PSYCHOLOGICAL ASPECTS OF INCLUSIVE SETTING FOR CHILDREN WITH DISABILITIES

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Abstract. The article discusses the issues of inclusive approach. The approach is assumed to aim at ensuring self-fulfilment of every community member. Regarding children with disabilities, the notion of inclusive setting means the setting for rehabilitation, providing them with activities and maintaining their independent living. The major obstacle is inconsistence and indistinctiveness of how people understand any possible models of living of people with disabilities. The ambivalence is reasoned mostly by the difference of personal attitudes, and feelings and emotions of population towards people with disabilities. The article points out a sharp difference of the attitude towards a disabled person as a generalized notion and a mentally retarded person.

Keywords: *inclusive setting, rehabilitation, rehabilitative environment, special needs, disability, mental retardation*

The concept of inclusive approach bases on the notion of inclusive society. Inclusion of *another one* (person of different race, religion, culture, with disability) requires the changes of social institutions so that it was for benefit of all community members, increase of independent life potential, ensured equal rights, etc. (Шеманов & Попова, 2011).

Upbringing a child with development impairments within the environment that is not meeting his/her needs and possibilities results in his/her learned helplessness and low self-esteem. Best lifespace – inclusive environment – is not only accepting and supportive, but also providing opportunities for self-realization to people with disabilities, i.e. ensuring rehabilitation (Щербакова, 2009).

The notion of rehabilitative environment appeared at the turn of the 20th century, when new educational trends for "difficult" children (Decroli, Montesssori, Kashchenko, et al. cited in Замский, 1995) started giving priority to child's personal needs and interests. So-called functional pedagogy focused on "unaccommodated" children. The approach is called "therapeutic education", "curative education". At the beginning of the 20th century, there started functioning schools for delinquent adolescents and adolescents with learning difficulties, where main therapeutic value was attached to play and work, activity and creativity (Айхорн, 2001). Substantially, educational institutions practicing therapeutic approach actually preceded modern therapeutic communities – predominating model for current rehabilitative settings (Кеннард, 2007). The expected outcome of environment therapy (milieu therapy) is overcoming dependence of the members of therapeutic communities and increasing their personal responsibility level (Кабанов, 1977). That very approach of inclusive setting targets the growth of dignity and self-confidence of people with disabilities.

Inclusive environment aims not only at rendering physical care and psychological support, but also at providing a disabled child with wide range of activities and maintaining their independence. The model of establishing activity patterns of people with special needs requires their pro-active inclusion into real life – family activities, micro- and macro-social

settings. For that, there should be a well-defined system of values and the concept of inclusive approach, which is now opposed to a common system of values and norms, standards of achievement, economic growth, health, beauty, etc. People with mental and/or physical inefficiency hardly suit the norms and thus have to tackle with the challenge of socialization, however, positive outcome in that case is hardly possible. Psychological and educational activities targeted at socialization of children with special needs cannot be effective if not consider social, cultural and psychological details of general public attitude to people with disabilities.

Studies of personal attitudes and behavior of "normal" people towards the ones with disabilities (Цубер, Вейс, & Кох, 2006) reveal stable "hierarchy of popularity" of different kinds of disabilities. The highest ranks are attributed to the groups more than others complying with social norms of "proper" (for example, with spinal cord damages or having asthma), and the lowest ranks go to people with disabilities that are not generally considered comparing with regular norms – mentally or intellectually handicapped.

Ambivalent emotion and vacillatory behavior of so-called "healthy majority" towards people with disability of any kind lead to complicated and controversial notions of possible life patterns of people with disabilities, and that turns to be the biggest obstacle for their inclusive adaptation (Щербакова, 2008). The main reason for such situation is the stabilization of negative beliefs due to selective perception, as well as possible psychological defence from frightening information.

Changing beliefs without having contacts or information is definitely impossible, but formal information or unprepared contact may cause a boomerang effect. Indeed, for instance, increasing the number of contacts with children with learning disabilities has led to "normal" children start to avoid such contacts more often (Цубер, Вейс, & Кох, 2006).

