily needs	Feelings / emotions	Finances/work	Faith	No answer provided
Participants in mediation	31 (50%)	11 (17.74%)	20 (32.25%)	2 (3.22%)	3 (4.83%)

Source: own research.

In the opinion of the respondents, the most frequent topics in communication with their partner are related to *family and children* (82.25%) and *everyday duties* (50%). Moreover, a significant number of respondents (40%) indicated *intimacy*, understood as *bodily needs*. It is worth noting that

[6] Multiple choice question.

intimacy was indicated by 50% of the respondents as a taboo subject. Such a discrepancy is a harbinger of communication problems in this area. The remaining topics indicated in the area of lack of communication concern *finance* (32.25%), *faith* and *emotions/feelings* (together, 20.98%). Only in the case of 4.83% of respondents was no answer provided. The mediators were asked about taboo topics during mediation. The majority (81.81%) were of the opinion that such topics do not occur. In the course of mediation, the respondents try to avoid tension and disputes, which does not mean that they avoid important topics. The developed rules of mediation make it possible to touch upon all important matters, including those with respect to intimacy and confidentiality. What becomes the objective is to define the rules of consensual coexistence.

Conclusion

Nowadays, the family is faced with a specific situation. On the one hand, there is a shift away from traditional values, while on the other hand, there are attempts to find one's place in modern society. A person lives and works in a particular environment. Things and people that comprise this environment remain in various relations with one another. Everyone has his or her place in a given environment and his or her presence is not without influence on the relations occurring among other elements there (Nikołajew & Leśniewska, 2012, p. 144). Family mediation is a special procedure. It concerns the closest people and touches on fundamental issues. Decisions made during the proceedings result in solving problems that occur in personal life. Each decision is placed in a certain context, which consists of a huge number of possible options. What is particularly important for the successful resolution of a dispute is the use of the right language and proper communication with the partner.

In the course of the study, an attempt was made to answer questions about the mediation parties' manners of communication and their communication skills. On the basis of the conducted research, the following conclusions were formulated which are not subject to generalization due to small size of the research group:

1. Efficient communication influences how opinions are shaped and who takes the responsibility for their own actions; it is on its grounds that the necessary changes are made. Therefore, acquiring knowledge, as well

as assistance in making decisions, is necessary – even in the process of splitting up or determining conditions of coexistence.

2. The mediator's assistance can initiate a process during which participants in a meeting learn how to make decisions together. The research shows that participants in a dispute lack certain skills. Differing opinions of the respondents dominate, *inter alia*, in terms of interpersonal skills and ability to communicate one's needs. Differences (within gender) in preferred communication styles and decision-making methods demonstrate the need to build such models of mediator work that will allow the unification of expectations to the extent necessary to resolve a dispute.
3. Participants in mediation consider their communication skills to be very good and good, while mediators are of a different opinion. The latter assess the former's skills as being of a low level; they similarly assess the participants' skills associated with accepting praise and criticism. On the other hand, mediators note that the parties are well prepared in terms of self-presentation.
4. The skills of the parties to mediation are mainly influenced by strong emotions and the situation related to their participation in a particular proceeding. In the activity of mediators, it is important to control the behavior of the parties to the proceedings. The aim is to manage the emotions of the clients in a way that is effective for reaching an agreement. Mediators draw attention to the strong emotions that arise during the proceedings, the parties' struggles and the need to control the process.
5. Disputes can vary in intensity, and it is therefore a rule of thumb to determine/indicate the point the given one is at in the given moment. This relates to the correct transmission and reading of verbal and non-verbal messages. For the parties to the proceedings, the most important issues are those related to their family and children as well as to everyday duties. Topics indicated as taboo were related to intimacy and issues connected with finances and work. Most of the surveyed mediators believe that all topics can be addressed in the course of mediation.