As it has already been shown above, social attitude defines and forms both personal and social position of a person with disability. Despite being urgent, the problem has been studied empirically to a small extent. To find adequate approach to forming accepting attitude to people with disabilities, the first task is to understand the causes of current attitudes including psychological ones.

Empirical studies, conducted under our supervision, helped to find out the number of facts substantial for the issues in question, which is described further.

Object of the study is attitude of so-called healthy people towards people with disabilities.

Goals of the study: to find out cognitive and emotional components of attitude of so-called healthy people towards people with disabilities of different types (both physical and mental); and to study the correlation between the apparent attitude to people with disabilities and psychological traits of respondents.

The study is based on the following **hypotheses**:

Hypothesis 1 – attitude towards people with physical disabilities is more accepting, and attitude to people with mental disabilities is more denying;

Hypothesis 2 – attitude to people with disabilities (accepting, neutral, and denying) correlates with cognitive and emotional traits of respondents.

Sample and methods of the study

In all, the research project has embraced more than 200 people of different age and social groups: adolescents, young people, and middle-aged people.

The following diagnostics instruments were used: structured interview aimed at identifying attitude to people with disabilities, "Cinquain" technique, "Tree" technique, express-questionnaire "Tolerance index", questionnaire for diagnostics of ability to empathize, "Dispositional hope" questionnaire.

"Cinquain" is a pentastich that was developed at the beginning of the 20th century in the USA, under strong influence of Japanese poetry. Later, Cinquain was used as an effective and quick tool for developing tropology. Some experts consider Cinquain to be an effective tool for retrieval of complex information (Мой выбор*:* Учебно-методическое издание для учителей средней школы*, 2001)*.

The use of Cinquain as a diagnostics tool infers scrupulous analysis of the results including lexico-semantic one (Щербакова & Баскакова, 2014).

The "Tree" technique developed by G. and D. Lampen (cited in Пономаренко, 1998) was used to define the particular type of attitude towards a person with disabilities. The findings of that projective technique are defined by a position chosen for a disabled person and the respondent's comments on that.

Besides, there was used express-questionnaire "Tolerance index" (Soldatova, Kravtsova, Khukhlaev, Shaigerova); questionnaire to diagnose the ability to empathize (Mekhrabiyan & Epshtein); questionnaire "Dispositional hope" (Muzdybaev) (cited in Муздыбаев, 1998).

Findings analysis

The abovementioned diagnostics tools were used for studying the sample of adolescents – high school students. After interview and techniques "Tree" and "Cinquain" the respondents were divided into three groups (Att1 – accepting attitude; Att2 – undefined attitude; Att3 – denying attitude). At the first stage of the study, all answers were given concerning the notion of "disabled" without touching nosology, whereas at the second stage – concerning the notion of "mentally retarded". Thus, the findings are presented with regard which category they refer to: Att.d. – attitude to a disabled person in general; Att.mr. – attitude to a mentally retarded one.

Firstly, it should be pointed out that almost all the respondents by using the term "disabled" mean physical impairment (movement or eyesight troubles).

Attitude to a disabled person

The group (Att1.d.) comprises people with obviously tolerant and altruistic attitude towards people with disabilities – 47%.

The respondents define a person with special needs as a full-fledged personality who has the right for equal level of living within community, and they expressed compassion and understanding the necessity of rendering help.

Examples of "Cinquain" questionnaire answers:

(Att1.d.): the same person as anybody else; aspires, overcome challenges; spiritually strong; hard-working; wins; worth of respect; perseverance.

Examples of "Tree" questionnaire answers:

(Att.1.d.): Person who tries to get higher; needs help; has support; wants to be equal with others.

The second group (Att2.d.) comprises respondents with neutral, detached and ambivalent attitude towards people with disabilities – 23%. Their answers do not have any direct negative attitude but there were statements about worthlessness of their existence.