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Pedagogical Contexts 2019, No. 2(13)
www.kontekstypedagogiczne.pl
ISSN 2300-6471
pp. 209–221
DOI: 10.19265/KP.2019.213209

REVIEW PAPER
Received: 21.08.2019
Accepted: 24.09.2019

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Prevention of Depression and Suicidal Behavior in Children and Adolescents and Its Polymorphic Characteristics. Review of Selected Studies and Programs

Polimorficzne wymiary profilaktyki depresji i zachowań suicydalnych dzieci i młodzieży – przegląd wybranych badań i programów

Keywords:
depression, suicidal behavior, suicide, children, adolescents, prevention

Summary: Depression, which is the main cause of suicidal behaviors, is becoming a serious social problem today, linked to approximately 90% of suicide cases. Current statistics and research indicate that the problem is escalating, affecting children, adolescents and adults. The complexity and multidimensionality of the determinants of depression and suicidal behavior require not only careful analysis, but, above all, the creation and implementation of effective prevention measures. The focus of the article, therefore, is on how to prevent depression and suicidal behavior in children and adolescents. On the basis of a careful review of current statistics and research on the subject, the paper offers original ideas on how to improve the existing preventive measures and lists some of the prevention programs which have been implemented in Poland and abroad. The effectiveness of these programs, as the author makes clear, depends on a variety of factors.

Słowa kluczowe: depresja, zachowania suicydalne, samobójstwa, dzieci, młodzież, profilaktyka

Streszczenie: Depresja, będąca głównym podłożem zachowań suicydalnych, współcześnie staje się problemem społecznym (około 90% przypadków samobójstw jest powiązanych z depresją). Aktualne statystyki i badania wskazują, że problem ten eskaluje, dotyczy zarówno dzieci i młodzieży, jak i osób dorosłych. Złożoność i wielowymiarowość czynników warunkujących depresję i zachowania suicydalne wymaga dokładnego przeanalizowania, a przede wszystkim skutecznej profilaktyki i jej realizowania. Kluczowe zagadnienie tekstu stanowi działanie profilaktyczne w zakresie depresji i zachowań suicydalnych dzieci i młodzieży. Opierając się na przeglądzie aktualnych (a zarazem ogólnych) statystyk i badań dotyczących tego problemu, przedstawiono autorskie propozycje zmian i udoskonaleń prowadzonej profilaktyki, a także propozycje wybranych programów profilaktyki depresji i zachowań suicydalnych dzieci i młodzieży realizowanych w Polsce oraz za granicą. Wskazano, że skuteczność tych programów zależy od wielu czynników.

Introduction

Depressive disorders, which are most often the main reason behind the manifestations of suicidal behavior,[1] are the greatest problem among children and adolescents today. Numerous studies and statistics show that it is growing year by year. The World Health Organization indicates that depressive disorders are developing so rapidly that in the near future, depression will be perceived as a form of "disability." Countries where suicidal behavior is developing the fastest are Lithuania (34.1%), Russia (30.1%), Belarus (28.4%), Hungary (24.6%), Slovenia (21.9 %) and Ukraine (21.2%) (WHO, 2014). The report entitled "Children Matter 2017 – Threats to the Safety and Development of Children in Poland," conversely, indicates that the country with the highest suicide rate is Germany. In 2014, there were 224 fatal suicide attempts of people under 19 in the country (statistics do not include survivors). In Poland, 209 such cases were recorded in the same year. France (171), Great Britain (134), Italy (87) and Spain (69) were also listed among the countries with the highest suicide rate (https://www.focus.pl/artykul/

[1] About 90% of suicide cases are associated with depression (Szymańska, 2012, p. 12).

samobojstwa-nieletnich-polska-na-drugim-miejscu-in Europe, [accessed: 18.08.2019]). Research conducted by Irena Pospiszyl shows that in the last 10 years the number of people attempting suicide in Poland has doubled. For the 15–19 age group, it was 153 cases in 2010; 343 in 2012; and 526 in 2014 (after: Wasilewska-Ostrowska, 2015, p. 154). Moreover, according to data provided by the National Police Headquarters, in 2018, 746 adolescents aged 13–18 years and 1,143 young people aged 19–24 tried to commit suicide in Poland[2] (The National Police Headquarters, 2017).

The selected statistical data cited above prove that depression and suicidal behavior are increasing among children and adolescents. These are extremely complex problems with many causes, among which are genetic factors, family and personal environment factors, as well as factors related to individual life experiences. Researchers also indicate that depressive disorders occurring in a parent (or both parents) increase the risk of depression in children by three times. Some studies suggest that in most cases of depression at least 50% of the cause is genetic. However, others propose that it is environmental factors that play the biggest role here (Kalinowska et al., 2013, p. 33). Researchers who study gene-environment interactions explain the important role of genetics in one's predisposition to depression and anxiety, which is manifested by increased sensitivity to stressors. At the same time, however, they prove that factors related to the family environment (such as conflicts in the family, low socioeconomic status, death of one of the parents [especially the one with whom the individual was strongly associated], violence, sexual abuse, abuse of psychoactive substances, disturbed emotional bonds in the family, negative parental attitudes, lack of support and help, reorganization of family life and unavailability of parents, e.g., due to illness) contribute to the occurrence of depressive disorders and possibly suicidal behavior in the future (Veronica, Pisinger, Hawton & Tolstrup, 2018, pp. 201–208; Christoffersen, Poulsen & Nielsen, 2003, p. 350; Zaborskis, Sirvyte & Zemaitiene, 2016, pp. 1–15).

In addition to the determinants indicated above, researchers focus on those related to the social environment in which the individual functions on a daily basis, including improper relations with peers, romantic relationships (especially unsuccessful), as well as various stress-inducing situations. In the case of

[2] In 2017, the number for the 13–18 age group was 702, and was the same for the 19–24 age group.

children and adolescents, one can also talk about school-related factors, e.g., educational failures, repeating a school year, inappropriate relationships with teachers and classmates, few school achievements, no successful educational experiences, lack of help and support from the teacher, etc.[3]

The analysis of depression and suicidal behavior determinants in children and adolescents is a highly diversified and a profoundly complex process that involves a number of diagnostic procedures (often including a specialist diagnosis of not only the individual concerned, but also of the most important educational environments for them, i.e., family and school), as well as the knowledge of numerous integrated preventive and therapeutic activities. As indicated before, the focus of this article is on the prevention of depressive disorders and suicidal behavior. Its purpose is to present selected preventive measures and to offer original tips and suggestions for changes and improvements. This is complemented by a list of prevention programs already implemented by schools and institutions in Poland and abroad.

Depression and Suicidal Behavior Prevention: Towards Transformation. Suggestions for Changes and Improvements.

According to Bronisław Urban (1995, p. 113), "prevention" can be defined as a set of activities undertaken by individuals, teams of specialists and non-professionals, and formal organizations and institutions. In holistic terms, it is associated with the developmental period of the life of children and adolescents, its duration and rhythm, the use of natural interpersonal relationships and the channels of socialization created in the process of human evolution. Similarly, the World Health Organization (WHO) indicates that "suicide prevention strategy should be multicenter and carried out at the level of the family, school, police, healthcare, government and local administration" (WHO, 2012). Suicide prevention in children and adolescents should, therefore, include:

- society-wide educational activities promoting the shaping of proper attitudes and the ability to solve life problems;
- all forms of institutional and non-institutional activities addressed to people diagnosed with the pre-suicidal syndrome;

[3] I offer a detailed analysis of the factors conditioning depressive disorders and suicidal behavior in Determinants of Suicidal Behavior in Adolescents. A Review of Selected Studies (2019), *Pedagogical Yearbooks KUL*, *11*(47), 357–371.

- organization of various specialist trainings addressed to different professional groups, including teachers, who will shape and raise public awareness of the phenomenon of suicidal behavior and its determining factors;
- interdisciplinary scientific research on suicides, their determinants and scale;
- shaping youth awareness of the occurrence of mental discomfort as an effect of the youth crisis;
- invalidating the stereotype indicating mental illness as a determinant of suicidal behavior (WHO, cited in Prusik, 2015, p. 104).