Examples of "Cinquain" questionnaire answers:

(Att2.d.): alien; not similar; lives; they are unlucky; pity

Examples of "Tree" questionnaire answers:

(Att2.d.): is sitting; is standing; not like others, like others; is sitting alone; lonely.

The third group (Att3.d.) comprises the respondents who show denying attitude. They do not tend to feel compassion, respect or wish to render help to a disabled person. Their answers had direct negative approach – 30%.

Examples of "Cinquain" questionnaire answers:

(Att3.d.): exists but not lives; worth of nothing; woesome; has life-long treatment; loser; unworthy of our attention; invalid.

Examples of "Tree" questionnaire answers:

(Att3.d.): can't do anything him(her)self not being helped by others; has no freedom of action; is at the lowest level of life; lives at others' expense; can't get higher.

Therefore, about half of all the respondents have accepting attitude to disabled people. At that, one third of respondents shows denying position.

Respondents' personal features in relation to the attitude to disabled people

Further on, within the framework of those groups the study uses techniques defining certain personal traits such as tolerance, ability to empathize, level of expectations.

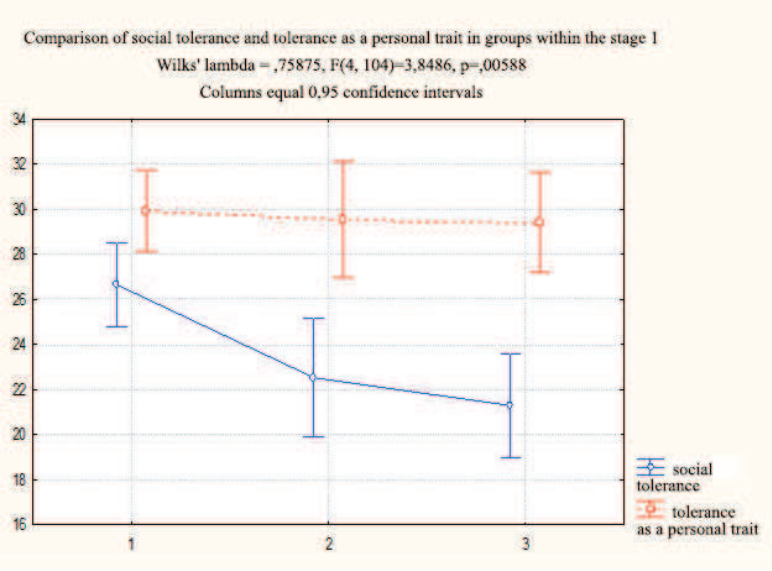

Figure 1. Comparison of social tolerance and tolerance as a personal trait in groups within stage ***1***

Figure 1 proves that tolerance as personal trait is at the equal level in all groups. However, social tolerance index has significant differences: in the first group (Att1.d.) t is higher than in both others (Att2.d.) and (Att3.d.) (F(4, 104)=3,8486, p=0,00588). It is worth noting that there is almost no difference between undefined attitude group and denying attitude group.

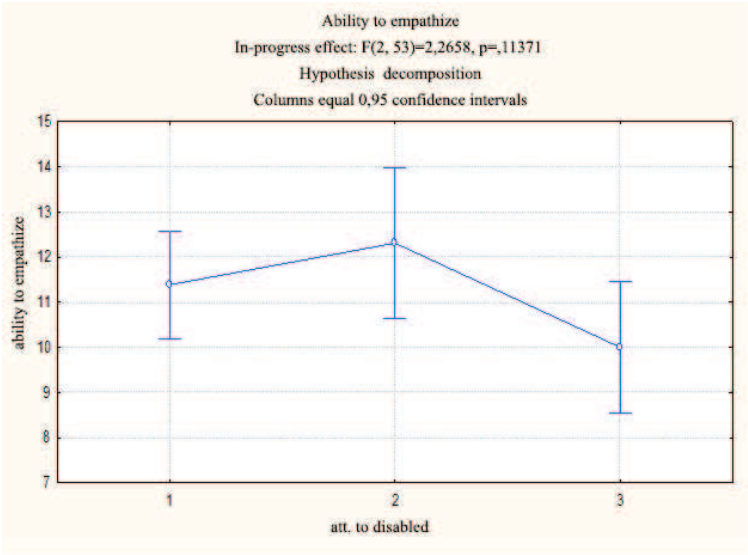

Figure 2. Comparison of groups on ability to empathize

Figure 2 proves that no significant differences between all three groups have been found (level of significance p=0,11371, F-test F(2, 53)=2,2658).

However, when making comparison between groups (Att2.d.) and (Att3.d.) (gr. 3) it was found out that there are significant differences (level of significance p=0,03845, F-test F(1, 28)=4,7191).

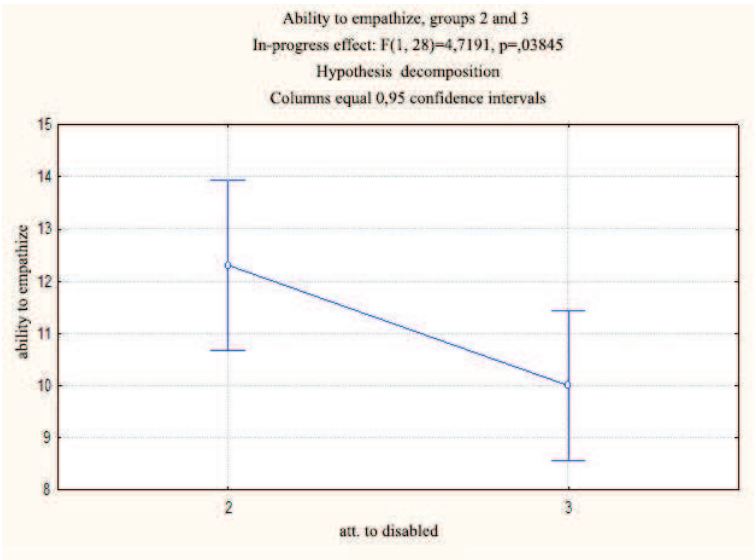

Figure 3. Comparison of the second and the third groups on the results of "Ability to empathize" test

The group of the respondents with denying attitude towards disabled people (Att3.d.) has ability to empathize significantly lower that the group with neutral or ambivalent attitude (Att2.d.).

The "Dispositional hope" index for the groups (Att2.d.) and (Att3.d.) does not differ, whereas for the first group (Att1.d.) it is significantly higher than for both others (level of significance p=0,00898, F-test F(2, 53)=5,15730) (Figure 4).

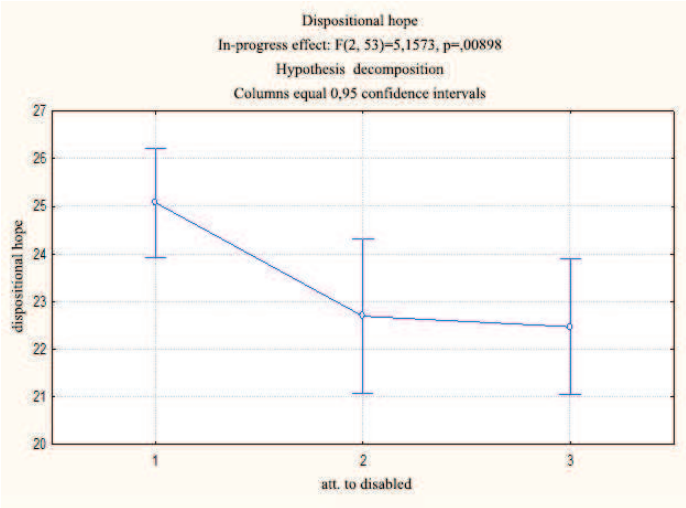

Figure 4. Comparison of groups according to the "Dispositional hope" scale.

Correlation analysis has found correlation between main indices of tolerance, empathy and hope notwithstanding the type of group.