When analyzing the factors proposed by WHO, it should be remembered that the effectiveness of preventive measures depends on many factors, the participation of parents – and sometimes different institutions – in particular. This is confirmed by C. Hooven's research (2012) which stresses the need to strengthen family relationships, increase risk awareness and create educational, preventive and therapeutic programs for people involved in raising and educating children and youth. In turn, Joyce L. Epstein (2002) focuses on preventive measures based on the partnership and cooperation of the three main environments influencing children and young people: family, school and the local (social) environment. In her model, these spheres of influence often overlap, with the individual (child/student) remaining in the center of them. The overlapping of these environments, in turn, helps create a community based on common bonds. Epstein enumerates the following types of cooperation: communication, volunteering, home education, co-decision and collaboration with the local environment. Their goal should be to facilitate the participation of school graduates in creating preventive programs for students, to organize local initiatives aimed at minimizing depression, to inform students and parents about different forms of spending free time and local culture centers, to offer support for families and students who need it, as well as to stress the importance of school and family in municipal activities (Rogala, 1989).

The implementation of preventive measures regarding depression and suicidal behavior in Poland should be a continuous process that requires many treatments, observations and procedures in which the child is the most important subject. Prevention should involve all the environments (areas) in which the child lives and functions. It should, in fact, integrate them by means of taking into account both the problems and opportunities occurring in them. Importantly, preventive measures should be coherent and lead to the creation

of a "support network" in the local environment, which could then become involved in the creation of global prevention projects (Przybysz-Zaremba & Katkonienė, 2014, pp. 56–57). Meanwhile, various institutions, including primarily schools, carry out prevention only in their own, local environments, which does not always allow for integration with various types of institutions. Therefore, the effectiveness of these measures is relatively low.

Aside from family, school is, in fact, the child's most important educational environment. Consequently, focus should be on the implementation of three different levels of prevention: universal, selective and indicative. Each of them should include activities reflective of the degree of suicide risk. Universal prevention, therefore, along with health promotion, is addressed to all – students, teachers, parents and people working directly with children. Its main goal is to care for the proper development of the child, to meet their need for safety and to create a proper (friendly) educational environment for them. At this level of prevention, it is important to build good relationships between teachers and students, parents and students, as well as among the students themselves, and thus strengthen the students' resistance to emotionally difficult and stressful situations. It is equally significant to raise their self-esteem by giving them the opportunity to develop their own interests and experience success, as well as enable them to build their sense of connection with other students and to let them know what people and institutions they can turn to in case of problems (Szymańska, 2012, pp. 20–21).

Selective prevention, on the other hand, involves working directly with a person in crisis. It is addressed to high-risk groups (e.g., children and adolescents with various types of disorders, learning difficulties, and family and peer problems). The main emphasis at this level of prevention should be on diagnosing the needs and difficulties the individual is facing. Assistance, support, building the motivation to act and facilitating the student's inclusion in a peer group are other important factors to be implemented at this level. Specialists recommend including the individual in additional programs which help develop psychological and social skills, as well as intensifying cooperation with parents (Szymańska, 2012, pp. 20–21).

As for indicative prevention, this is addressed to individuals at high suicide risk (e.g., young people after a suicide attempt, with a history of suicide in the family, experimenting with psychoactive substances, diagnosed with depressive disorder or other mental illnesses). At this level of prevention, the focus is laid on continuous and discreet observation carried out by properly

trained professionals, the help and support of teachers in learning, constant cooperation with parents, specialist care (especially when the inability to solve problems and feelings of powerlessness occur) and the participation of parents in workshops and therapeutic classes aimed at acquiring appropriate skills useful in the care and education of children with a depressive disorder and suicidal behavior (Szymańska, 2012, p. 22).

The goals and tasks mentioned above should include cooperation with specialist institutions (especially in the case of selective and indicative prevention) and actively involve family members who, through everyday interaction with the child, can spot the first symptoms of depression and suicidal behavior.