The group with accepting attitude (Att1.d.) has shown correlation between tolerance on both subscales and ability to empathize.

The group with neutral or ambivalent attitude (Att2.d.) has shown correlation between tolerance as personal trait and dispositional hope.

The third group (Att3.d.) has shown significant positive correlations between the ability to empathize and the following toleration indices: general tolerance index and tolerance as personal trait. Anxiety correlates both with personal tolerance and general index. Dispositional hope correlates only with correlation as personal trait.

As to the whole sample, there are correlations of general index of tolerance and both subscales with dispositional hope. Besides, there is correlation between ability to empathize and tolerance as personal trait and general index of tolerance.

Attitude to a mentally retarded person

The vast majority (77%) of the respondents show denying attitude to mentally retarded people (Att3.mr) and only 23% show accepting attitude (Att1.mr). There is no neutral attitude to that category of people with disabilities.

Examples of accepting answers by "Cinquain" technique:

(Att1.mr): person needing a helping hand; gets joy from his life; compassion; suffering; trying, studying.

Examples of comments to the "Tree" technique results:

(Att1.mr.): longing to communicate with mature people; trying to persevere; trying to get upper.

The third group (Att3) comprises respondents with denying attitude to mentally retarded people. Such features as compassion, respect and longing to render help are rather irrelevant to them. The answers were directly negative – 77%.

Examples of answers by “Cinquain” technique:

(Att3.mr): not developing; stupid; staying at the same level; not living but existing; woesome; weak-brained; useless; narrow-minded; silly; lacking self-control.

Examples of answers by “Tree” technique:

(Att3.mr): not understanding possible danger to (her)himself; always nothing more than getting joy; ill-tempered; not understanding; not familiarized with community; hoping for help in vain.

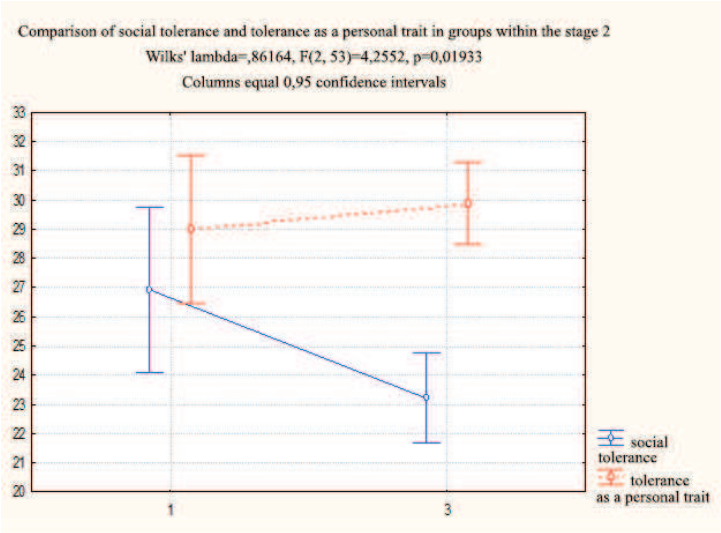

Figure 5. Comparison of groups by “Tolerance index” technique

Dispersion analysis has revealed significant differences between groups (Att1.mr.) and (Att.3.mr.). The Figure 5 shows that the groups (Att1.mr.) и (Att.3.mr.) do not differ in personal tolerance indexes. However, social tolerance level is significantly higher in the accepting group (Att1.mr.) than in the denying group (Att.3.mr.): (F(2, 53)=4,2552, p=0,01933). It is worth mentioning that the analysis of attitude to people with disabilities (Att.d.) has similar results (graph 1).

As to “Ability to empathize” scale, there were found no significant differences between groups (Att1.mr.) and (Att3.mr) (significance level p=0,56523).