Review of Selected Depression and Suicidal Behavior Prevention Programs Addressed to Children and Adolescents

In Poland, various depression prevention programs are being carried out;[4] some are addressed to adults, some to minors, and their extent is either nationwide or local. Due to their variety and diversity, and in view of the limitations on the length of this paper, I will discuss only one of the programs – one aimed specifically at minimizing depression among children and adolescents. The "Program for the Prevention of Depressive Disorders in Children and Adolescents" was implemented in the years 2010–2013 in schools in the Lodz region. It was addressed to students aged 11–16. Its main goal was to reduce the incidence of full-blown depression in students by identifying risk factors and to reduce these factors through intervention in the form of workshops. The priority of the program, therefore, was to reduce the risk of depression, with suicide being its most dangerous outcome. The therapeutic workshops were conducted in the following modules: training of social skills (including conflict resolution skills), naming and expressing feelings, techniques of coping with

[4] See: "Program for the Prevention of Depression in Poland for 2016–2020" developed at the request of the Minister of Health (http://www.mz.gov.pl/zdrowie-i-profilaktyka/programy-zdrowotne/wykaz-programow/ depression-prevention-program in Poland-for-years-2016-2020 [accessed: 4.05.2017]); "Prevent Sadness" prevention program implemented by the Specialist Hospital dr. J. Babiński in Krakow in cooperation with the Poviat Hospital in Limanowa, with the financial support of the Lesser Poland Voivodeship (http://www.profilaktykaw-malopolsce.pl/depresja [accessed: 4.05.2017]); the government's program "Zero Tolerance for School Violence" which aims to prevent aggressive and violent behavior, closely related to self-destructive behavior, (Warchoł, https://ziladoc.com/download/problem-samobojstw-wrod-modziezy-propycje_pdf [accessed: 20.08.2019], p. 11).

stress and negative emotions and psychoeducation in the field of depression disorders for children and their parents (Felcenloben & Gmitrowicz, 2015, pp. 131–136).

Schools outside of Poland also implement various depression and suicide prevention programs. Below, I list some of the programs introduced in American schools that are addressed to children, adolescents, as well as the people working with them that were described by B. Hołyst (2007, pp. 31–39). These are:

- "General Suicide Education" which aims to spread and promote knowledge about this phenomenon, to shape social skills necessary to improve the quality of life in young people and to motivate them to seek help in difficult situations.
- "School Gatekeeper Training Programs" and "Community Gatekeeper Training Programs" that offer training and courses for educational staff to teach them to diagnose symptoms of suicidal behavior and intervene when necessary.
- "Peer Support Programs" offering various types of workshops to people at high risk of depression to assist them in problem solving and to have them benefit from peer assistance and offer it to others.
- "Screening Programs" that aim to detect people who are at high risk of committing suicide. To this end, specialized tests and interviews are carried out, taking into account the following predictors of suicide: the occurrence of suicide attempts (from 25 to 40% of suicide victims had made unsuccessful suicide attempts in the past), high levels of depression, feelings of hopelessness and powerlessness, manifestations of anti-social behavior, alcohol and drug abuse, inability to experience life satisfaction and low self-esteem.
- Crisis Centers and Hotlines, available 24 hours a day, which offer comprehensive specialist assistance (psychologists, educators and therapists) to help people in crisis.
- "Intervention After a Suicide Programs" which are mainly used in schools where a student has committed suicide. The main purpose of these programs is to prevent the phenomenon of suicide from escalating.

In their article "Prevention of Depression in Children and Adolescents: Review and Reflection," Óscar Sánchez-Hernández, F. Xavier Méndez and Judy Garber (2014) review a variety of studies (including their own), on the basis of which they discuss several prevention programs. Table 1 lists some of

them, noting their authors, the age groups to which they are addressed, their goals, forms and duration.