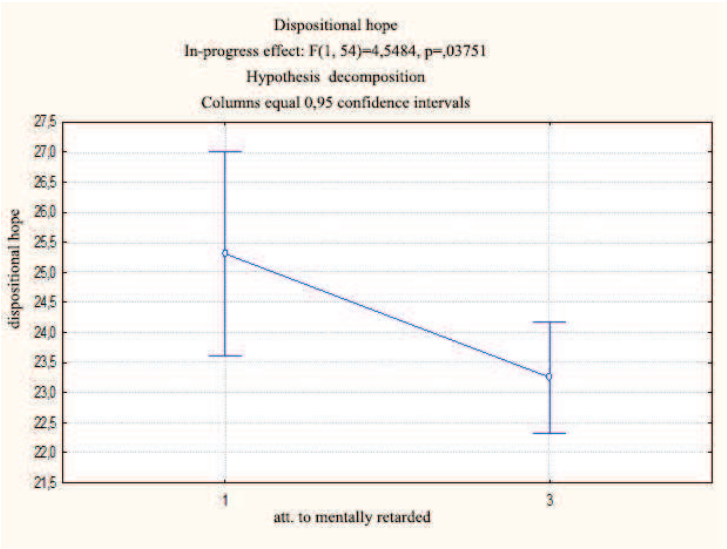

Figure 6. Comparison of groups by “Dispositional hope” technique

Dispersion analysis of "Dispositional hope" scale shows significant differences (significance level p=0,03751, F-test F(1, 54)=4,5484). The first group (Att1.mr.) shows the highest result.

The group with accepting attitude to mentally retarded people (Att1.mr) reveals significant correlation between the ability to empathize and both subscales of tolerance (as personal trait and general index).

The respondents with denying attitude to mentally retarded people (Att3.mr.) show correlation between tolerance and ability to empathize. The mentioned indices have correlation with disposition hope.

Findings evaluation

In general, most of the respondents show accepting or ambivalent attitude to people with disabilities. Stigma was shown by less than one third of the respondents. The majority of statements was that a disabled person is the same as others and (s)he has the full right to live full life. However, only few respondents concede pro-active attitude of people with disabilities. Most of them are convinced in the necessity of helping people with disabilities. Besides, when answering like that, respondents were still reluctant to contact or help such people in their personal life.

Cases of providing help to people with disabilities were rather rare, and the respondents used it either with a fear to damage or with the lack of necessity.

Attitudes to people with disabilities and mentally retarded people differ significantly. Prevailing idea is that a mentally retarded person is someone worth of nothing, not able for any achievements in life. They are considered as the ones who have stopped developing and thus not worth of any attention, either public or state. The respondents do not know how to relate with such people. The group of the respondents with accepting attitude to mentally retarded people (Att1.mr.) comprises only respondents having positive attitude to people with disabilities in general (Att1.d.). Qualitative analysis proved that all the respondents having neutral, detached or ambivalent attitude to people with disabilities (Att2.d) joined the group of those with denying attitude (Att3.mr). The group also comprises 50% of those showing accepting attitude (Att1.d).

The particular feature of the respondents included into the group (Att3.mr) is low level of social tolerance, as well as ability to empathize.

As it was mentioned above, the level of tolerance as personal trait is approximately the same for all groups of respondents. Significant differences concerning social tolerance presumably indicate that respondents have generally accepted cultural imperative to be socially tolerant but with no necessity to follow it in relation to certain community members – disabled or mentally retarded. Thus, subjective attitude is revealed – to deny them and to expel from the community. In other words, tolerance is a well-known but rarely applied asset.

The group of adolescents showing denying attitude to people with disabilities (Att3.d.) has significantly weaker ability to empathize comparing to the group (Att2.d.) with neutral or ambivalent attitude towards that category of people. It stands to mention that when comparing groups (Att2.d.) and (Att1.d.) by empathy level, the difference is insignificant.