Table 1
Overview of selected depression and suicidal behavior prevention programs for children and adolescents

Program Name	Author (Authors)	Addressees	Goals	Form	Duration
Penn Resiliency Program (PRP)	Gillham, Jaycox, Reivich, Seligmany Silver (1990)	Children and adolescents up to the age of 15	– learning how to distinguish between pessimism and optimism; – improving strategic decision making; – developing social skills	– interpersonal skills and problem-solving training; – developing social skills	Twelve 90-minute sessions
Coping with Stress Course (CWSC)	Clarke, Hawkins, Murphy, Sheeber, Lewinsohny Seeley (1995)	Young people aged 13–17	– eliminating negative thoughts; – how to deal with recurring negative thoughts and moods; – work on reaching agreement with parents and/or legal guardians; – elimination of passivity; – developing social skills	– cognitive restructuring; – relaxation; – conflict solving; – undertaking all activities conducive to the above	Fifteen 45-minute sessions
Problem Solving for Life (PSFL)	Spence, Sheffieldy Donovan (2003)	Young people aged 13–15	– eliminating negative thoughts; – how to face Problems	– cognitive restructuring; – troubleshooting	Eight 45–50-minute sessions
Interpersonal Psychotherapy – Adolescent Skills Training (IPT-AST)	Youngy Mufson (2003)	Adolescents (11–16 years of age)	– coping with life difficulties; – resolving disputes and interpersonal conflicts; – overcoming interpersonal deficits	– developing communication skills; – developing social skills	Ten 90-minute sessions
Resourceful Adolescent Program – Adolescents (RAP-A)	Shochet, Dadds, Holland, Whitefield, Harnetty Osgarby (2001)	Youth aged 12–15	the "eradication" of suicidal thoughts; – how to face problems; – promoting harmony and peace in relationships with parents, guardians, and other people; – how to avoid conflicts with parents and guardians	– cognitive restructuring; – troubleshooting; – developing communication skills; – developing social skills	Eleven 40–50-minute sessions

Source: own study, based on: Sánchez-Hernández, Méndez & Garber, 2014, p. 65.

It is important to remember that the selected prevention programs for depression and suicidal behavior presented above require confirmation of their effectiveness. The researchers listing them, in fact, do not comment on their efficacy, rather, they treat the programs as suggestive of preventive measures that could contribute to minimizing depressive disorders and suicidal behavior in children and adolescents. It should be emphasized, therefore, that the success of these preventive programs depends on many factors which include, among others, the knowledge and competence of the people implementing them and their skills in making a correct diagnosis of the situation and disorders manifested by children and young people – a necessary basis for the proper selection of methods, techniques and tools used in a given program. The approach and flexibility of the people implementing the program, their willingness to modify or replace previously chosen methods at the right moment thanks to their relationship with the students included in it, is extremely important. It is equally important to create the right circumstances for discovering the students' hidden potential, which could then contribute to changes in their behavior (Przybysz-Zaremba, 2017, p. 326).

Summary and Conclusions

The studies and statistics cited in this article indicate that depression and suicidal behavior among children and adolescents pose an important, complex problem that is growing in modern society. As such, this problem requires well-thought-out, integrated and diagnostic-based preventive measures involving both the individual affected by the problem and the environments in which they live, function and fulfil their needs. Diagnostics (of individuals and their environments) should be a fundamental element in constructing programs for the prevention of depression and suicidal behavior, as it creates the opportunity to minimize (and sometimes completely eliminate) the so-called risk factors (individual, family, school and environmental ones), as well as to modify and strengthen protective factors (see: Przybysz-Zaremba, 2017, pp. 55–71). A detailed analysis of the etiology and determinants of depression and suicidal behavior is also important in undertaking actions and designing preventive programs. According to Bruno Hołyst (2007, p. 31), the structure of preventive programs should likewise take into account the age of the people to whom a program is addressed, as well as touch on certain aspects directly related to the individual to whom the problems relate, namely: "a) seeking the

meaning of life, strengthening positive character traits and positive attitudes towards life; b) shaping attitudes of kind and active involvement in human affairs; c) following the principle of rational goodness, which means helping others without taking away their initiative and the ability to solve problems on their own; d) shaping mindfulness attitudes, thanks to which it is possible to recognize the symptoms of resignation behaviors; e) disseminating knowledge about depressive disorders and suicidal behavior (suicide); f) developing the ability to cope with difficult situations" (Hołyst, 2007, p. 31). Such preventive measures should be implemented in the family at an early stage of the child's life, as well as in childcare institutions, nurseries and kindergartens, and then fixed in educational institutions which, at least to some extent, have been established to perform this very role.

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