Low empathy level evidently plays major role in forming denial approach to people with disabilities. However, high empathy level does not ensure acceptance either. This may have the following explanation. Firstly, strong ability to empathize may show up as fear or rejection as defensive pattern when meeting a disabled person and lacking the skill to cope with mirrored feelings. Secondly, concerning relation to mentally retarded people, we attribute the leading role to cognitive component of empathy. The respondents often pointed out their inability to follow mental processes of a disabled person as a core reason of alienation ("strange", "another") of mentally retarded people. Refusal from empathy in this case supposedly requires additional effort and axiological substantiation for that. Most respondents evidently perceive mental impairment as hindrance to making such effort. Besides, as mentioned above, respondents' attitude to mentally retarded people is neither neutral nor ambivalent, but definitely accepting or denying.

The respondents showing acceptance to people with disabilities (including mentally retarded ones) have the highest level of dispositional hope and that significantly differs them from groups (Att.2) and (Att.3). General anticipation of positive outcome strongly correlates with resilience and efficient behavioral self-direction.

Conclusion

Development of inclusive education patterns should focus on particular needs and limitations of people with different disabilities. To form conditions for positive personal identity of disabled children, we have to consider the context of their "healthy" social network. Our study proves the ambivalent attitude towards disabled people in general and mostly denial towards people with mental retardation. However, that very group makes up the major part of people with disabilities and thus requires particular effort in providing inclusive educational setting.

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PSYCHOLOGICAL ASPECTS OF INCLUSIVE SETTING FOR CHILDREN WITH DISABILITIES

Summary

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Upbringing a child with development impairments within the environment that is not meeting his/her needs and possibilities results in his/her learned helplessness and low self-esteem. Best life space – inclusive environment – is not only accepting and supportive, but also providing opportunities for self-realization to people with disabilities, i.e. ensuring rehabilitation.

Inclusive environment aims not only at rendering physical care and psychological support, but also at providing disabled child with wide range of activities and maintaining their independence. The model of establishing activity patterns of people with special needs requires their pro-active inclusion into real life – family activities, micro- and macro-social settings. For that, there should be wee-defined system of values and the concept of inclusive approach, which is now opposed to common system of values and norms, standards of achievement, economic growth, health, beauty, etc. People with mental and/or physical inefficiency hardly suit the norms and thus have to tackle with the challenge of socialization, however, positive outcome in that case is hardly possible. Psychological and educational activities targeted at socialization of children with special needs cannot be effective if not consider social, cultural and psychological details of general public attitude to people with disabilities.

Object of the study is attitude of so-called healthy people towards people with disabilities; Goals of the study is to find out cognitive and emotional components of attitude of so-called healthy people towards people with disabilities of different types (both physical and mental); to set correlation between the apparent attitude to people with disabilities and psychological traits of respondents. In all, the research project has embraced more than 200 people of different age and social groups: adolescents, young people, and middle-aged people.

In general, most respondents show accepting or ambivalent attitude to people with disabilities. Stigma was shown by less than one third of respondents. The majority of statements were that a disabled person is the same as others and he/she has the full right to live full life. However, only few respondents concede pro-active attitude of the disabled. Most of them are convinced in the necessity of helping the disabled. Besides, when answering like that, respondents were still reluctant to contact or help such people in their personal life.

Attitudes to the disabled and mentally retarded differ significantly. Prevailing idea is that mentally retarded person is someone worth of nothing, unable for life achievements. They are considered ones who have stopped developing and thus not worth of any attention, either public or state.

The level of tolerance as personal trait is approximately the same for all groups of respondents. Significant differences concerning social tolerance presumably indicate that respondents have generally accepted cultural imperative to be socially tolerant but with no necessity to follow it in relation to certain community members – disabled or mentally retarded. Thus, subjective attitude is revealed – to deny them and to expel from the community. In other words, tolerance is well-known but rarely applied asset. Low empathy level evidently plays major role in forming denial approach to people with disabilities. However, high empathy level dos not ensure acceptance either.

Development of inclusive education patterns should focus on particular needs and limitations of people with different disabilities. To form conditions for positive personal identity of disabled children, we have to consider the context of their "healthy" social network. Our study proves the ambivalent attitude to disabled people in general and mostly denial people with mental retardation. However, that very group makes up the major part of the disabled and thus requires particular effort in providing inclusive educational setting.